# U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT

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7110 6605 9590 0012 0583

| | |
|---|---|
| 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

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

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

9/1/10

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 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-5 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0583

**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

1. Article Addressed to:

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

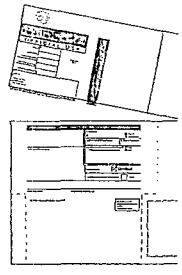
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

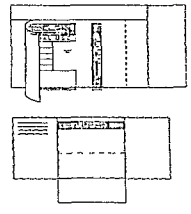
Code: Allocation Project - D.Howell

PS Form 3811, ... Domestic Return Receipt

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 0583

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Sheila Kaye ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


SEP 2 2010 USPS ALBUQUERQUE N.M.


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


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 0590

| | |
|---|---|
| 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

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

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

9/1/10

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

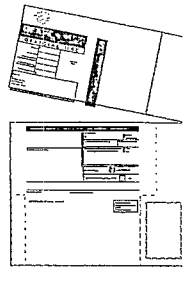
CERTIFIED MAIL™

7110 6605 9590 0012 0590

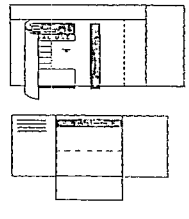
D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0590

**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

1. Article Addressed to:

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

**2. Article Number**

7110 6605 9590 0012 0590

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X D. E. Cornell IV ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) D.E Cornell IV C. Date of Delivery

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

1. Article Addressed to:

D E CORNELL IV
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

**U.S. Postal Service™**
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7110 6605 9590 0012 0613

| | |
|---|---|
| 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

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

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

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

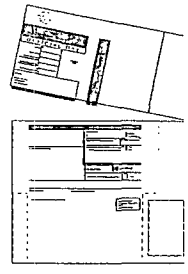
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 0613

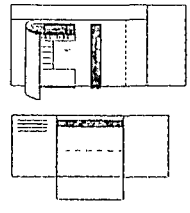
D P BOLIN
2525 KELL BLVD #510
WICHITA FALLS, TX 76308-1061

Batch #: 2188
Article #: 71106605959000120613
Date/Time: 8/31/2010 10:26:56 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



Reorder Form LCD 5418 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0613

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Traci White ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 |
| 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

Sent To
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City, State, Zip+4

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

9/1/10

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 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-6AR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0620

**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

1. Article Addressed to:

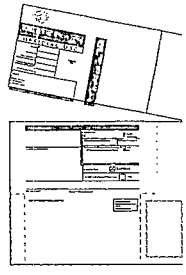
DALE EDWARD PERRYMAN TRUST
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

3. Service Type ☒ Certified

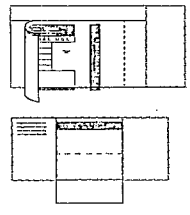
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0620

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Michael Perryman ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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 |
| 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

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

DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103
9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

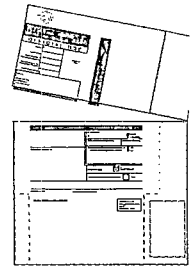
CERTIFIED MAIL™

7110 6605 9590 0012 0637

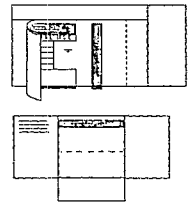
DALE STANLEY SMITH
909 STATE ST
BEDFORD, IA 50833-1103

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0637

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0637

**COMPLETE THIS SECTION ON DELIVERY**


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

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

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


1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell



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


PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 0644

| | |
|---|---|
| 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

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

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

9/1/10

PS 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

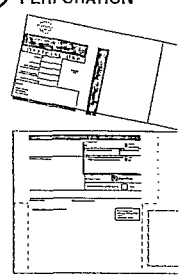
CERTIFIED MAIL™

7110 6605 9590 0012 0644

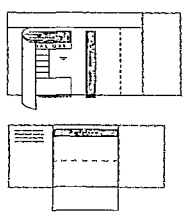
DAN H BOLIN
AYRES AIF
2525 KELL #510
WICHITA FALLS, TX 76301

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-3800R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0644

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Traci White ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 0651

| | |
|---|---|
| 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

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

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

9/1/10

PS 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 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-841R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0651

**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

1. Article Addressed to:

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

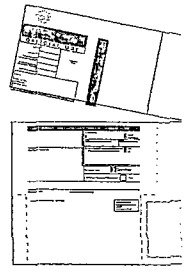
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

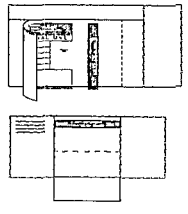
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 0651

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

3 LIFT HERE

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7110 6605 9590 0012 0668

| | |
|---|---|
| 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

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

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

9/1/10

PS 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 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 6 1/2 R 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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

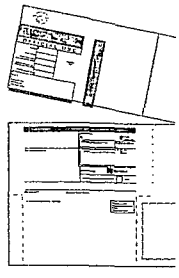
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

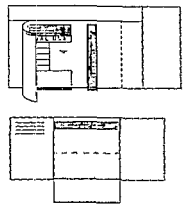
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0668

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Daniel Brennand | 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 #: 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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# U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 0675

| | |
|---|---|
| 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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573

9/1/10

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

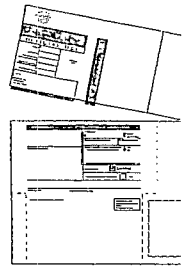
CERTIFIED MAIL™

7110 6605 9590 0012 0675

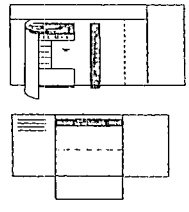
DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 811R 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

1. Article Addressed to:

DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811


**2. Article Number**

7110 6605 9590 0012 0675

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Jul. A. MAIR C. Date of Delivery

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

1. Article Addressed to:

DARBY WILSON MAIR
3710 MASTERS COURT
LEAGUE CITY, TX 77573

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 | $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

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

DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

PS 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

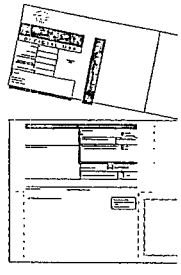
CERTIFIED MAIL™

7110 6605 9590 0012 0682

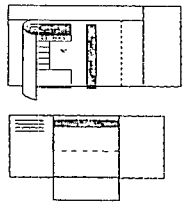
DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-CR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0682

**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

1. Article Addressed to:

DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0682

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X dW Collins ☐ 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

1. Article Addressed to:

DARLENE COLLINS
6415 ARROWHEAD LAKE RD
HESPERIA, CA 92345

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


HESPERIA CA 92345 SEP 8 2010 USPS


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

Postmark Here

Sent To: DAVID A JENNINGS
Street, Apt. No.; or PO Box No.: 5950 BERSHIRE LN STE 600
City, State, Zip+4: DALLAS, TX 75225

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

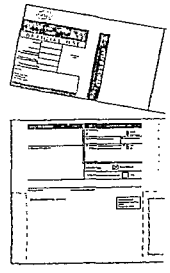
7110 6605 9590 0013 2791

DAVID A JENNINGS
5950 BERSHIRE LN STE 600

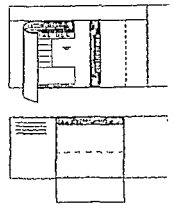
DALLAS, TX 75225

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2791

**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

1. Article Addressed to:

DAVID A JENNINGS
5950 BERSHIRE LN STE 600

DALLAS, TX 75225

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 2791

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary K. Malaway ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

DAVID A JENNINGS
5950 BERSHIRE LN STE 600

DALLAS, TX 75225

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

Postmark Here

Sent To
DAVID AHO TR
Street, Apt. No.; or PO Box No.
1391 SMT CHASE DR
City, State, Zip+4
SNELLVILLE, GA 30078-3520

PS Form 3800, August 2006 — See Reverse for Instructions

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

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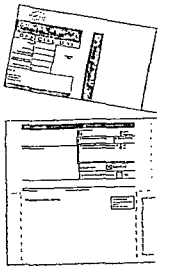
7110 6605 9590 0013 2807

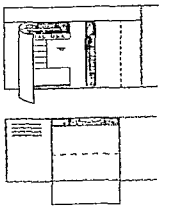
DAVID AHO TR
1391 SMT CHASE DR
SNELLVILLE, GA 30078-3520

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2807

**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

1. Article Addressed to:

DAVID AHO TR
1391 SMT CHASE DR

SNELLVILLE, GA 30078-3520

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 2807

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Barbara Aho ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Barbara Aho | C. Date of Delivery 9/20/10

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

1. Article Addressed to:

DAVID AHO TR
1391 SMT CHASE DR

SNELLVILLE, GA 30078-3520

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 #:

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7110 6605 9590 0012 0699

| | |
|---|---|
| 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

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

DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499
9/1/10

PS 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

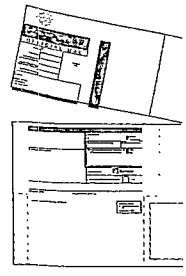
CERTIFIED MAIL™

7110 6605 9590 0012 0699

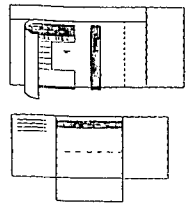
DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0699

1. Article Addressed to:

DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0699

1. Article Addressed to:

DAVID A PIERCE
PO BOX 4140
FARMINGTON, NM 87499

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Paul Schrock ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Paul Schrock | 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


PS Form 3811 **Domestic Return Receipt**


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


3 LIFT HERE

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7110 6605 9590 0012 0774

| | |
|---|---|
| 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

Sent To
DAVID WALKER SMITH
Street, Apt. No.; or PO Box No.
12105 DARNESTOWN RD SUITE 28
City, State, Zip+4
GAITHERSBURG, MD 20878
9/1/10

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 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 #:

Reorder Form LCD-3811 rev. 01/07

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 0774 | A. Signature X ☐ Agent ☐ Addressee |
| | B. Received by (*Printed Name*) / C. Date of Delivery |
| 1. Article Addressed to: 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 |

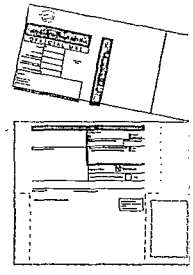
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

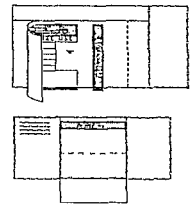
**UNITED STATES POSTAL SERVICE**

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

1 SEPARATE AT PERFORATION



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



Lisa Hunter, Land Department
SJBU ConocoPhillips
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

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

7110 6605 9590 0012 0705

| | |
|---|---|
| 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

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

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

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

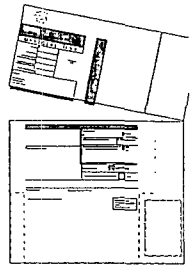
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 0705

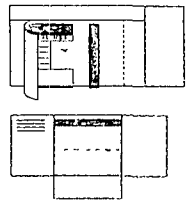
DAVID B TALBOT III
2305 CEDAR SPRINGS RD, SUITE 400
DALLAS, TX 75201

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

1 SEPARATE AT PERFORATION



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



Reorder Form LOD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0705

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

**U.S. Postal Service™**
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7110 6605 9590 0013 3347

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

Postmark Here

Sent To: DAVID CHANCELLOR
Street, Apt. No.; or PO Box No.: 1049 CASTLETOP DR
City, State, Zip+4: HASLET, TX 76052

PS Form 3800, August 2006 — See Reverse for Instructions

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

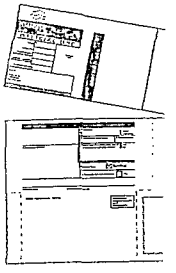
CERTIFIED MAIL™

7110 6605 9590 0013 3347

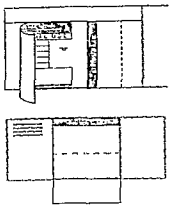
DAVID CHANCELLOR
1049 CASTLETOP DR
HASLET, TX 76052

Batch #: 2272
Article #: 71106605959000133347
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3347

**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

1. Article Addressed to:

DAVID CHANCELLOR
1049 CASTLETOP DR

HASLET, TX 76052

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 3347

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) David Chancellor | C. Date of Delivery

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

1. Article Addressed to:

DAVID CHANCELLOR
1049 CASTLETOP DR

HASLET, TX 76052

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

HASLET TX 76052 SEP 20 2010 USPS

Batch #: 2272
Article #: 71106605959000133347
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 — Domestic Return Receipt

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7110 6605 9590 0013 3354

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

Postmark Here

Sent To: DAVID DEWAYNE WENDT LIV TR DTD 1/19
Street, Apt. No.; or PO Box No.: 2624 N 159TH DR
City, State, Zip+4: GOODYEAR, AZ 85395

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 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**

7110 6605 9590 0013 3354

**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

1. Article Addressed to:

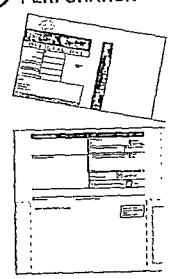
DAVID DEWAYNE WENDT LIV TR DTD 1/19
2624 N 159TH DR

GOODYEAR, AZ 85395

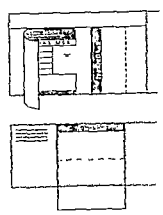
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADDI




**2. Article Number**

7110 6605 9590 0013 3354

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Susan M Wendt ☐ Agent ☒ Addressee

B. Received by (Printed Name) Susan Wendt | C. Date of Delivery 9/18/10

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

1. Article Addressed to:

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

GOODYEAR, AZ 85395

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 #:


PS Form 3811 — Domestic Return Receipt

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7110 6605 9590 0012 0712

| | |
|---|---|
| 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

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

DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469
9/1/10

PS 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

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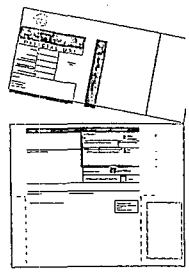
7110 6605 9590 0012 0712

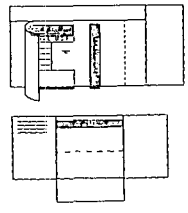
DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0712

**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

1. Article Addressed to:

DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0712

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) DAVID REESE | C. Date of Delivery 9/4/10

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

1. Article Addressed to:

DAVID ELBERT REESE
2203 NORTH BELMONT
RICHMOND, TX 77469

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell



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


PS Form 3811 **Domestic Return Receipt**

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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

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

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

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

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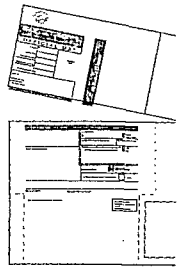
7110 6605 9590 0012 0729

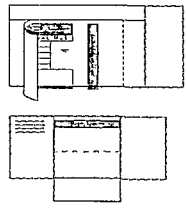
DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 3811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0729

**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

1. Article Addressed to:

DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

**2. Article Number**

7110 6605 9590 0012 0729

**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

1. Article Addressed to:

DAVID GREER MORGAN
3354 S SUTTON SQ
STAFFORD, TX 77477

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 0736

| | |
|---|---|
| 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

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

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

9/1/10

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 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**

7110 6605 9590 0012 0736

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

**2. Article Number**

7110 6605 9590 0012 0736

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

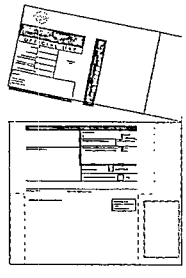
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

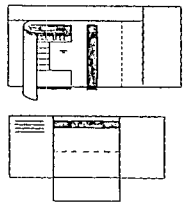
SEP 2 2010 USPS FORT WORTH

Batch #: 2188
Article #: 71106605959000120736
Date/Time: 8/31/2010 10:26:56 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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 0743

| | |
|---|---|
| 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

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

DAVID HENDERSON
PO BOX 630579
SIMI VALLEY, CA 93063

9/1/10

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 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-[illegible]R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0743

1. Article Addressed to:

DAVID HENDERSON
PO BOX 630579
SIMI VALLEY, CA 93063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

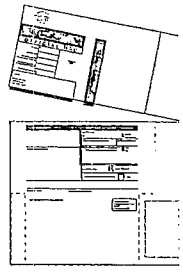
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

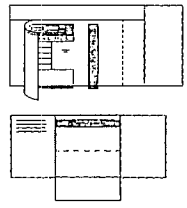
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0743

1. Article Addressed to:

DAVID HENDERSON
PO BOX 630579
SIMI VALLEY, CA 93063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) David Henderson | C. Date of Delivery 9/7/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell



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


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 0750

| | |
|---|---|
| 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

Sent To
Street, Apt. No.; or 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

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

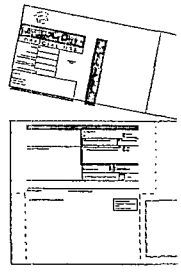
CERTIFIED MAIL™

7110 6605 9590 0012 0750

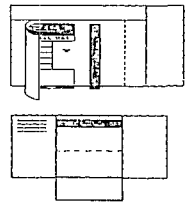
DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 3811R 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

1. Article Addressed to:

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

**2. Article Number**

7110 6605 9590 0012 0750

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Angela Schmidt ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Angela Schmidt C. Date of Delivery 9-9-10

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

1. Article Addressed to:

DAVID SCHMIDT
9244 CLIFFMERE DR
DALLAS, TX 75238

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

3 LIFT HERE

PS Form 3811 — Domestic Return Receipt

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

7110 6605 9590 0012 0767

| | |
|---|---|
| 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

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

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

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

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 3811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0767

**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

1. Article Addressed to:

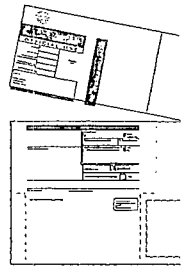
DAVID V FREDERKING IRREVOC TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

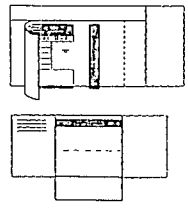
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0767

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


SEP 2010


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


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 2814

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

Postmark Here

Sent To: DAVID WALKER SMITH
Street, Apt. No.; or PO Box No.: 12105 DARNESTOWN RD STE 28
City, State, Zip+4: GAITHERSBURG, MD 20878

PS Form 3800, August 2006 — See Reverse for Instructions

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

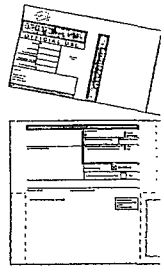
CERTIFIED MAIL™

7110 6605 9590 0013 2814

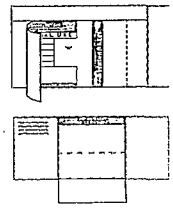
DAVID WALKER SMITH
12105 DARNESTOWN RD STE 28
GAITHERSBURG, MD 20878

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD Rev. 01/07

**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

1. Article Addressed to:

DAVID WALKER SMITH
12105 DARNESTOWN RD STE 28

GAITHERSBURG, MD 20878

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

3 LIFT HERE

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7110 6605 9590 0012 0781

| | |
|---|---|
| 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

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

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

9/1/10

PS 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 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-CMR 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

1. Article Addressed to:

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

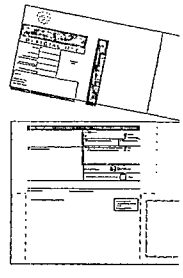
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

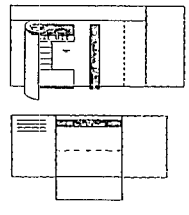
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 0781

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Janette Coupland ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Janette Coupland | C. Date of Delivery 09/2/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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


3 LIFT HERE

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7110 6605 9590 0013 3378

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

Postmark Here

Sent To: DAWSHA LAYLAND
Street, Apt. No.; or PO Box No.: 3442 BRAVATA DR
City, State, Zip+4: HUNTINGTON BEACH, CA 92649

Form 3800, August 2006 — See Reverse for Instructions

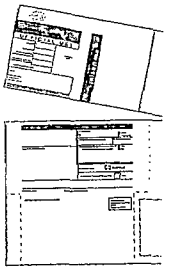
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3378

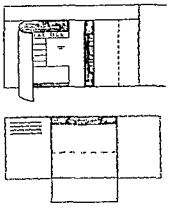
DAWSHA LAYLAND
3442 BRAVATA DR
HUNTINGTON BEACH, CA 92649

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN( PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3378

**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

1. Article Addressed to:

DAWSHA LAYLAND
3442 BRAVATA DR

HUNTINGTON BEACH, CA 92649

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 3378

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dawsha Layland ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) DAWSHA LAYLAND C. Date of Delivery 9/20/10

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

1. Article Addressed to:

DAWSHA LAYLAND
3442 BRAVATA DR

HUNTINGTON BEACH, CA 92649

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 0798

| | |
|---|---|
| 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

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

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

9/1/10

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 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 LCD 1R 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

1. Article Addressed to:

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

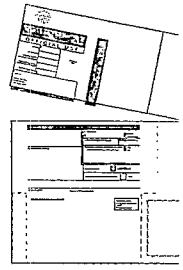
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

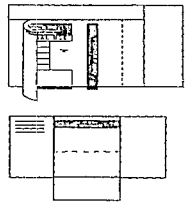
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 0798

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Robbin R Dawson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Robbin R Dawson | C. Date of Delivery

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt



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
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 0835

| | |
|---|---|
| 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

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

DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

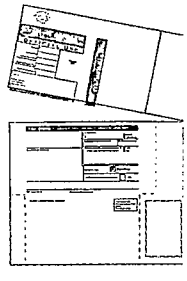
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 0835

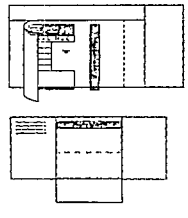
DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0835

**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

1. Article Addressed to:

DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0835

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

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

PS Form 3811 **Domestic Return Receipt**

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 0842

| | |
|---|---|
| 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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

PS 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

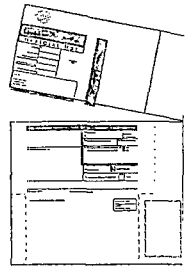
CERTIFIED MAIL™

7110 6605 9590 0012 0842

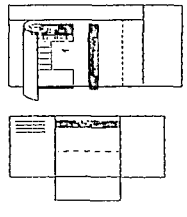
DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



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

1. Article Addressed to:

DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~


**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

1. Article Addressed to:

DELFINITA G CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~


9-2-2010


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


PS Form 3811 **Domestic Return Receipt**

3

APPROVED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 0804

| | |
|---|---|
| Postage | $ $1.05 |
| Certified Fee | $2.80 |
| Return Receipt Fee (dorsement Required) | $2.30 |
| estricted Delivery Fee (dorsement Required) | $0.00 |
| Total Postage & Fees | $ $6.15 |

Postmark Here

nt To
eet, Apt. No.;
PO Box No.
, State, Zip+4

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

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

7110 6605 9590 0012 0804

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

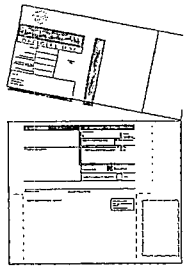
Batch #: 2189
Article #: 71106605959000120804
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

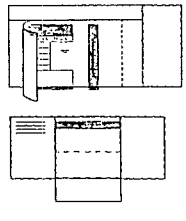
| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 0804 | A. Signature X ☐ Agent ☐ Addressee |
| | B. Received by (*Printed Name*) / C. Date of Delivery |
| 1. Article Addressed to: DEAH N FOLK LIVING TR DTD APRIL 14 73 RD 2755 AZTEC, NM 87410-9745 | D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No |
| Code: Allocation Project - D.Howell | 3. Service Type ☒ Certified |
| | 4. Restricted Delivery? (*Extra Fee*) ☐ Yes |

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 0804 | A. Signature X Deah N. Folk ☒ Agent ☐ Addressee |
| | B. Received by (*Printed Name*) / C. Date of Delivery 9/2/10 |
| 1. Article Addressed to: DEAH N FOLK LIVING TR DTD APRIL 14 73 RD 2755 AZTEC, NM 87410-9745 | 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 #: 71106605959000120804
Date/Time: 8/31/2010 10:48:40 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7110 6605 9590 0012 0811

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

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 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 ☐ 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

1. Article Addressed to:

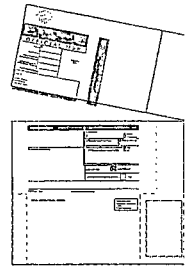
DEAN & DARLA KENYON 2003 FAMILY TR
1009 HEATHERFIELD AVE
ROSAMOND, CA 93560

3. Service Type ☒ Certified

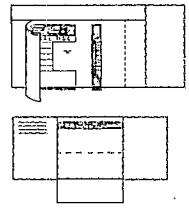
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0811

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


ROSAMOND CA 93560 SEP 1 2010


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


PS Form 3811 Domestic Return Receipt

3 LIFT HERE

# U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0013 3385

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

Postmark Here

Sent To: DEANE W BURNETT
PO BOX 20524

Street, Apt. No.; or PO Box No.

City, State, Zip+4: OKLAHOMA CITY, OK 73156

PS Form 3800, August 2006 — See Reverse for Instructions

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

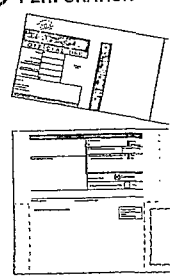
CERTIFIED MAIL™

7110 6605 9590 0013 3385

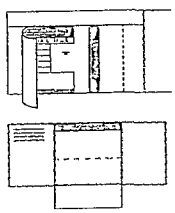
DEANE W BURNETT
PO BOX 20524
OKLAHOMA CITY, OK 73156

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3385

**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

1. Article Addressed to:

DEANE W BURNETT
PO BOX 20524

OKLAHOMA CITY, OK 73156

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes


**2. Article Number**

7110 6605 9590 0013 3385

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Deane Burnett ☐ 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

1. Article Addressed to:

DEANE W BURNETT
PO BOX 20524

OKLAHOMA CITY, OK 73156

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes


OKLAHOMA CITY OK 731 20 SEP 28 2010 VILLAGE BR


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


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*

7110 6605 9590 0012 0828

| | |
|---|---|
| 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

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

DEBORAH HERRIG
24986 182ND ST
SPIRIT LAKE, IA 51360

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 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-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0828

**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

1. Article Addressed to:

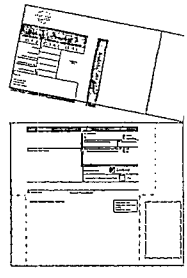
DEBORAH HERRIG
24986 182ND ST
SPIRIT LAKE, IA 51360

3. Service Type ☒ Certified

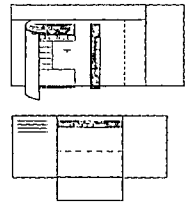
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0828

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Deborah Herrig ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

DEBORAH HERRIG
24986 182ND ST
SPIRIT LAKE, IA 51360

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 0859

| | |
|---|---|
| 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

Sent To
Street, Apt. No.; or 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

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

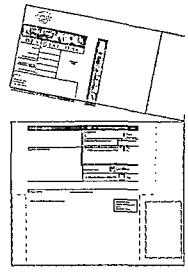
CERTIFIED MAIL™

7110 6605 9590 0012 0859

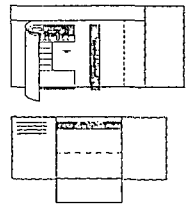
DELMA F KELLEY TESTAMENTARY TRUST
513 WEST SHERIDAN
SHENANDOAH, IA 51601

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

1 SEPARATE AT PERFORATION



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



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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0859

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) DALE MATTHEWS | C. Date of Delivery 9-4-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 0866

| | |
|---|---|
| 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

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

DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

PS 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

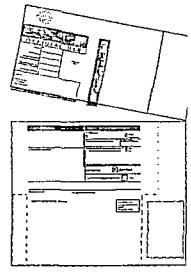
CERTIFIED MAIL™

7110 6605 9590 0012 0866

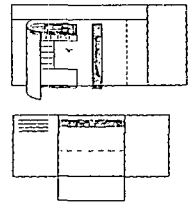
DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0866

1. Article Addressed to:

DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0866

1. Article Addressed to:

DENISE TURNBULL J WILLIAMS
6411 TURNER WAY
DALLAS, TX 75230

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Sylvia Turnbull ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Sylvia Turnbull 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


PS Form 3811 **Domestic Return Receipt**


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


3 LIFT HERE

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# U.S. Postal Service™
# CERTIFIED MAIL™ RECEIPT

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7110 6605 9590 0013 3392

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

Postmark Here

Sent To
DENNIS G ESPINOSA
PO BOX 2864

Street, Apt. No.; or PO Box No.

City, State, Zip+4
PAGOSA SPRINGS, CO 81147

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL

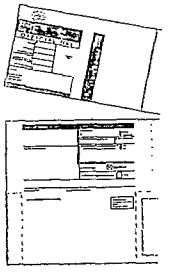
7110 6605 9590 0013 3392

DENNIS G ESPINOSA
PO BOX 2864

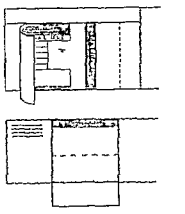
PAGOSA SPRINGS, CO 81147

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



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

**2. Article Number**

7110 6605 9590 0013 3392

**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

1. Article Addressed to:

DENNIS G ESPINOSA
PO BOX 2864

PAGOSA SPRINGS, CO 81147

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 3392

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dalia Espinosa ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Dalia Espinosa | C. Date of Delivery 9-18-10

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

1. Article Addressed to:

DENNIS G ESPINOSA
PO BOX 2864

PAGOSA SPRINGS, CO 81147

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

3 LIFT HERE

PS Form 3811 — Domestic Return Receipt

APPROVED

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

7110 6605 9590 0012 0880

| | |
|---|---|
| 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

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

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

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

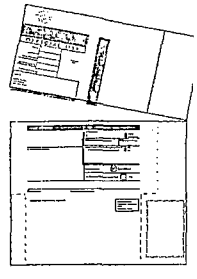
CERTIFIED MAIL™

7110 6605 9590 0012 0880

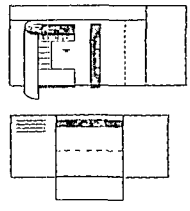
DENNIS R & TERESA M REIMERS JT
1594 CACTUS DRIVE
BAYFIELD, CO 81122

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811H rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0880

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0880

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Teresa Reimers ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Teresa Reimers | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

3 LIFT HERE

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7110 6605 9590 0012 0897

| | |
|---|---|
| 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

Sent To
Street, Apt. No.; or 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

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

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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**

7110 6605 9590 0012 0897

**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

1. Article Addressed to:

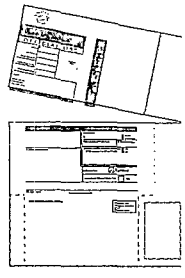
DENNIS R REIMERS
1594 CACTUS DR
BAYFIELD, CO 81122-9634

3. Service Type ☒ Certified

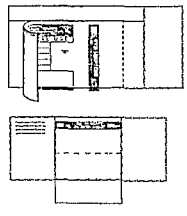
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0897

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Teresa Reimers ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Teresa Reimers | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

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

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 |
| 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

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

DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

PS 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

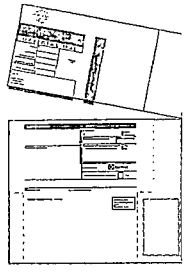
CERTIFIED MAIL™

7110 6605 9590 0012 0903

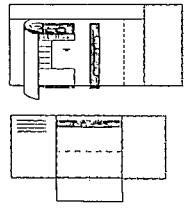
DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0903

1. Article Addressed to:

DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0903

1. Article Addressed to:

DENNIS R STAAL
PO BOX 1110
CHADRON, NE 69337

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


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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U.S. Postal Service

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

7110 6605 9590 0012 0927

| | |
|---|---|
| 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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

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

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

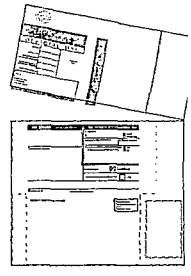
CERTIFIED MAIL™

7110 6605 9590 0012 0927

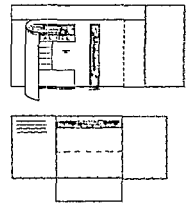
DEREK PETER VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0927

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0927

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 0934

| | |
|---|---|
| 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

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

DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

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

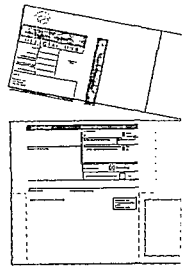
CERTIFIED MAIL™

7110 6605 9590 0012 0934

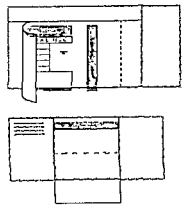
DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0934

1. Article Addressed to:

DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0934

1. Article Addressed to:

DERRICK J TURNBULL
2908 HANOVER
DALLAS, TX 75225

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


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 3408

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

Postmark Here

Sent To: DEVIN W SMITH
Street, Apt. No.; or PO Box No.: 1710 COVENTRY LN
City, State, Zip+4: OKLAHOMA CITY, OK 73120

PS Form 3800, August 2006 — See Reverse for Instructions

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

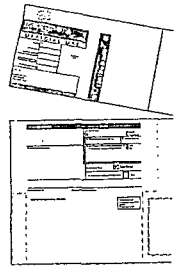
CERTIFIED MAIL™

7110 6605 9590 0013 3408

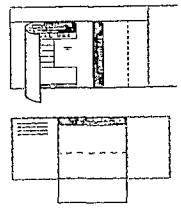
DEVIN W SMITH
1710 COVENTRY LN
OKLAHOMA CITY, OK 73120

Batch #: 2272
Article #: 71106605959000133408
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN( PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3408

**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

1. Article Addressed to:

DEVIN W SMITH
1710 COVENTRY LN

OKLAHOMA CITY, OK 73120

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

**2. Article Number**

7110 6605 9590 0013 3408

**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

1. Article Addressed to:

DEVIN W SMITH
1710 COVENTRY LN

OKLAHOMA CITY, OK 73120

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 #:

3

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 0941

| | |
|---|---|
| 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

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

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

PS 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

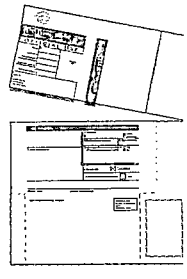
CERTIFIED MAIL™

7110 6605 9590 0012 0941

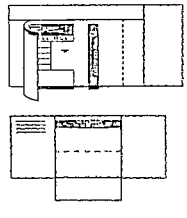
DEVON ENERGY PRODUCTION COMPANY LP
ATTN: JAN WOOLDRIDGE
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0941

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0941

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2189
Article #: 71106605959000120941
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

APPROVED

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0013 3415

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

Postmark Here

Sent To: DH MYATT
Street, Apt. No.; or PO Box No.: 105 S DRISKELL DR
City, State, Zip+4: CROWLEY, TX 76036

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 3415

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

1. Article Addressed to:

DH MYATT
105 S DRISKELL DR

CROWLEY, TX 76036

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE


## 2. Article Number

7110 6605 9590 0013 3415

## COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Opal Myatt ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) OPAL MYATT | C. Date of Delivery 9/17/10

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

1. Article Addressed to:

DH MYATT
105 S DRISKELL DR

CROWLEY, TX 76036

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes



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


PS Form 3811 — Domestic Return Receipt

3 LIFT HERE

APPROVED UNITED STATES POSTAL SERVICE

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

7110 6605 9590 0013 2821

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

Postmark Here

Sent To: DHP LIV TR
Street, Apt. No.; or PO Box No.: 6908 PRESTONSHIRE LN
City, State, Zip+4: DALLAS, TX 75225

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

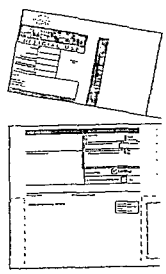
7110 6605 9590 0013 2821

DHP LIV TR
6908 PRESTONSHIRE LN

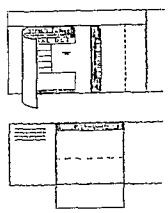
DALLAS, TX 75225

Batch #: 2269
Article #: 71106605959000132821
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2821

**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

1. Article Addressed to:

DHP LIV TR
6908 PRESTONSHIRE LN

DALLAS, TX 75225

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes


**2. Article Number**

7110 6605 9590 0013 2821

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mary Fuller ☐ 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

1. Article Addressed to:

DHP LIV TR
6908 PRESTONSHIRE LN

DALLAS, TX 75225

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7110 6605 9590 0012 0965

| | |
|---|---|
| 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

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

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

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 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-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0965

**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

1. Article Addressed to:

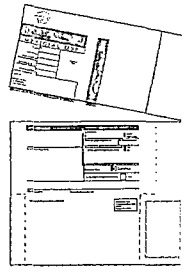
DIANE DERRY
736 HINMAN AVE #1W
EVANSTON, IL 60202

3. Service Type ☒ Certified

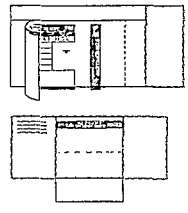
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0965

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Diane M. Derry ☒ Agent ☒ Addressee

B. Received by (*Printed Name*) Diane M. Derry C. Date of Delivery 9/9/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 0958

| | |
|---|---|
| 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

nt To
DIANA S ROWLEY RESIDUARY TRUST
ATTN PAT HUGHES
eet, Apt. No.; 114 W 47TH ST 8TH FL
PO Box No.
y, State, Zip+4 NEW YORK, NY 10036-1532

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

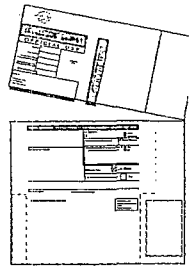
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 0958

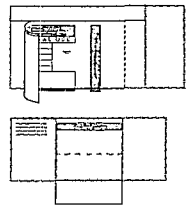
DIANA S ROWLEY RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 241R rev. 01/07

**2. Article Number**
7110 6605 9590 0012 0958

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

**UNITED STATES POSTAL SERVICE**

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

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

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

3 LIFT HERE

APPROVED

**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

7110 6605 9590 0012 1092

| | |
|---|---|
| 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

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

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

PS 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 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 LCR 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

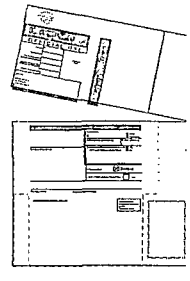
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

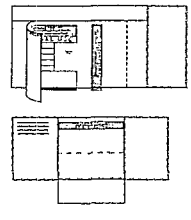
**UNITED STATES POSTAL SERVICE**

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

1 SEPARATE AT PERFORATION



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



**Lisa Hunter, Land Department**
**SJBU ConocoPhillips**
**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 #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 0972

| | |
|---|---|
| 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

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

DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

PS 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

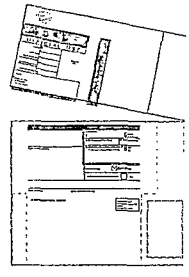
CERTIFIED MAIL™

7110 6605 9590 0012 0972

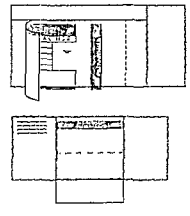
DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

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

1 SEPARATE AT PERFORMATION



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



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

1. Article Addressed to:

DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**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 9-3-10

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

1. Article Addressed to:

DIANNA DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2189
Article #: 71106605959000120972
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 0989

| | |
|---|---|
| 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

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

DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

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 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 #:

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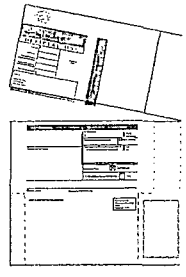
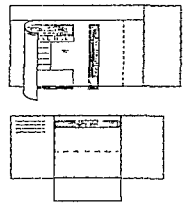


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0989

**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

1. Article Addressed to:

DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0989

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Mae Williams ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mae Williams | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

DICK HOLLAND
PO BOX 2926
MIDLAND, TX 79702-2926

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2189
Article #: 71106605959000120989
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 0996

| | |
|---|---|
| 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

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

DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

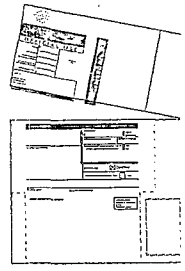
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 0996

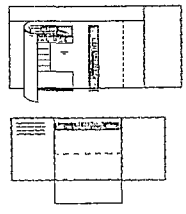
DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 0996

1. Article Addressed to:

DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 0996

1. Article Addressed to:

DIRK VANHORN REEMTSMA
556 CRESTWOOD DR
OCEANSIDE, CA 92058


**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dirk VanHorn Reemtsma ☐ Agent ☐ Addressee

B. Received by (Printed Name) D. Reemtsma | C. Date of Delivery 9/4/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell


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


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 1009

| | |
|---|---|
| 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

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

DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

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

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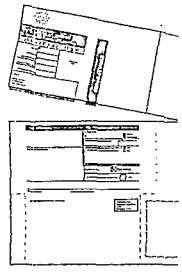
7110 6605 9590 0012 1009

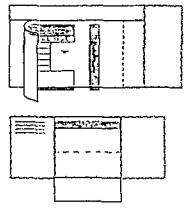
DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

Batch #: 2189
Article #: 71106605959000121009
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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1009

**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

1. Article Addressed to:

DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dixie Boone ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Dixie Boone C. Date of Delivery 8/31/10

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

FOOTHILLS STATION
ALBUQUERQUE NM 87184
Aug 31 2010

1. Article Addressed to:

DIXIE LEE BOONE
305 PARSIFAL NE
ALBUQUERQUE, NM 87123

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121009
Date/Time: 8/31/2010 10:48:41 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3422

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

Postmark Here

Sent To: DOLLY CARSWELL
9653 LONGMONT

Street, Apt. No.; or PO Box No.:

City, State, Zip+4: HOUSTON, TX 77063

PS Form 3800, August 2006 See Reverse for Instructions

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

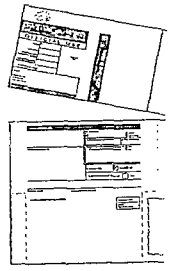
7110 6605 9590 0013 3422

DOLLY CARSWELL
9653 LONGMONT

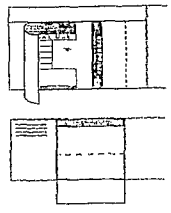
HOUSTON, TX 77063

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

1 SEPARATE AT PERFORMATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 3422

**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

1. Article Addressed to:

DOLLY CARSWELL
9653 LONGMONT

HOUSTON, TX 77063

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes


**2. Article Number**

7110 6605 9590 0013 3422

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dolly Carswell ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 9-30-10

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

1. Article Addressed to:

DOLLY CARSWELL
9653 LONGMONT

HOUSTON, TX 77063

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 #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 1016

| | |
|---|---|
| Postage | $1.05 |
| Certified Fee | $2.80 |
| Return Receipt Fee (dorsement Required) | $2.30 |
| estricted Delivery Fee (dorsement Required) | $0.00 |
| Total Postage & Fees | $6.15 |

Postmark Here

nt To
eet, Apt. No.;
PO Box No.
, State, Zip+4

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

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

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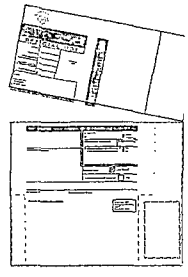
7110 6605 9590 0012 1016

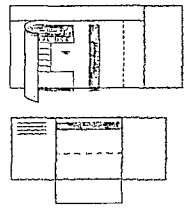
DOLORAS E DOLLAR
P O BOX 218
FLORA VISTA, NM 87415

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1016

**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

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 Ned Dollar ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Ned Dollar | 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

SEP 2 2010
FLORA VISTA NM

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 1023

| | |
|---|---|
| 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

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

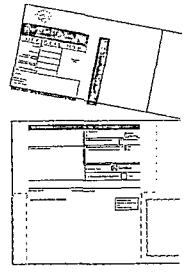
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 1023

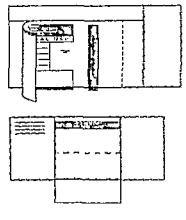
DON C. DENNIS, TRUSTEE OF J. M. DEN
PO BOX 1738
LUBBOCK, TX 79408

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD Ctf R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1023

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1023

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Gretchen Hoffman ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

LUBBOCK TX DTS 794 08

PS Form 3811 **Domestic Return Receipt**

Batch #: 2189
Article #: 71106605959000121023
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 0013 2838

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

Postmark Here

Sent To: DON K ILFELD
Street, Apt. No.; or PO Box No.: 353 DEER HOLW
City, State, Zip+4: NAPA, CA 94558

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 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 #:

Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 2838

1. Article Addressed to:

DON K ILFELD
353 DEER HOLW

NAPA, CA 94558

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

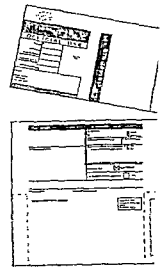
B. Received by (*Printed Name*) | C. Date of Delivery

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

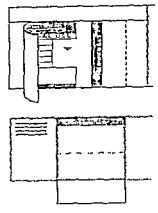
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0013 2838

1. Article Addressed to:

DON K ILFELD
353 DEER HOLW

NAPA, CA 94558

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) DON K ILFELD | C. Date of Delivery 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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 1030

| | |
|---|---|
| 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

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

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

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

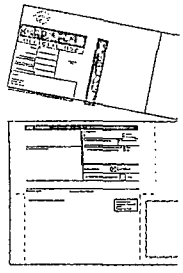
CERTIFIED MAIL™

7110 6605 9590 0012 1030

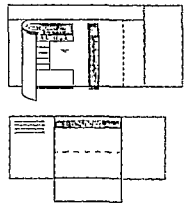
DON DENNIS
P. O. BOX 1738
LUBBOCK, TX 79408

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2189
Article #: 71106605959000121030
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 1047

| | |
|---|---|
| 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

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

DON REED
2012 N ALLIED RD
STROUD, OK 74079

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

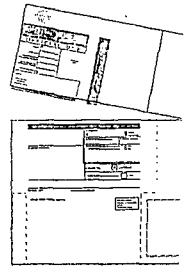
CERTIFIED MAIL™

7110 6605 9590 0012 1047

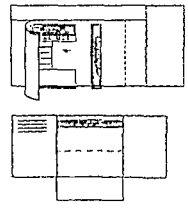
DON REED
2012 N ALLIED RD
STROUD, OK 74079

Batch #: 2189
Article #: 71106605959000121047
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



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

1. Article Addressed to:

DON REED
2012 N ALLIED RD
STROUD, OK 74079

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 1047

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) ANNY CHANTHAKS C. Date of Delivery 9.3.10

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

1. Article Addressed to:

DON REED
2012 N ALLIED RD
STROUD, OK 74079

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 #:


PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 1054

| | |
|---|---|
| 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

Sent To
Street, Apt. No.; or 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

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

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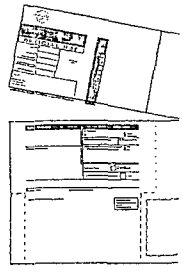
7110 6605 9590 0012 1054

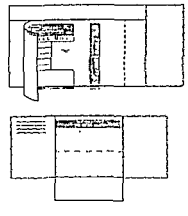
DONALD CANDELARIA & FLORANCE CANDEL
517 E. ZIA
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1054

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1054

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Donald Candelaria ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Donald Candelaria | C. Date of Delivery

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SEP 03 2010
USPS

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

San Juan Busine[illegible]t...
PO Box 4289
Farmington NM 87499-

ConocoPhillips

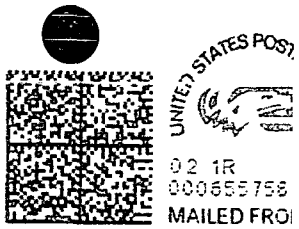
7110 6605 9590 0012 1115


Rt. # 99
Carr. Init. [illegible]
Date 9-27-10

- ☐ 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 |
| 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

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

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

PS 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
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7110 6605 9590 0012 1061

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

1. Article Addressed to:

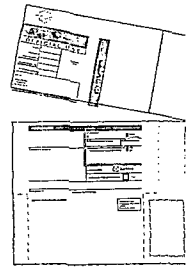
DONALD E FAGAN
51 VILLA JARDIN
SAN ANTONIO, TX 78230-2751

3. Service Type ☒ Certified

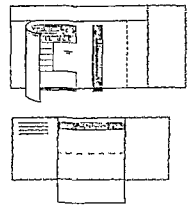
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 1061

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Sandra Lira | C. Date of Delivery 9-13-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:


3 LIFT HERE

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7110 6605 9590 0013 2845

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

Postmark Here

Sent To: DONALD E FAGAN
Street, Apt. No.; or PO Box No.: 51 VILLA JARDIN
City, State, Zip+4: SAN ANTONIO, TX 78230-2751

PS Form 3800, August 2006 — See Reverse for Instructions

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

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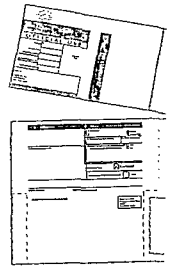
7110 6605 9590 0013 2845

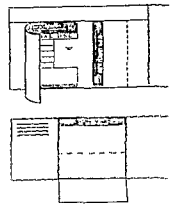
DONALD E FAGAN
51 VILLA JARDIN
SAN ANTONIO, TX 78230-2751

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2845

**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

1. Article Addressed to:

DONALD E FAGAN
51 VILLA JARDIN

SAN ANTONIO, TX 78230-2751

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes


**2. Article Number**

7110 6605 9590 0013 2845

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) D E FAGAN | C. Date of Delivery 9/18/10

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

1. Article Addressed to:

DONALD E FAGAN
51 VILLA JARDIN

SAN ANTONIO, TX 78230-2751

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 #: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7110 6605 9590 0013 2852

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

Postmark Here

Sent To: DONALD E PELOTTE
THE DIOCESE OF GALLUP
Street, Apt. No.; or PO Box No.: PO BOX 1338
City, State, Zip+4: GALLUP, NM 87305

PS Form 3800, August 2006 — See Reverse for Instructions

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

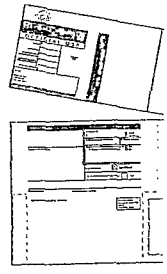
CERTIFIED MAIL™

7110 6605 9590 0013 2852

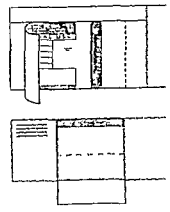
DONALD E PELOTTE
THE DIOCESE OF GALLUP
PO BOX 1338
GALLUP, NM 87305

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2852

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes


**2. Article Number**

7110 6605 9590 0013 2852

**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:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes



Batch #: 2269
Article #: 71106605959000132852
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #: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3 LIFT HERE

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7110 6605 9590 0012 1078

| | |
|---|---|
| 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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

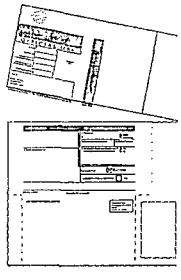
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 1078

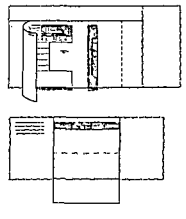
DONALD J MERRION TRUST
5992 S ABERDEEN ST
LITTLETON, CO 80120

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1078

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1078

**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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 1085

| | |
|---|---|
| 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

Sent To
Street, Apt. No.; or 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

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

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

1. Article Addressed to:

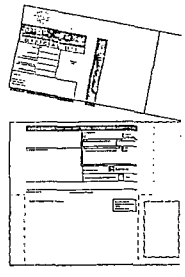
DONALD MANGUM
PO BOX 228
PANGUITCH, UT 84759

3. Service Type ☒ Certified

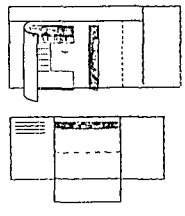
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 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

1. Article Addressed to:

DONALD MANGUM
PO BOX 228
PANGUITCH, UT 84759

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

PS Form 3811 **Domestic Return Receipt**

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 1108

| | |
|---|---|
| Postage | $1.05 |
| Certified Fee | $2.80 |
| Return Receipt Fee (dorsement Required) | $2.30 |
| stricted Delivery Fee (dorsement Required) | $0.00 |
| Total Postage & Fees | $6.15 |

Postmark Here

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

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 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-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1108

**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

1. Article Addressed to:

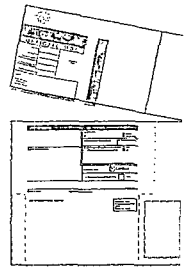
DONALD TURRIETTA
PO BOX 665
MAIN DOWNTOWN STATION
ALBUQUERQUE, NM 87103

3. Service Type ☒ Certified

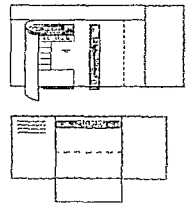
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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



F

**2. Article Number**

7110 6605 9590 0012 1108

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Larry Johnson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) LARRY Johnson | C. Date of Delivery 9/24/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 1122

| | |
|---|---|
| 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

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

DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

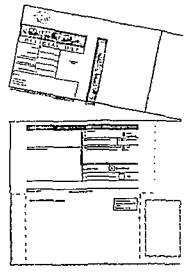
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 1122

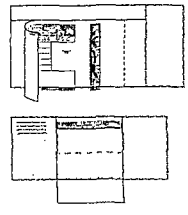
DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

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

1 SEPARATE AT PERFORMATION



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



Reorder Form LCD-811R rev. 01/07

**2 Article Number**

7110 6605 9590 0012 1122

**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

1. Article Addressed to:

DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**Article Number**

7110 6605 9590 0012 1122

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Donna Krill ☐ 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

1. Article Addressed to:

DONNA KRILL
1805 TARRANT CITY ST
HENDERSON, NV 89052

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2189
Article #: 71106605959000121122
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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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 0873

| | |
|---|---|
| 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

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

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

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 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

1. Article Addressed to:

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 0873

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dennis Crowley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Dennis Crowley | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

DENNIS CROWLEY
8581 GRAY STREET
ARVADA, CO 80003

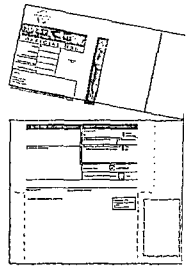
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

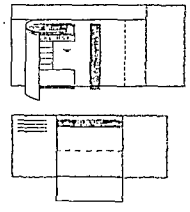
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



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



3 LIFT HERE

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

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

DMG
9-20

ConocoPhillips

7110 6605 9590 0012 1146

UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM

9/2

UNCLAIMED
RETURNED TO SENDER

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 1146

| | |
|---|---|
| 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

Sent To

Street, Apt. No.; or 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

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

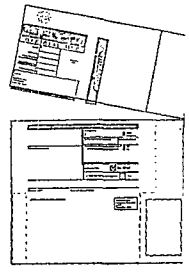
CERTIFIED MAIL™

7110 6605 9590 0012 1146

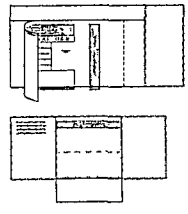
DORIANN L STOLWORTHY LIV TR DD APRL
4600 SUMMER WIND
FARMINGTON, NM 87401

Batch #: 2189
Article #: 71106605959000121146
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



Reorder Form LCD-8118 rev. 01/07

2. Article Number

7110 6605 9590 0012 1146

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

**UNITED STATES POSTAL SERVICE**

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

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

Batch #: 2189
Article #: 71106605959000121146
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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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 1139

| | |
|---|---|
| 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

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

DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

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

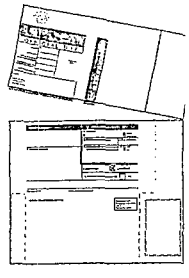
CERTIFIED MAIL™

7110 6605 9590 0012 1139

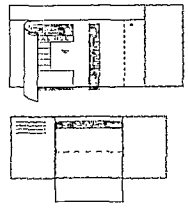
DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

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

1 SEPARATE AT PERFORATION



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



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

1. Article Addressed to:

DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1139

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature DORA PARKER
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Dora Parker | C. Date of Delivery 9-2-10

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

1. Article Addressed to:

DORA PARKER
PO BOX 2141
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

Phillips

7110 6605 9590 0012 1146

MAILED FROM ZIP CODE 87402

9/2

UNCLAIMED
RETURNED TO SENDER

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

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

7110 6605 9590 0012 1153

| | |
|---|---|
| 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

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

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

PS 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 1153

DOROTEA VALDEZ LOPEZ ESTATE
RACHEL ANN HANCOCK-WARGO REPRESENTA
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 #:

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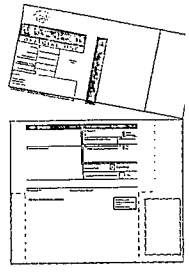
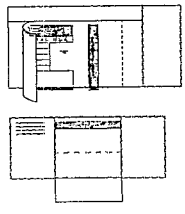


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-811B rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1153

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1153

1. Article Addressed to:

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

**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

BLANCO NM 87412
SEP - 3 2010
USPS

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 1160

| | |
|---|---|
| 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

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

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

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 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 #:

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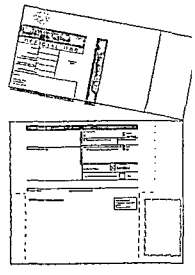
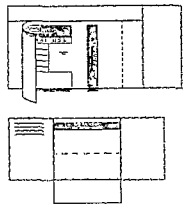


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Heorder Form LCD-811H rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1160

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1160

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Dorothy A Farnham ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

3

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

LIFT HERE

U.S. Postal Service
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7110 6605 9590 0012 1177

| | |
|---|---|
| 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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

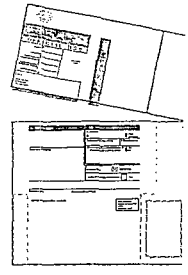
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 1177

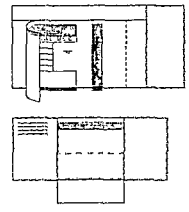
DOROTHY B HUGHES ESTATE
303 MISTY CREEK LANE
PORT ANGELES, WA 98363

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1177

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1177

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Suzy Sarna ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) SUZY SARNA | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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 |
| 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

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

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

PS 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

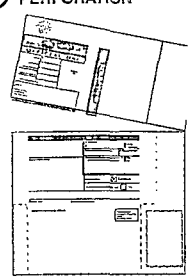
CERTIFIED MAIL™

7110 6605 9590 0012 1184

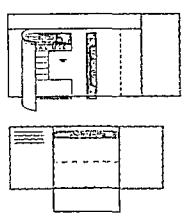
DOROTHY E DENMAN
4600 TAFT BLVD APT 971
WICHITA FALLS, TX 76308

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1184

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 1184

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Judy Murray ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Judy Murray | 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

Code: Allocation Project - D.Howell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3 LIFT HERE


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 |
| 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

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

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

PS 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 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-811B rev. 01/07

**2. Article Number:** 7110 6605 9590 0012 1191

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

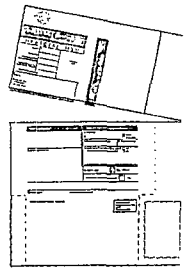
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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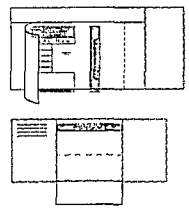


**2. Article Number:** 7110 6605 9590 0012 1191

1. Article Addressed to:

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

A. Signature
X Dorothy Oliver ☐ 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


SEP -7 2010


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 LIFT HERE

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7110 6605 9590 0012 1207

| | |
|---|---|
| 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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL

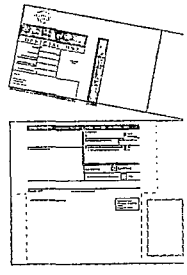
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 #:

1 SEPARATE AT PERFORATION



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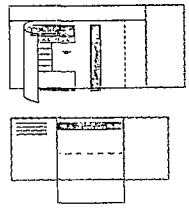

Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1207

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1207

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121207
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 1214

| | |
|---|---|
| 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

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

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

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

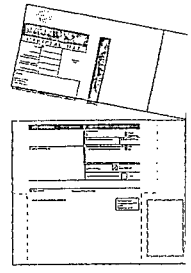
CERTIFIED MAIL™

7110 6605 9590 0012 1214

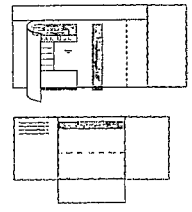
DOUGLAS E ATWILL
2211 FORT UNION DR
SANTA FE, NM 87505

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1214

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1214

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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 LIFT HERE

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| | |
|---|---|
| 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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

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

PS 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

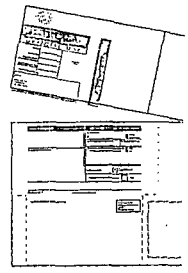
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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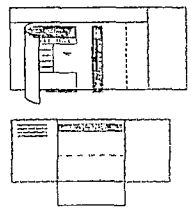

Reorder Form LCD-811B rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1221

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1221

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X W E Johnston ☐ 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

1. Article Addressed to:

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

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 |
| Certified Fee | $2.80 |
| Return Receipt Fee (Endorsement Required) | $2.30 |
| Restricted Delivery Fee (Endorsement Required) | $0.00 |
| Total Postage & Fees | $6.15 |

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City, State, Zip+4

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

PS 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
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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**

7110 6605 9590 0012 1238

**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

1. Article Addressed to:

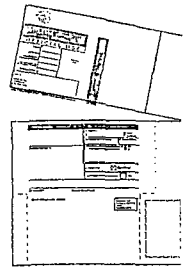
DUFF-LEACH FAMILY TRUST
C/O J DIANNE DUFF LEACH
P O BOX 30396
ALBUQUERQUE, NM 87190

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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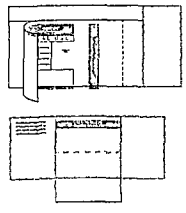

**2. Article Number**

7110 6605 9590 0012 1238

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 1245

| | |
|---|---|
| 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

t To
et, Apt. No.;
O Box No.
; 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

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

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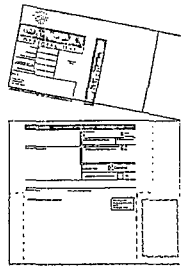
7110 6605 9590 0012 1245

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 #:

1 SEPARATE AT PERFORATION



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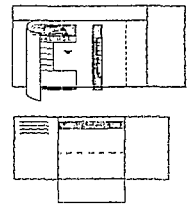

Reorder Form LCD-811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 1245

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 1245

**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:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

FARMINGTON NM SEP 2 2010 87401 USPS

Tom Dugan 9-2-10

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 |
| 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

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

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

9/1/10

PS 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
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7110 6605 9590 0012 0606

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

Batch #: 2188
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-811B 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

1. Article Addressed to:

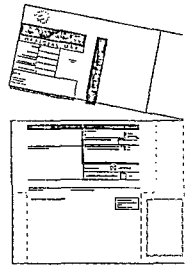
D J SIMMONS CO LTD PARTNERSHIP
PO BOX 1469
FARMINGTON, NM 87499

3. Service Type ☒ Certified

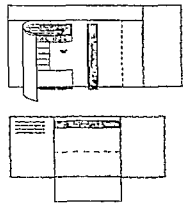
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 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

MARY TSOSIE

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

FARMINGTON NM 87401 SEP 2 2010 USPS

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

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