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 7110 6605 9590 0012 2013

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

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

G. ELEANOR TRUJILLO
 2114 S. MT. DANIELS DR.
 ELLENSBERG, WA 98926

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2013

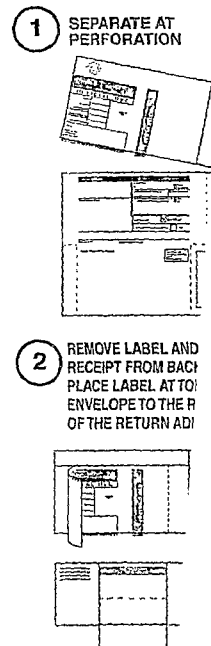
G. ELEANOR TRUJILLO
 2114 S. MT. DANIELS DR.
 ELLENSBERG, WA 98926

Batch #: 2190
 Article #: 71106605959000122013
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD- rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2013		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
G. ELEANOR TRUJILLO 2114 S. MT. DANIELS DR. ELLENSBERG, WA 98926		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2013		A. Signature X <i>G. Eleanor Trujillo</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
G. ELEANOR TRUJILLO 2114 S. MT. DANIELS DR. ELLENSBERG, WA 98926		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 #: 2190
 Article #: 71106605959000122013
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



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7110 6605 9590 0012 2020

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

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

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

G. R. FASKEN
230 JOHNSON WOODS DR
PARIS, TX 75460

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



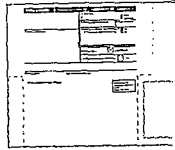
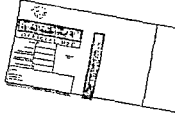
7110 6605 9590 0012 2020

G. R. FASKEN
230 JOHNSON WOODS DR
PARIS, TX 75460

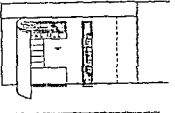
Batch #: 2190
Article #: 71106605959000122020
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 2020	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: G. R. FASKEN 230 JOHNSON WOODS DR PARIS, TX 75460	
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 2020	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>G. R. Fasken</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: G. R. FASKEN 230 JOHNSON WOODS DR PARIS, TX 75460	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122020
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 2037

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

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

GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2037

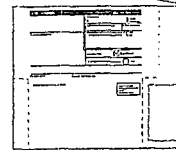
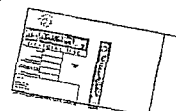
GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122

Batch #: 2190
Article #: 71106605959000122037
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

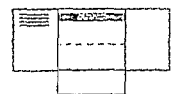
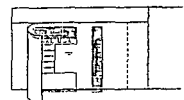
Reorder Form LC-100-R rev. 01/07

2. Article Number 7110 6605 9590 0012 2037	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: GAIL A DURHAM 5020 62ND N W TERRACE OKLAHOMA CITY, OK 73122	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 2037	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Gail Durham</i> B. Received by (Printed Name) GAIL DURHAM 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: GAIL A DURHAM 5020 62ND N W TERRACE OKLAHOMA CITY, OK 73122	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122037
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2044

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

Send To
GAIL F. MOULTON, JR.
80345 MOUNTAIN DRIVE
TRONA, CA 93562

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2044

GAIL F. MOULTON, JR.
80345 MOUNTAIN DRIVE
TRONA, CA 93562

Batch #: 2190
Article #: 71106605959000122044
Date/Time: 8/31/2010 11:33:27 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 2044	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562 Code: Allocation Project - D.Howell	

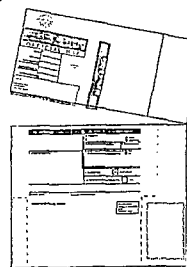
PS Form 3811

2. Article Number 7110 6605 9590 0012 2044	COMPLETE THIS SECTION ON DELIVERY A. Signature X Carolyn M. Moulton ☐ Agent ☒ Addressee B. Received by (Printed Name) CAROLYN M. MOULTON C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562 Code: Allocation Project - D.Howell	

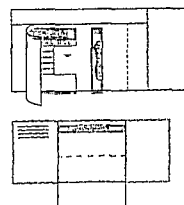
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2190
Article #: 71106605959000122044
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0012 2051

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

Return To
GARCIA FAMILY TRUST
3805 CAMINO DON DIEGO NE
ALBUQUERQUE, NM 87111
Post, Apt. No.,
PO Box No.
City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



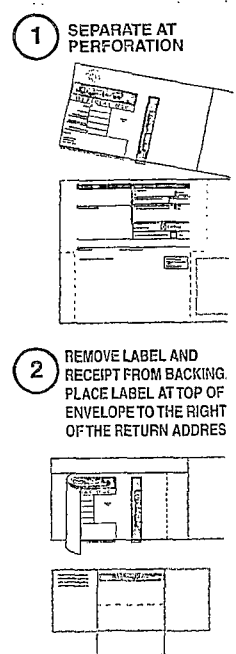
7110 6605 9590 0012 2051

GARCIA FAMILY TRUST
3805 CAMINO DON DIEGO NE
ALBUQUERQUE, NM 87111

Batch #: 2190
Article #: 71106605959000122051
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

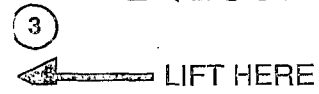
Reorder Form LC-111 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2051	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GARCIA FAMILY TRUST 3805 CAMINO DON DIEGO NE ALBUQUERQUE, NM 87111	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2051	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-37MTH1109
GARCIA FAMILY TRUST 3805 CAMINO DON DIEGO NE ALBUQUERQUE, NM 87111	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 #: 2190
Article #: 71106605959000122051
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 2068

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

Delivered To
GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2068

GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

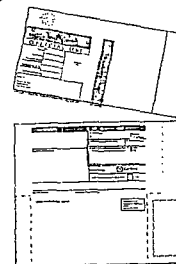
Batch #: 2190
Article #: 71106605959000122068
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD, Rev. 01/07

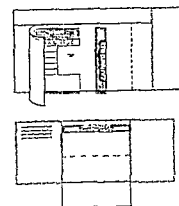
2: Article Number 7110 6605 9590 0012 2068	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245	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 2068	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) 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: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2190
Article #: 71106605959000122068
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

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

GARY R JOHNSON
P O BOX 7507
THE WOODLANDS, TX 77387-7507

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2082

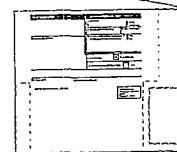
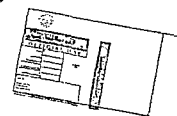
GARY R JOHNSON
P O BOX 7507
THE WOODLANDS, TX 77387-7507

Batch #: 2190
Article #: 71106605959000122082
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

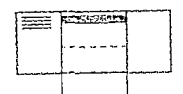
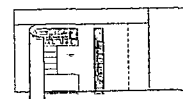
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2082	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARY R JOHNSON P O BOX 7507 THE WOODLANDS, TX 77387-7507	
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 2082	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery X G JOHNSON 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
1. Article Addressed to: GARY R JOHNSON P O BOX 7507 THE WOODLANDS, TX 77387-7507	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122082
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2167

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

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

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2167

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 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 2167	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: GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201	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

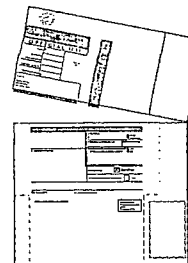
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

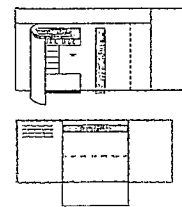
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0012 2075

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

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

GARY L SMITH ESTATE
C/O DENNIS D JASPER
2535 TECH DR STE 200
BETTENDORF, IA 52722

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2075

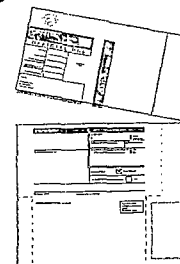
GARY L SMITH ESTATE
C/O DENNIS D JASPER
2535 TECH DR STE 200
BETTENDORF, IA 52722

Batch #: 2190
Article #: 71106605959000122075
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

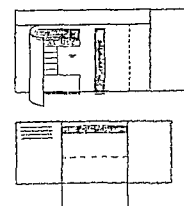
Reorder Form LCP-101 rev. 01/07

2. Article Number 7110 6605 9590 0012 2075	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARY L SMITH ESTATE C/O DENNIS D JASPER 2535 TECH DR STE 200 BETTENDORF, IA 52722	
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 2075	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Grant L. L...</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARY L SMITH ESTATE C/O DENNIS D JASPER 2535 TECH DR STE 200 BETTENDORF, IA 52722	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122075
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
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7110 6605 9590 0012 2099

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

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

GASCONADE OIL COMPANY
410 17TH ST STE 1180
DENVER, CO 80202

Form 3800, August 2005, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



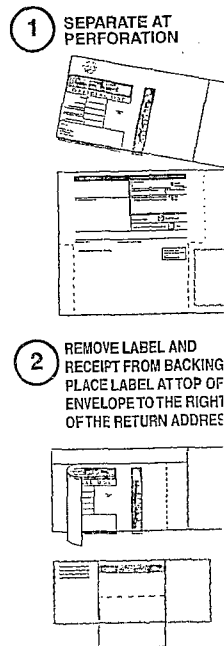
7110 6605 9590 0012 2099

GASCONADE OIL COMPANY
410 17TH ST STE 1180
DENVER, CO 80202

Batch #: 2190
Article #: 71106605959000122099
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC 3800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2099	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GASCONADE OIL COMPANY 410 17TH ST STE 1180 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2099	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GASCONADE OIL COMPANY 410 17TH ST STE 1180 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2190
Article #: 71106605959000122099
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information: Visit www.usps.com
7110 6605 9590 0012 2105

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

1st To
Gayl Ann Carlberg as her separate
11 A West Oak Drive South
Houston, TX 77056

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

Form 3800, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



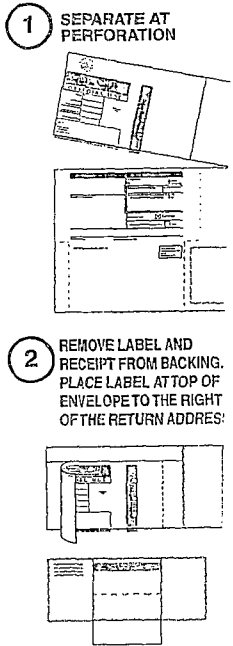
7110 6605 9590 0012 2105

GAYL ANN CARLBERG AS HER SEPARATE
11 A WEST OAK DRIVE SOUTH
HOUSTON, TX 77056

Batch #: 2190
Article #: 71106605959000122105
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 01/07

2. Article Number 7110 6605 9590 0012 2105	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056 Code: Allocation Project - D.Howell	



PS Form 3811

2. Article Number 7110 6605 9590 0012 2105	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122105
Date/Time: 8/31/2010 11:33:27 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 2112

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

Postage To
General Partner
5106 SPRING MEADOW DR
DALLAS, TX 75229

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



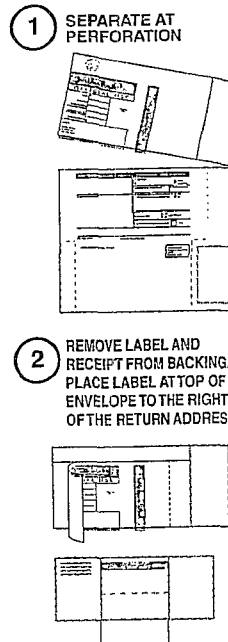
7110 6605 9590 0012 2112

GEISLER FAMILY LIMITED PARTNERSHIP
GENERAL PARTNER
5106 SPRING MEADOW DR
DALLAS, TX 75229

Batch #: 2190
Article #: 71106605959000122112
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

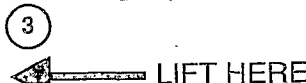
Reorder Form LC 1001 rev. 01/07

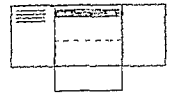
2. Article Number 7110 6605 9590 0012 2112	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: GEISLER FAMILY LIMITED PARTNERSHIP GENERAL PARTNER 5106 SPRING MEADOW DR DALLAS, TX 75229	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

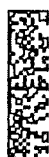


2. Article Number 7110 6605 9590 0012 2112	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
1. Article Addressed to: GEISLER FAMILY LIMITED PARTNERSHIP GENERAL PARTNER 5106 SPRING MEADOW DR DALLAS, TX 75229	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122112
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:







000655/58 / SEP02 2010
MAILED FROM ZIP CODE 87402

REASON CHECKED
☒ Unclaimed
☒ Attempted - Not Known
☐ Insufficient Address
☐ No Such Street
☐ No Such Office In State
☐ Do Not Remail This Envelope
☐ Refused
☐ No Such Number

ANK

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

86



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7110 6605 9590 0012 2136

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

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

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2136

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

Batch #: 2190
Article #: 71106605959000122136
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2136	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVA T JOHNSON 2945 BEACHWOOD GRAND JUNCTION, CO 81501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

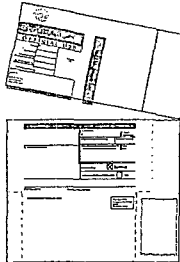
UNITED STATES POSTAL SERVICE



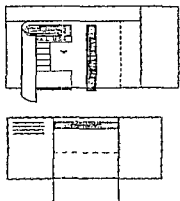
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

1 SEPARATE AT PERFORATION



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

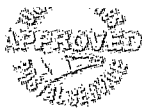


3

LIFT HERE

Batch #: 2190
Article #: 71106605959000122136
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form L0011R rev. 01/07



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7110 6605 9590 0012 2143

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

Postage To
Genevieve A. Rinerson
5400 ANGEL PLACE
FARMINGTON, NM 87402

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2143

GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

Batch #: 2190
Article #: 71106605959000122143
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

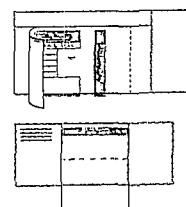
Reorder Form LC-11R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2143	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2143	A. Signature X <i>Genevieve Rinerson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Genevieve Rinerson</i>
GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402	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 #: 2190
Article #: 71106605959000122143
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 2150

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

Send To
Genevieve Canelaria
PO BOX 348
BLANCO, NM 87412

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

Form 3811, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2150

GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2190
Article #: 71106605959000122150
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCR rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2150	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVIEVE CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

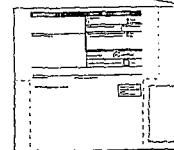
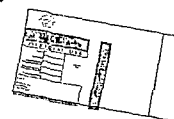
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2150	A. Signature X <i>G. Canelaria</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>B. Canelaria</i> <i>9-3-10</i>
GENEVIEVE CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

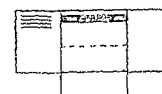
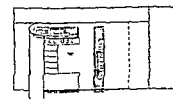
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2190
Article #: 71106605959000122150
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

IFT HERE



U.S. Postal Service
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Information Visit Our Website at www.usps.com
7110 6605 9590 0012 2167

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

Deliver To
Geoffrey A Vandewart
1207 S Missouri Ave
Roswell, NM 88201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



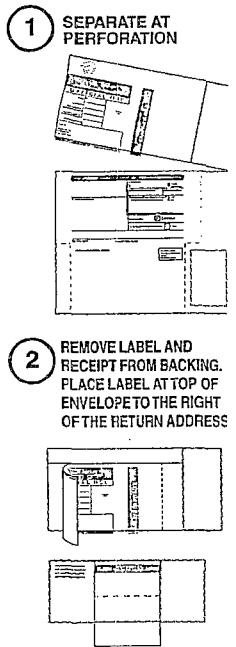
7110 6605 9590 0012 2167

Geoffrey A Vandewart
1207 S Missouri Ave
Roswell, NM 88201

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 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 2167	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: Geoffrey A Vandewart 1207 S Missouri Ave Roswell, NM 88201 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2167	COMPLETE THIS SECTION ON DELIVERY A. Signature X Linda Vandewart ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Linda Vandewart 9/21/2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: Geoffrey A Vandewart 1207 S Missouri Ave Roswell, NM 88201 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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Information visit our website at www.usps.com

7110 6605 9590 0012 2174

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

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

GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



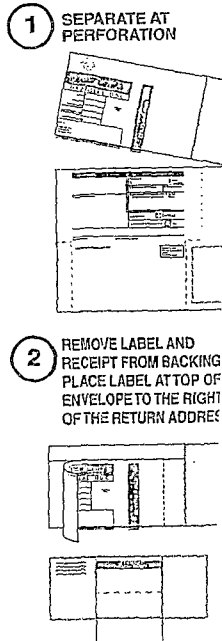
7110 6605 9590 0012 2174

GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

Batch #: 2190
Article #: 71106605959000122174
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2174	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2174	A. Signature X <i>Georganne Quier</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Georganne Quier</i> 8-7-10
GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	D. Is 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 #: 2190
Article #: 71106605959000122174
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3521

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

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

GEORGEANNE NILSEN TTEE
 3232 W BRITTON RD STE 140
 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 3521

GEORGEANNE NILSEN TTEE
 3232 W BRITTON RD STE 140
 OKLAHOMA CITY, OK 73120

Batch #: 2272
 Article #: 71106605959000133521
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 3521

1. Article Addressed to:

GEORGEANNE NILSEN TTEE
 3232 W BRITTON RD STE 140
 OKLAHOMA CITY, OK 73120

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION

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

2. Article Number

7110 6605 9590 0013 3521

1. Article Addressed to:

GEORGEANNE NILSEN TTEE
 3232 W BRITTON RD STE 140
 OKLAHOMA CITY, OK 73120

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
 Article #: 71106605959000133521
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:

3

Reorder Form LCD-811R 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Information Visit Our Website at www.usps.com

7110 6605 9590 0012 2181

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

Postage To: GEORGE A RANNEY ESTATE
C/O CHICAGO METROPOLIS 2020
30 W MONROE ST 18TH FL
CHICAGO, IL 60603

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2181

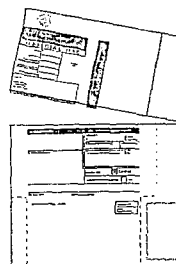
GEORGE A RANNEY ESTATE
C/O CHICAGO METROPOLIS 2020
30 W MONROE ST 18TH FL
CHICAGO, IL 60603

Batch #: 2190
Article #: 711066059590000122181
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

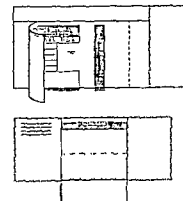
Reorder Form LCR 11 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2181	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE A RANNEY ESTATE C/O CHICAGO METROPOLIS 2020 30 W MONROE ST 18TH FL CHICAGO, IL 60603	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2181	A. Signature X <i>H. Mcbee</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>H. Mcbee</i> <i>7/9/10</i>
GEORGE A RANNEY ESTATE C/O CHICAGO METROPOLIS 2020 30 W MONROE ST 18TH FL CHICAGO, IL 60603	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 #: 2190
Article #: 711066059590000122181
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 2198

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

Deliver To
GEORGE H SMITH
1211 ROYAL DR
KAUFMAN, TX 75142-3513

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



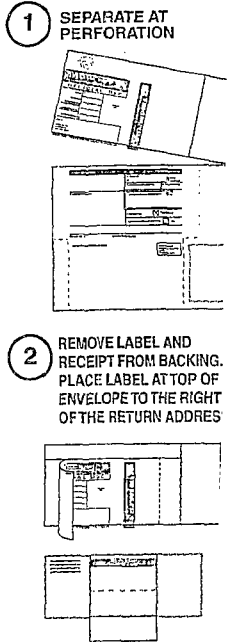
7110 6605 9590 0012 2198

GEORGE H SMITH
1211 ROYAL DR
KAUFMAN, TX 75142-3513

Batch #: 2190
Article #: 71106605959000122198
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP R rev. 01/07

2. Article Number 7110 6605 9590 0012 2198	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE H SMITH 1211 ROYAL DR KAUFMAN, TX 75142-3513	
Code: Allocation Project - D.Howell	



PS Form 3811

2. Article Number 7110 6605 9590 0012 2198	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>George H. Smith</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery GEORGE H. SMITH 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE H SMITH 1211 ROYAL DR KAUFMAN, TX 75142-3513	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122198
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3507

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

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

GEORGE E ESPINOSA
C/O CHARLES DARRAH & ASSOC LLC
99 INCA ST
DENVER, CO 80223

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3507

GEORGE E ESPINOSA
C/O CHARLES DARRAH & ASSOC LLC
99 INCA ST
DENVER, CO 80223

Batch #: 2272
Article #: 71106605959000133507
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3507	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE E ESPINOSA C/O CHARLES DARRAH & ASSOC LLC 99 INCA ST DENVER, CO 80223	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION

2 REMOVE LABEL / RECEIPT FROM ENVELOPE TO THE RIGHT OF THE RETURN

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3507	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE E ESPINOSA C/O CHARLES DARRAH & ASSOC LLC 99 INCA ST DENVER, CO 80223	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133507
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

← LIFT HERE

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2204		A. Signature X <i>[Signature]</i>	☐ Agent ☐ Addressee
1. Article Addressed to:		B. Received by (Printed Name) R. PALMER	C. Date of Delivery SEP 12 2000
GEORGE L PALMER PO BOX D A HAGATNA GUAM, 96932-7507		D. Is delivery address different from item 1? If YES enter delivery address below: YES	
		3. Service Type X Certified	
		4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt



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7110 6605 9590 0013 3514

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

ent To **GEORGE MARTINEZ**
37 RD 3008

street, Apt. No.;
r PO Box No. **AZTEC, NM 87410**
ity, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

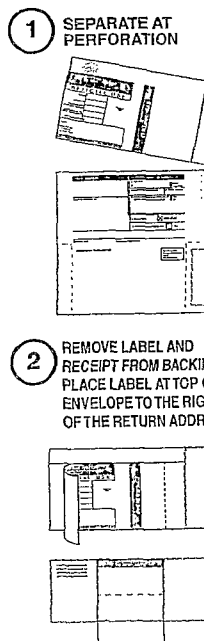
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3514

GEORGE MARTINEZ
37 RD 3008
AZTEC, NM 87410

Batch #: 2272
Article #: 71106605959000133514
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3514	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE MARTINEZ 37 RD 3008 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3514	A. Signature ☐ Agent X George Martinez ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE MARTINEZ 37 RD 3008 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133514
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

APPROVED

U.S. Postal Service
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7110 6605 9590 0012 2211

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

Postage To: **GEORGE REED BRAINARD**
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Postage To: **GEORGE REED BRAINARD**
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



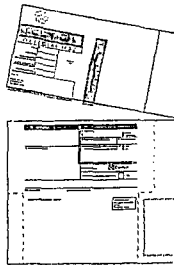
7110 6605 9590 0012 2211

GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

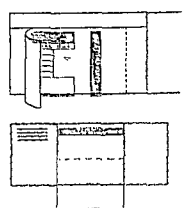
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 Article #: 71106605959000122211
 Date/Time: 8/31/2010 11:33:28 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2211		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
GEORGE REED BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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 2211		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
GEORGE REED BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2190
 Article #: 71106605959000122211
 Date/Time: 8/31/2010 11:33:28 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 2228

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

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

GEORGE S ISHAM NONGST MARITAL TRST
BNY MELLON TRICIA ONEIL
1 FINANCIAL PLAZA SUITE 2200
PROVIDENCE, RI 2903

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2228

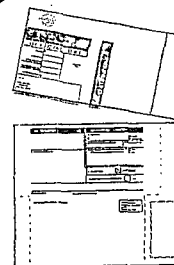
GEORGE S ISHAM NONGST MARITAL TRST
BNY MELLON TRICIA ONEIL
1 FINANCIAL PLAZA SUITE 2200
PROVIDENCE, RI 2903

Batch #: 2190
Article #: 71106605959000122228
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

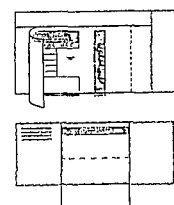
Reorder Form LCD 3 rev. 01/07

2. Article Number 7110 6605 9590 0012 2228	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE S ISHAM NONGST MARITAL TRST BNY MELLON TRICIA ONEIL 1 FINANCIAL PLAZA SUITE 2200 PROVIDENCE, RI 2903 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 2228	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>C. Sousa</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery C. Sousa D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE S ISHAM NONGST MARITAL TRST BNY MELLON TRICIA ONEIL 1 FINANCIAL PLAZA SUITE 2200 PROVIDENCE, RI 2903 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122228
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 2235

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

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

GEORGE W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 - See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2235

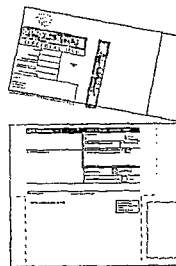
GEORGE W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

Batch #: 2190
Article #: 71106605959000122235
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

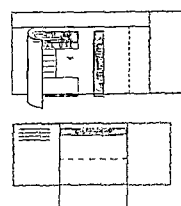
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2235	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GEORGE W UMBACH ATTN J MARK CHOPLIN PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2235	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GEORGE W UMBACH ATTN J MARK CHOPLIN PO BOX 1588 TULSA, OK 74101	D. Is 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 #: 2190
Article #: 71106605959000122235
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
By Mail to the Post Office at the Post Office
7110 6605 9590 0012 2242

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

Return To
Gerald F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



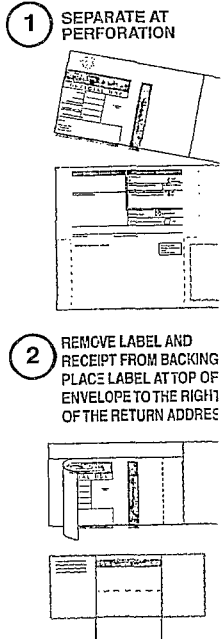
7110 6605 9590 0012 2242

GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

Batch #: 2190
Article #: 71106605959000122242
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP-11R rev. 01/07

2. Article Number 7110 6605 9590 0012 2242	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2242	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/4 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122242
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Information is located on the back of this receipt.
7110 6605 9590 0012 2259

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

Return To: GERALD G. WILLIAMS & ALTA JANE WILL

Street, Apt. No.,
PO Box No.
City, State, Zip+4
315 N. CLARK DR
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2259

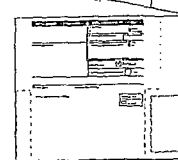
GERALD G. WILLIAMS & ALTA JANE WILL
315 N. CLARK DR
AZTEC, NM 87410

Batch #: 2190
Article #: 71106605959000122259
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

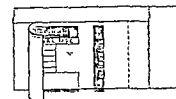
Reorder Form LCP R rev. 01/07

2. Article Number 7110 6605 9590 0012 2259	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GERALD G. WILLIAMS & ALTA JANE WILL 315 N. CLARK DR AZTEC, NM 87410	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 2259	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery GERALD G. WILLIAMS 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GERALD G. WILLIAMS & ALTA JANE WILL 315 N. CLARK DR AZTEC, NM 87410	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122259
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0013 3538

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

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

GERALDINE H MCFADDEN
290 NW 12TH ST
CEDAREDDGE, CO 81413-4110

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 3538

GERALDINE H MCFADDEN
290 NW 12TH ST

CEDAREDDGE, CO 81413-4110

Batch #: 2272
Article #: 71106605959000133538
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3538	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE H MCFADDEN 290 NW 12TH ST CEDAREDDGE, CO 81413-4110	D. Is 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 A
RECEIPT FROM B.
PLACE LABEL AT
ENVELOPE TO TH
OF THE RETURN.

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3538	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE H MCFADDEN 290 NW 12TH ST CEDAREDDGE, CO 81413-4110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133538
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:



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

7110 6605 9590 0013 2890

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

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

GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0013 2890

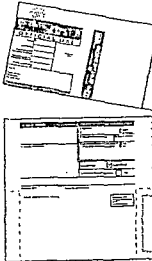
GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041

Batch #: 2269
Article #: 71106605959000132890
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Code:
Code2:
File #:
Internal File #:
Internal Code #:

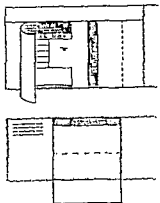
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2890	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GERALDINE KAREN STEWART 4910 LA RODA AVE LOS ANGELES, CA 90041	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2890	A. Signature X <i>G. Stewart</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GERALDINE KAREN STEWART 4910 LA RODA AVE LOS ANGELES, CA 90041	D. Is 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 #: 71106605959000132890
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0013 2906

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

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

GERTRUDE A GALLEGOS
PO BOX 442
PAGOSA SPRINGS, CO 81147

PS Form 3811, August 2006 See Reverse for Instructions



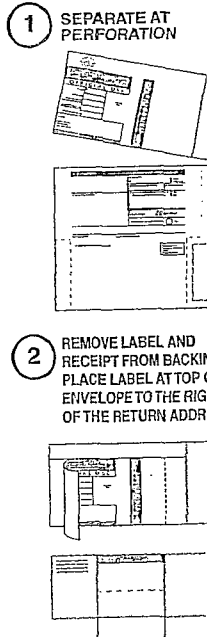
7110 6605 9590 0013 2906

GERTRUDE A GALLEGOS
PO BOX 442

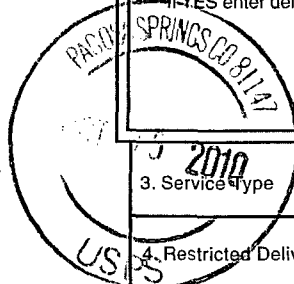
PAGOSA SPRINGS, CO 81147

Batch #: 2269
Article #: 71106605959000132906
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2906	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERTRUDE A GALLEGOS PO BOX 442 PAGOSA SPRINGS, CO 81147	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2906	A. Signature X <i>Cyndi Mitchell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>CYNDI MITCHELL</i> <i>10/5/10</i>
GERTRUDE A GALLEGOS PO BOX 442 PAGOSA SPRINGS, CO 81147	D. Is 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 #: 71106605959000132906
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 2266

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

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

**GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



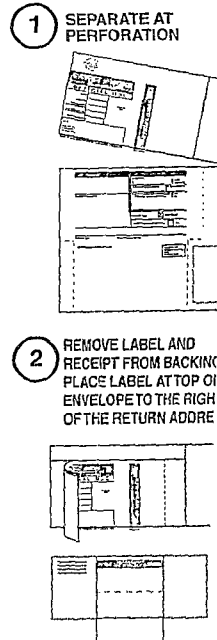
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**GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518**

Batch #: 2190
Article #: 71106605959000122266
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 2266	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GIBSON FAMILY TRUST PO BOX 769 ARCATA, CA 95518 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2266	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GIBSON FAMILY TRUST PO BOX 769 ARCATA, CA 95518 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122266
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 2273

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

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

GLADYS M RIDDLE INTER-VIVOS TRUST
909 SW D AVE
LAWTON, OK 73501

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2273

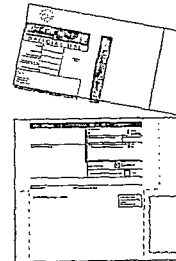
GLADYS M RIDDLE INTER-VIVOS TRUST
909 SW D AVE
LAWTON, OK 73501

Batch #: 2190
Article #: 71106605959000122273
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

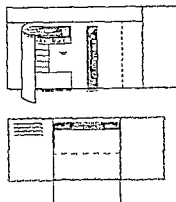
Reorder Form LCD 3800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2273	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2273	A. Signature X <i>Karen Peterson</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Karen Peterson</i> <i>01-7-10</i>
GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	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 #: 2190
Article #: 71106605959000122273
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2280

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

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

GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2280

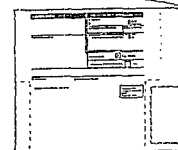
GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

Batch #: 2190
Article #: 71106605959000122280
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

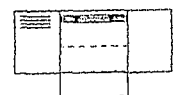
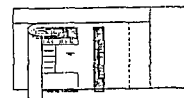
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2280	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLADYS WATFORD TRUST 12112 TALMAY DRIVE DALLAS, TX 75230 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 2280	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLADYS WATFORD TRUST 12112 TALMAY DRIVE DALLAS, TX 75230 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122280
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2297

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

nt To

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

GLENN HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2297

GLENN HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Batch #: 2190
Article #: 71106605959000122297
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

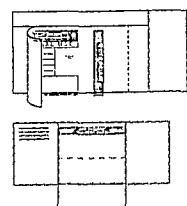
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2297	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GLENN HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2297	A. Signature X <i>Glenn Heintschel</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Heintschel</i>	C. Date of Delivery <i>9-7-10</i>
GLENN HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344	D. Is 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 #: 2190
Article #: 71106605959000122297
Date/Time: 8/31/2010 11:33:28 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 information visit our website at www.usps.com
7110 6605 9590 0012 2303

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

At To

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

GLENN R GENTLE LVG TRUST DTD FEB 20
635 VIA SANTA CRUZ
VISTA, CA 92081-6336

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2303

7110 6605 9590 0012 2303

GLENN R GENTLE LVG TRUST DTD FEB 20
635 VIA SANTA CRUZ
VISTA, CA 92081-6336

Batch #: 2190
Article #: 71106605959000122303
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

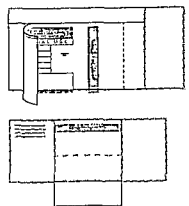
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 2303	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLENN R GENTLE LVG TRUST DTD FEB 20 635 VIA SANTA CRUZ VISTA, CA 92081-6336 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 2303	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery G. DISLAKE 9-11-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLENN R GENTLE LVG TRUST DTD FEB 20 635 VIA SANTA CRUZ VISTA, CA 92081-6336 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122303
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 2310

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

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

GLORIA M KUBIK
1119 WINCHESTER AVE
ENID, OK 73703-1480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2310

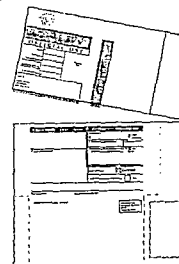
GLORIA M KUBIK
1119 WINCHESTER AVE
ENID, OK 73703-1480

Batch #: 2190
Article #: 71106605959000122310
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

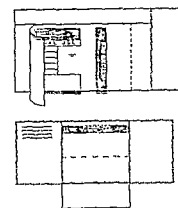
Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0012 2310	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLORIA M KUBIK 1119 WINCHESTER AVE ENID, OK 73703-1480	
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 2310	COMPLETE THIS SECTION ON DELIVERY A. Signature: X <i>Gloria Kubik</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>GLORIA KUBIK</i> <i>9/14</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLORIA M KUBIK 1119 WINCHESTER AVE ENID, OK 73703-1480	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122310
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
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7110 6605 9590 0012 2327

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

nt To

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

GLORIA MILAN
 32 MOUNTAIN VIEW BLVD #3A
 BILLINGS, MT 59101

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2327

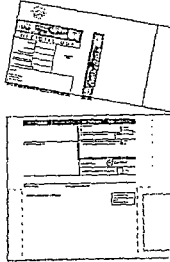
GLORIA MILAN
 32 MOUNTAIN VIEW BLVD #3A
 BILLINGS, MT 59101

Batch #: 2190
 Article #: 71106605959000122327
 Date/Time: 8/31/2010 11:33:28 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

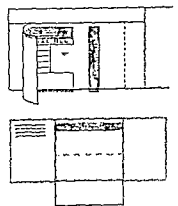
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2327	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GLORIA MILAN 32 MOUNTAIN VIEW BLVD #3A BILLINGS, MT 59101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2327	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GLORIA MILAN 32 MOUNTAIN VIEW BLVD #3A BILLINGS, MT 59101	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No 1817 Newwood Ln Billings MT 59102	9-13
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

Batch #: 2190
 Article #: 71106605959000122327
 Date/Time: 8/31/2010 11:33:28 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3

LIFT HERE



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7110 6605 9590 0012 2334

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

Delivered to
GLORIA WYNNE LANKFORD
3501 ELM CREEK CRT.
FT. WORTH, TX 76109

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



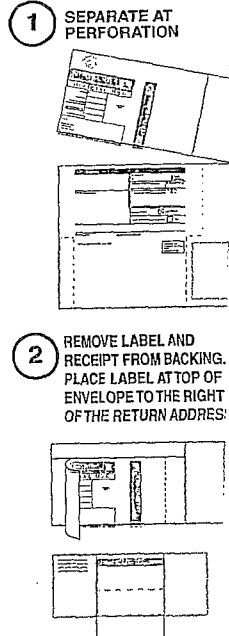
7110 6605 9590 0012 2334

GLORIA WYNNE LANKFORD
3501 ELM CREEK CRT.
FT. WORTH, TX 76109

Batch #: 2190
Article #: 71106605959000122334
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 100 rev. 01/07

2. Article Number 7110 6605 9590 0012 2334	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLORIA WYNNE LANKFORD 3501 ELM CREEK CRT. FT. WORTH, TX 76109 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2334	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Gloria Wynne Lankford</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Janina Walker</i> <i>9-4-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLORIA WYNNE LANKFORD 3501 ELM CREEK CRT. FT. WORTH, TX 76109 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122334
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2358

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

Postmark To
GOMEZ TRUST DTD FEB 20 1997
2751 ASPEN VALLEY LANE
SACRAMENTO, CA 95835-2136

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2358

GOMEZ TRUST DTD FEB 20 1997
2751 ASPEN VALLEY LANE
SACRAMENTO, CA 95835-2136

Batch #: 2190
Article #: 71106605959000122358
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

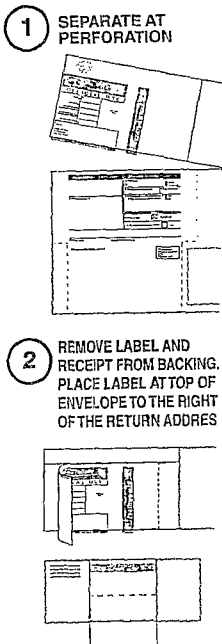
Reorder Form LCP Rev. 01/07

2. Article Number 7110 6605 9590 0012 2358	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt



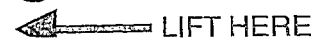
2. Article Number 7110 6605 9590 0012 2358	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Arch</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Alvin Gomez</i> 9-9-10 D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

3



Batch #: 2190
Article #: 71106605959000122358
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2365

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

Delivered to
GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

Form 3811, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2365

GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

Batch #: 2190
Article #: 71106605959000122365
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

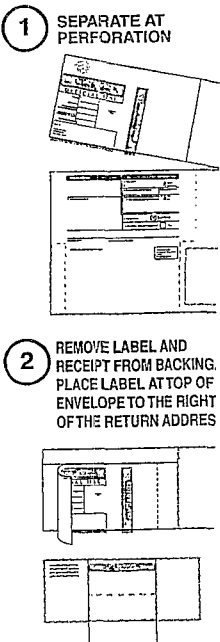
Reorder Form LCZ-100 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2365	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 2365	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

Code: Allocation Project - D.Howell

Batch #: 2190
Article #: 71106605959000122365
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2372

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

Mail To
GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2372

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

Batch #: 2190
Article #: 71106605959000122372
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

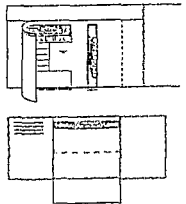
Reorder Form LC70 R rev. 01/07

2. Article Number 7110 6605 9590 0012 2372	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GORHAM PROPERTIES LLC PO BOX 451 ALBUQUERQUE, NM 87103	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

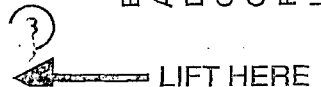


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 2372	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Robert H. Howell</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery 9/3/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GORHAM PROPERTIES LLC PO BOX 451 ALBUQUERQUE, NM 87103	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122372
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 2389

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

sent To

GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2389

GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Batch #: 2190
Article #: 71106605959000122389
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2389	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRAHAM L GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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For information visit our website at www.usps.com

7110 6605 9590 0012 2396

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

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

GRAY REVOC TR UTD MAY 19 1998
PO BOX 110
HILL CITY, SD 57745

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2396

GRAY REVOC TR UTD MAY 19 1998
PO BOX 110
HILL CITY, SD 57745

Batch #: 2190
Article #: 71106605959000122396
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

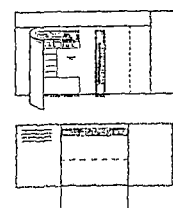
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2396	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRAY REVOC TR UTD MAY 19 1998 PO BOX 110 HILL CITY, SD 57745	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2396	A. Signature X <i>Dan Gray</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRAY REVOC TR UTD MAY 19 1998 PO BOX 110 HILL CITY, SD 57745	<i>Jan Gray</i> <i>9/8/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2190
Article #: 71106605959000122396
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(Certified Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0012 2402

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

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

GRAYFORE PARTNERS LP
PO BOX 98670
LUBBOCK, TX 79499-8670

Form 3800, August 2005, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



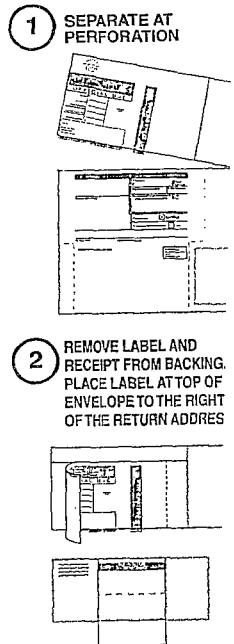
7110 6605 9590 0012 2402

GRAYFORE PARTNERS LP
PO BOX 98670
LUBBOCK, TX 79499-8670

Batch #: 2190
Article #: 71106605959000122402
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-100 rev. 01/07

2. Article Number 7110 6605 9590 0012 2402	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2402	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dellat Cooper</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Dellat Cooper</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122402
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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Information Visit our Website at www.usps.com
7110 6605 9590 0012 2419

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

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

GREAT HERITAGE PROPERTIES LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



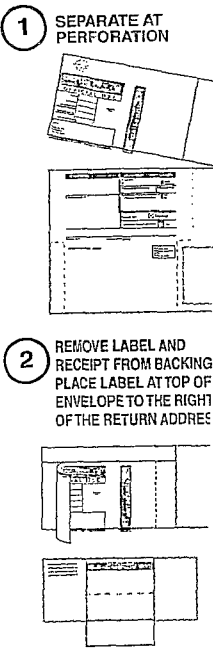
7110 6605 9590 0012 2419

GREAT HERITAGE PROPERTIES LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

Batch #: 2190
Article #: 71106605959000122419
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 01/07

2. Article Number 7110 6605 9590 0012 2419	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GREAT HERITAGE PROPERTIES LLC 2801 NW 57TH STREET OKLAHOMA CITY, OK 73112 Code: Allocation Project - D.Howell	



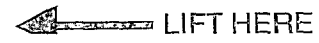
PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 2419	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GREAT HERITAGE PROPERTIES LLC 2801 NW 57TH STREET OKLAHOMA CITY, OK 73112 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122419
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811 Domestic Return Receipt





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7110 6605 9590 0012 2426

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

nt To

GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, CO 80906

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2426

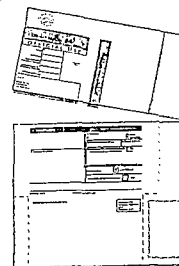
GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, CO 80906

Batch #: 2190
Article #: 71106605959000122426
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

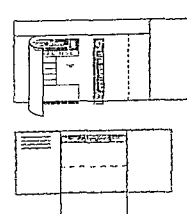
Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2426	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREG IRETON AND JO ANN W IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS, CO 80906	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2426	A. Signature X <i>Greg Iretton</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREG IRETON AND JO ANN W IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS, CO 80906	D. Is 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 #: 2190
Article #: 71106605959000122426
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 2433

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

Delivered To
Gregory Myer
PO BOX 522
BALDWIN CITY, KS 66006

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2433

GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

Batch #: 2190
Article #: 71106605959000122433
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

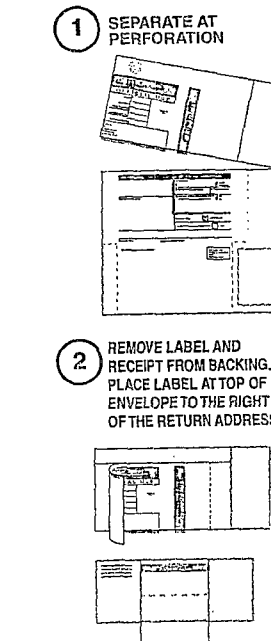
Reorder Form LCD 3800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2433	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2433	A. Signature X <i>Diane G Myer</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	<i>Diane G Myer</i>	<i>9.7.10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell



Batch #: 2190
Article #: 71106605959000122433
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 2440

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

Post To
Gregory Wall
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



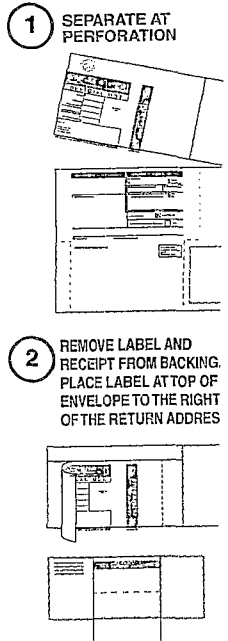
7110 6605 9590 0012 2440

GREGORY WALL
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

Batch #: 2190
Article #: 71106605959000122440
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number 7110 6605 9590 0012 2440	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GREGORY WALL 2040 W MAIN ST SUITE 210, #1615 RAPID CITY, SD 57702-2446 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2440	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery John Muzillo 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
1. Article Addressed to: GREGORY WALL 2040 W MAIN ST SUITE 210, #1615 RAPID CITY, SD 57702-2446 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122440
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2457

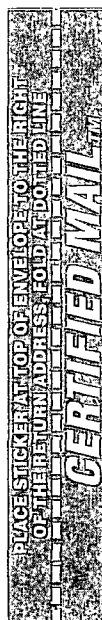
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

GRETCHEN A HALL TRUST U/T/A
1623 DESERT WILLOW DR
CARLSBAD, NM 88220

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2457

GRETCHEN A HALL TRUST U/T/A
1623 DESERT WILLOW DR
CARLSBAD, NM 88220

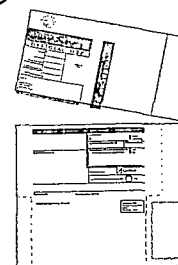
Batch #: 2190
Article #: 71106605959000122457
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

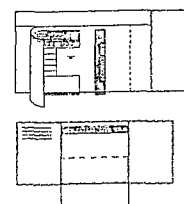
2. Article Number 7110 6605 9590 0012 2457	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: GRETCHEN A HALL TRUST U/T/A 1623 DESERT WILLOW DR CARLSBAD, NM 88220	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 2457	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Hatch June Hallid 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: GRETCHEN A HALL TRUST U/T/A 1623 DESERT WILLOW DR CARLSBAD, NM 88220	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2190
Article #: 71106605959000122457
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2464

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

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

GRETCHEN KALB MORAN
PO BOX 1588
TULSA, OK 74101-1588

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2464

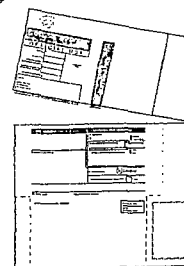
GRETCHEN KALB MORAN
PO BOX 1588
TULSA, OK 74101-1588

Batch #: 2190
Article #: 71106605959000122464
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

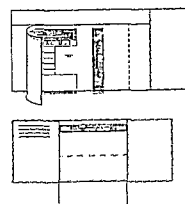
Reorder Form LCD 3800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2464	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2464	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588	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 #: 2190
Article #: 71106605959000122464
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 2495

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

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

GROVER FAMILY L P
P O BOX 3666
MIDLAND, TX 79702-3666

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2495

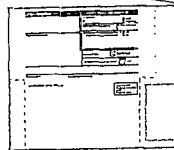
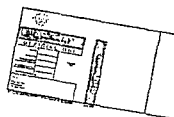
GROVER FAMILY L P
P O BOX 3666
MIDLAND, TX 79702-3666

Batch #: 2190
Article #: 71106605959000122495
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

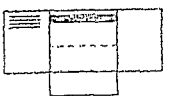
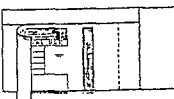
Reorder Form LCD 10/07 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2495	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2495	A. Signature X <i>Frances Gordon</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Frances Gordon</i> <i>9-7-00</i>
GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666	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 #: 2190
Article #: 71106605959000122495
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2471

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

Post To

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

GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2471

GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

Batch #: 2190
Article #: 71106605959000122471
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

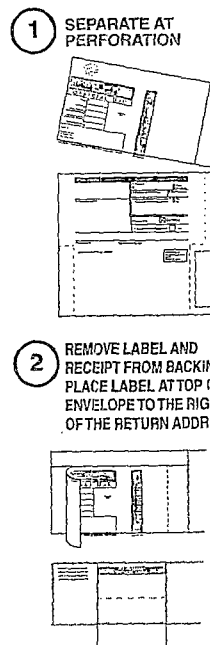
Reorder Form LCD-1 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2471	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 2471	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
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1. Article Addressed to:

GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

Code: Allocation Project - D.Howell

Batch #: 2190
Article #: 71106605959000122471
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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Information visit our website at www.usps.com

7110 6605 9590 0012 2501

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

Return To

GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2501

GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

Batch #: 2190
Article #: 71106605959000122501
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-844-R rev. 01/07

2. Article Number
7110 6605 9590 0012 2501

1. Article Addressed to:

GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

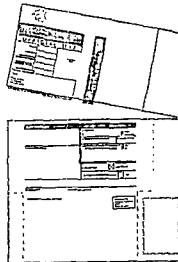
3. Service Type

☒ Certified

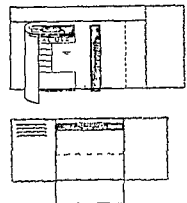
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 2501

1. Article Addressed to:

GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2190
Article #: 71106605959000122501
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 2518

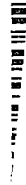
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

Form 3800, August 2006, PSN 7530-01-000-9001 See Reverse for Instructions

Code: Allocation Project - D.Howell



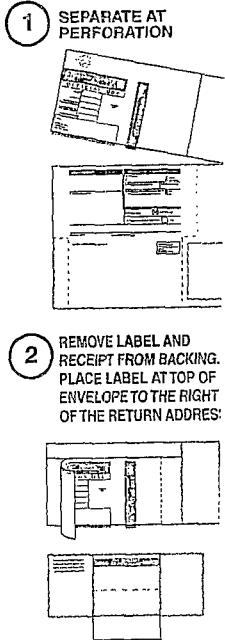
7110 6605 9590 0012 2518

GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

Batch #: 2190
Article #: 71106605959000122518
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-3811 rev. 01/07

2. Article Number 7110 6605 9590 0012 2518	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY DAVID WARD 6022 CHICKADEE CIRCLE SPRING HILL, TN 37174 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2518	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY DAVID WARD 6022 CHICKADEE CIRCLE SPRING HILL, TN 37174 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122518
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0012 2532

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

Ant To
Guy R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655
Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2532

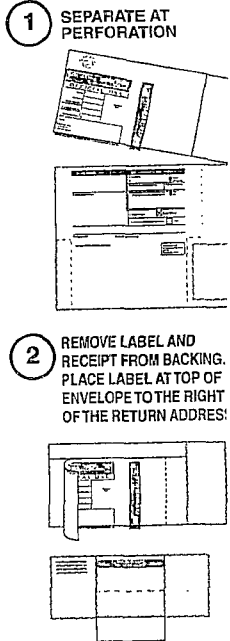
GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655

Batch #: 2190
Article #: 71106605959000122532
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 rev. 01/07

2. Article Number
7110 6605 9590 0012 2532
1. Article Addressed to:
GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655
Code: Allocation Project - D.Howell

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



2. Article Number
7110 6605 9590 0012 2532
1. Article Addressed to:
GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655
Code: Allocation Project - D.Howell

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

Batch #: 2190
Article #: 71106605959000122532
Date/Time: 8/31/2010 11:33:29 AM
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Internal Code #: