



U.S. Postal Service
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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
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



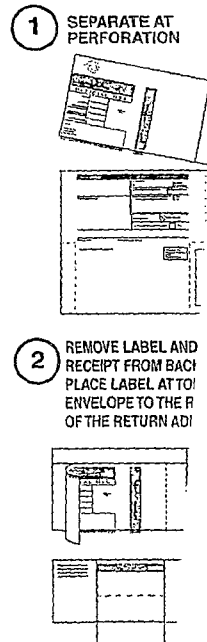
7110 6605 9590 0012 2013

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 #:

Reorder Form LCD-1 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 #:
 Internal File #:
 Internal Code #:



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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2020

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

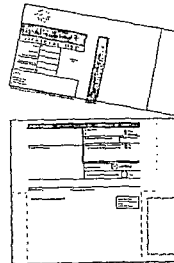
Batch #: 2190
Article #: 71106605959000122020
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

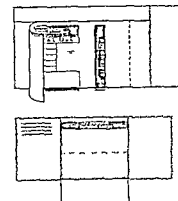
2. Article Number 7110 6605 9590 0012 2020	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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> ☐ 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: 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



U.S. Postal Service
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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	

Deliver To
GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122
Street, Apt. No.,
PO Box No.,
City, State, Zip+4
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



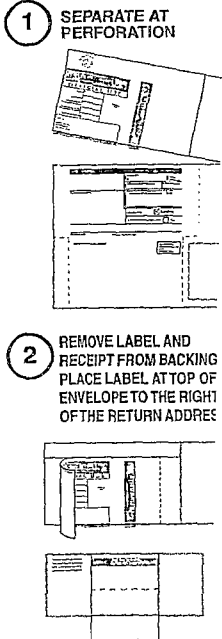
7110 6605 9590 0012 2037

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 #:

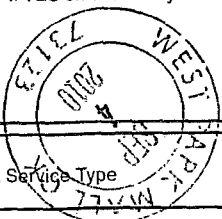
2. Article Number
7110 6605 9590 0012 2037
1. Article Addressed to:
GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122
Code: Allocation Project - D.Howell

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 2037
1. Article Addressed to:
GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122
Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY
A. Signature ☐ Agent ☒ Addressee
X Gail Durham
B. Received by (Printed Name) C. Date of Delivery
GAIL DURHAM **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



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



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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	

nt 70

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

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

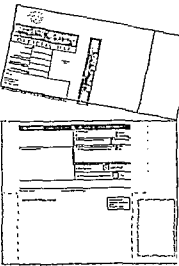
GAIL F. MOULTON, JR.
80345 MOUNTAIN DRIVE
TRONA, CA 93562

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

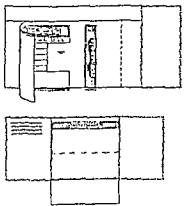
Reorder Form LCD-011R rev. 01/07

2. Article Number 7110 6605 9590 0012 2044	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: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 2044	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carolyn M. Moulton</i> B. Received by (Printed Name) C. Date of Delivery <i>CAROLYN M. MOULTON</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: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562	
Code: Allocation Project - D.Howell	

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

APPROVED

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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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



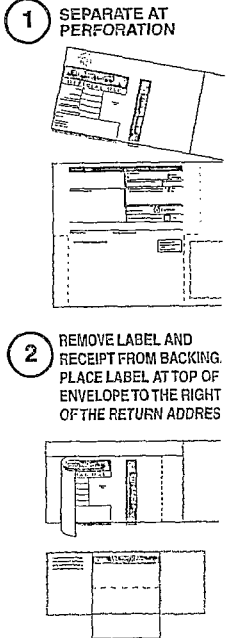
7110 6605 9590 0012 2051

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 R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2051		A. Signature ☒ 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 ☒ 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	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2068

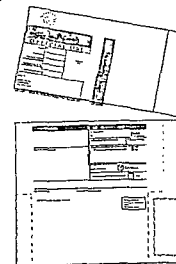
GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

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

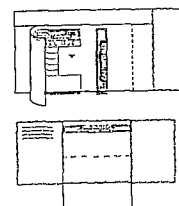
Reorder Form LCD 11 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245 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 D. Is 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 C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245 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



U.S. Postal Service
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7110 6605 9590 0012 2082

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
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



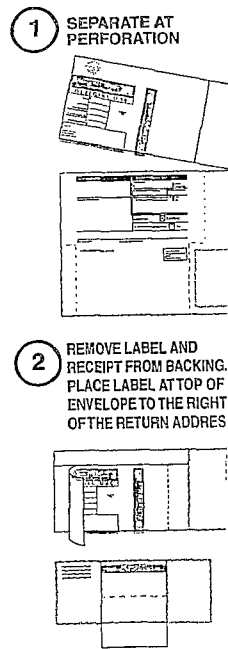
7110 6605 9590 0012 2082

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 #:

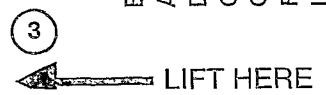
Reorder Form LCD 3800, August 2006

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



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

Batch #: 2190
Article #: 71106605959000122082
Date/Time: 8/31/2010 11:33:27 AM
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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	

Postage To
Post Office, Apt. No.,
PO Box No.
City, 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-841R 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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

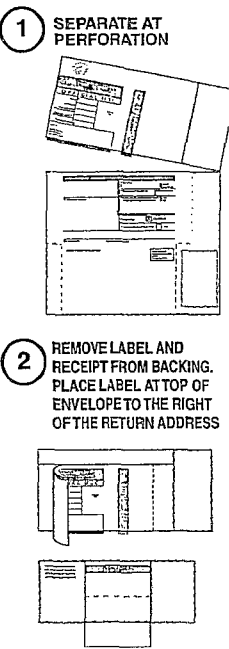


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 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





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
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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	

Postage To
Post Office, Apt. No.,
PO Box No.,
City, 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 #:

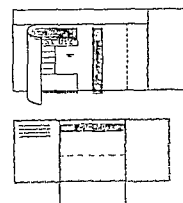
Reorder Form LCP-100 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2075	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 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>Gary L. Smith</i> ☐ 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 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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For information visit our website at www.usps.com
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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2099

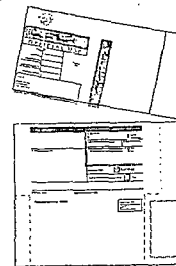
GASCONADE OIL COMPANY
410 17TH ST STE 1180
DENVER, CO 80202

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

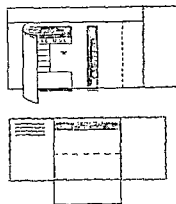
Reorder Form LC 100 R rev. 01/07

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

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 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 #:

3



U.S. Postal Service
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For more information, visit our Website at 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	

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

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 2105

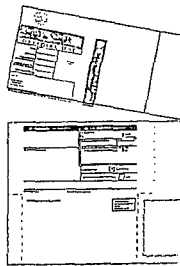
GAYL ANN CARLBERG AS HER SEPARATE
11 A WEST OAK DRIVE SOUTH
HOUSTON, TX 77056

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

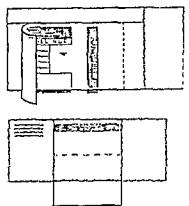
Reorder Form LCD Rev. 01/07

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 Code: Allocation Project - D.Howell
1. Article Addressed to: GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056	

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 2105	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-5-2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: 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 #:

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
Postmark Here

Return Receipt Fee
(endorsement Required)

Restricted Delivery Fee
(endorsement Required)

Total Postage & Fees

7110 6605 9590 0012 2112

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



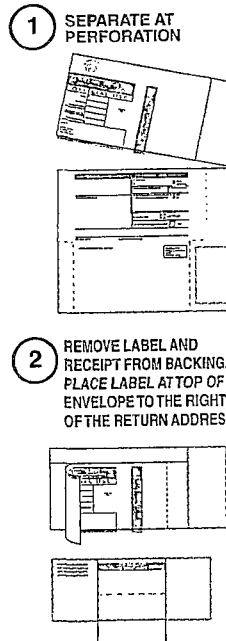
7110 6605 9590 0012 2112

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 L0001R rev. 01/07

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



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

Batch #: 2190
Article #: 71106605959000122112
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 2129

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

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

GEMOCO LTD
5407 CREEK ARBOR CT
DALLAS, TX 75287-7504

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



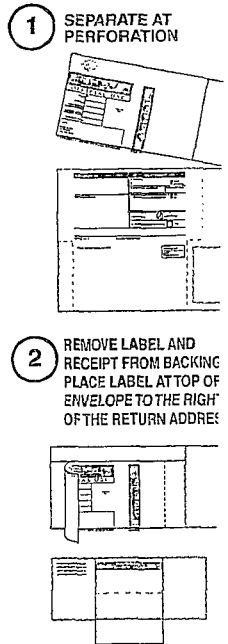
7110 6605 9590 0012 2129

GEMOCO LTD
5407 CREEK ARBOR CT
DALLAS, TX 75287-7504

Batch #: 2190
Article #: 71106605959000122129
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form L01 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2129	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: GEMOCO LTD 5407 CREEK ARBOR CT DALLAS, TX 75287-7504 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2129	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>E. C. Fiedorek</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) E. C. FIEDOREK C. Date of Delivery 9/10/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEMOCO LTD 5407 CREEK ARBOR CT DALLAS, TX 75287-7504 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122129
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



RECEIVED
SEP 02 2010
FEASON 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 81504

06



000655/58 / SEP 02 2010
MAILED FROM ZIP CODE 81402



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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	

Post To
Geneva T Johnson
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

PS Form 3811, August 2006 PSN 7530-01-000-9000 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 #:

Reorder Form L0011R rev. 01/07

2. Article Number 7110 6605 9590 0012 2136	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: GENEVA T JOHNSON 2945 BEACHWOOD GRAND JUNCTION, CO 81501	
Code: Allocation Project - D.Howell	

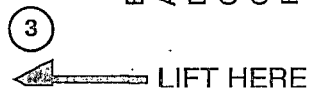
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

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





U.S. Postal Service
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7110 6605 9590 0012 2143

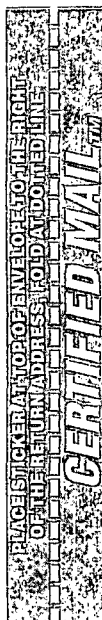
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

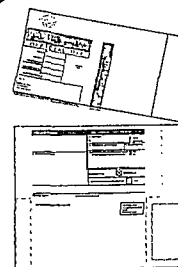
GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

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

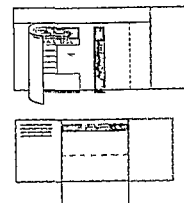
Reorder Form LC 000001 rev. 01/07

2. Article Number 7110 6605 9590 0012 2143	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: GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402 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 2143	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Genevieve Rinerson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Genevieve Rinerson</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: GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402 Code: Allocation Project - D.Howell	

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



US Postal Service
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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	

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

GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

Form 3811, August 2006. 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 LCD 11 R 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

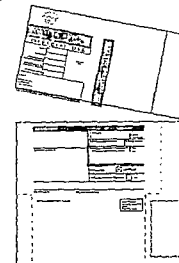
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2150	A. Signature X <i>G. Candalaria</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>G. Candalaria</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

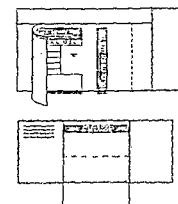
PS Form 3811

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 HFRF



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(Domestic Mail Only; No Insurance Coverage Provided)
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	

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



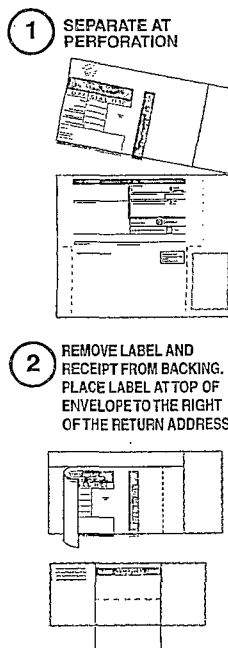
7110 6605 9590 0012 2167

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2167	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201	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 2167	A. Signature X <i>Linda Vandewart</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Linda Vandewart</i> <i>9/21/2010</i>
GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201	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 #: 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 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	

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2174

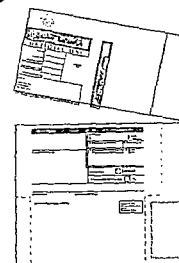
GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

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

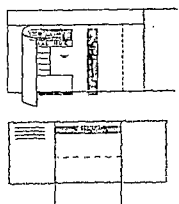
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2174	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: GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	
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 2174	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Georganne Quier</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Georganne Quier</i> 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: GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	
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 #:

3



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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.
ity, 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 #:

Reorder Form LCD-811R 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3521	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGEANNE NILSEN TTEE 3232 W BRITTON RD STE 140 OKLAHOMA CITY, OK 73120	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 3521	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGEANNE NILSEN TTEE 3232 W BRITTON RD STE 140 OKLAHOMA CITY, OK 73120	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
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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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2181

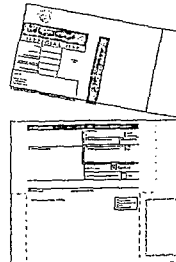
GEORGE A RANNEY ESTATE
C/O CHICAGO METROPOLIS 2020
30 W MONROE ST 18TH FL
CHICAGO, IL 60603

Batch #: 2190
Article #: 71106605959000122181
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

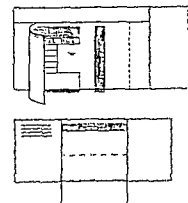
Reorder Form LCR 01/07

2. Article Number 7110 6605 9590 0012 2181	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 A RANNEY ESTATE C/O CHICAGO METROPOLIS 2020 30 W MONROE ST 18TH FL CHICAGO, IL 60603 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 2181	COMPLETE THIS SECTION ON DELIVERY A. Signature X H. McGee ☐ Agent ☐ Addressee B. Received by (Printed Name) H. McGee C. Date of Delivery 7/9/10 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: GEORGE A RANNEY ESTATE C/O CHICAGO METROPOLIS 2020 30 W MONROE ST 18TH FL CHICAGO, IL 60603 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122181
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 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	

ent To

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

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

Form 3800, August 2006 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 #:

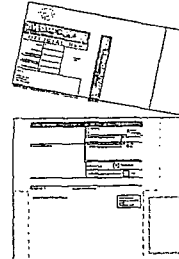
Reorder Form LC7110 R rev. 01/07

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	

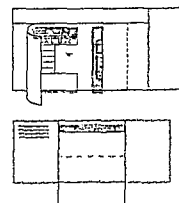
PS Form 3811

2. Article Number 7110 6605 9590 0012 2198	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ 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	

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 #: 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 PLACE LABEL AT

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 #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2204		A. Signature 	☒ Agent ☐ Addressee
		B. Received by (Printed Name) R. PALMER	C. Date of Delivery
1. Article Addressed to: GEORGE L PALMER PO BOX D A HAGATNA GUAM, 96932-7507		D. Is delivery address different from item label? If YES enter delivery address below: HAGATNA STA SEP 12 2000 ARRIGAD	
		3. Service Type ☒ 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

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

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™

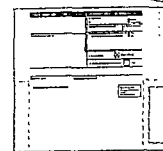
7110 6605 9590 0013 3514

GEORGE MARTINEZ
37 RD 3008
AZTEC, NM 87410

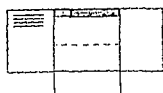
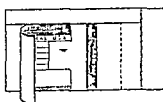
Batch #: 2272
Article #: 71106605959000133514
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3514	A. Signature X ☐ Agent ☐ 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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3514	A. Signature X George Martinez ☐ Agent ☐ 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

SEP 20 2010

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



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

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

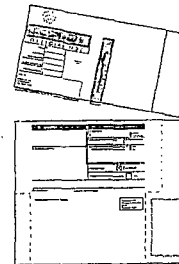
GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

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

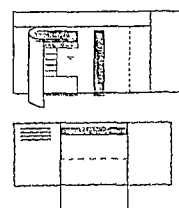
Reorder Form LCP R rev. 01/07

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

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

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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Information on this form is available at www.usps.com

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
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

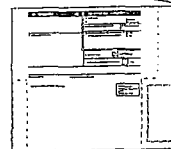
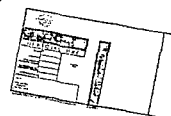
GEORGE S ISHAM NONGST MARITAL TRST
BNY MELLON TRICIA ONEIL
1 FINANCIAL PLAZA SUITE 2200
PROVIDENCE, RI 2903

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

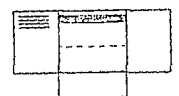
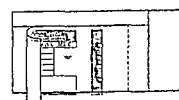
Reorder Form LCD 38 rev. 01/07

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



2. Article Number 7110 6605 9590 0012 2228	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>C. Sousa</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>C. Sousa</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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 #:



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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	

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

Postmark
Here

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2235

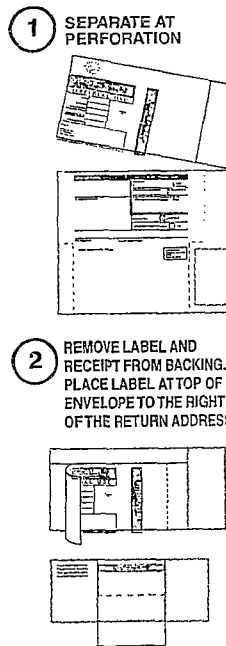
GEORGE W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

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 R 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



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

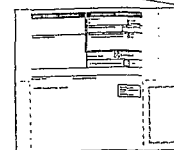
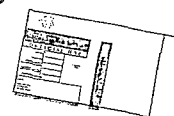
GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

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

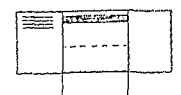
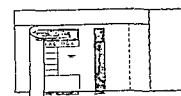
Reorder Form LCR 11/07 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2242	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745	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 2242	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/4
GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745	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 #: 71106605959000122242
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 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
Street, Apt. No.,
PO Box No.
City, State, Zip+4

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

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2259

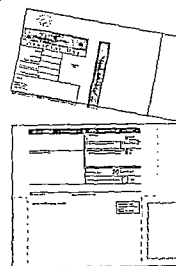
GERALD G. WILLIAMS & ALTA JANE WILLIAMS
315 N. CLARK DR
AZTEC, NM 87410

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

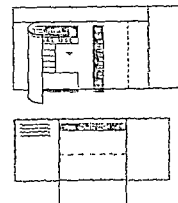
Reorder Form LCD, Rev. 01/07

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
1. Article Addressed to: GERALD G. WILLIAMS & ALTA JANE WILLIAMS 315 N. CLARK DR AZTEC, NM 87410	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 2259	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Gerald G. Williams</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) GERALD G. WILLIAMS 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: GERALD G. WILLIAMS & ALTA JANE WILLIAMS 315 N. CLARK DR AZTEC, NM 87410	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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 #:



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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

GERALDINE H MCFADDEN
290 NW 12TH ST

treat, Apt. No.;
PO Box No.
ily, State, Zip+4

CEDAREDDGE, CO 81413-4110

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 7110 6605 9590 0013 3538	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: GERALDINE H MCFADDEN 290 NW 12TH ST CEDAREDDGE, CO 81413-4110	

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

1 SEPARATE AT PERFORATION

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

3

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

LIFT HERE



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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.
City, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2890

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

Batch #: 2269
Article #: 71106605959000132890
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

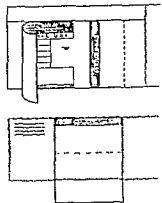
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 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 THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2890	A. Signature X <i>K. 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 #:



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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

GERTRUDE A GALLEGOS
PO BOX 442

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

PAGOSA SPRINGS, CO 81147

Form 3811, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2906

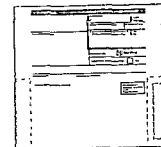
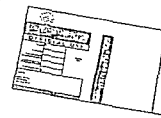
GERTRUDE A GALLEGOS
PO BOX 442

PAGOSA SPRINGS, CO 81147

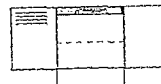
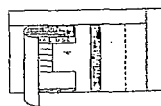
Batch #: 2269
Article #: 71106605959000132906
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

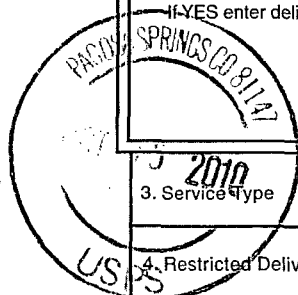
1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2906	A. Signature X <i>Cyndi Mitchell</i> ☐ 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	<i>CYNDI MITCHELL</i> <i>10/5/10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
Information Visit our Website at www.usps.com
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	

sent 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



7110 6605 9590 0012 2266

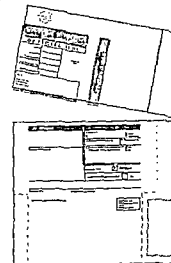
**GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518**

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

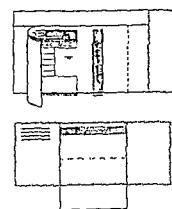
Reorder Form LCD rev. 01/07

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	

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 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	

Deliver To
Street, 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 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

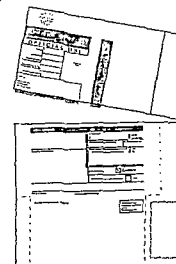
Batch #: 2190
Article #: 71106605959000122273
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP-1 rev. 01/07

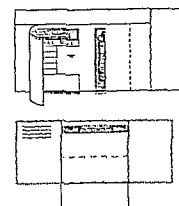
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2273	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 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>9-7-10</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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

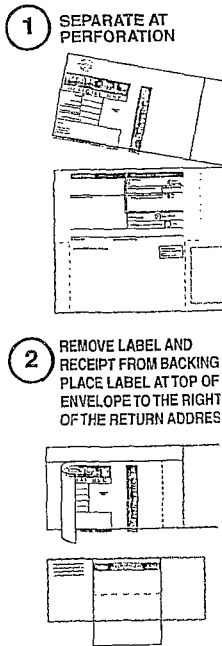
GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

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 Form 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



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

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



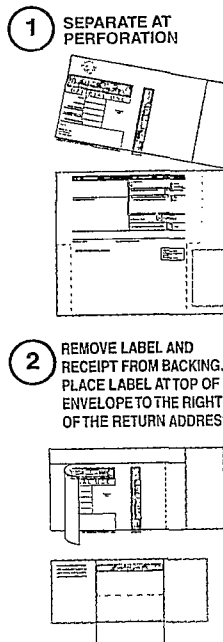
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GLENN HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

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, Rev. 01/07

2. Article Number 7110 6605 9590 0012 2297	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 HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2297	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Glenn Heintschel</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Heintschel</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLENN HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344 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 #:



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	

1. To

2. Apt. No.,
3. PO Box No.
4. 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

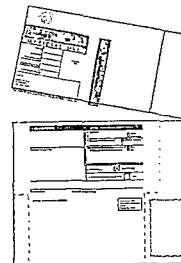
GLENN R GENTLE LVG TRUST DTD FEB 20
635 VIA SANTA CRUZ
VISTA, CA 92081-6336

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

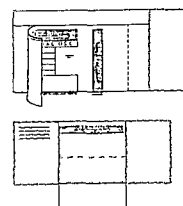
Reorder Form LCD 3800 rev. 01/07

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 ☐ 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



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

At To
Street, Apt. No.,
PO Box No.
City, 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

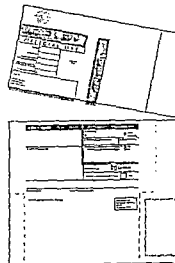
GLORIA M KUBIK
1119 WINCHESTER AVE
ENID, OK 73703-1480

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

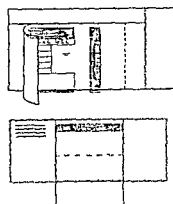
Reorder Form LCD-001 rev. 01/07

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) <i>GLORIA KUBIK</i> C. Date of Delivery <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 #:



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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	

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

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

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2327

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

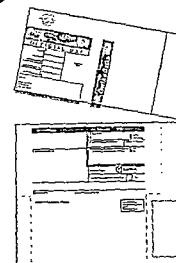
Batch #: 2190
Article #: 71106605959000122327
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

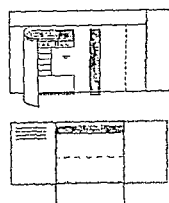
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2327	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLORIA MILAN 32 MOUNTAIN VIEW BLVD #3A BILLINGS, MT 59101	D. Is delivery address different from item 1? ☐ Yes If YES 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
	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



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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

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

Form 3800, August 2005. See Reverse for Instructions

Code: Allocation Project - D.Howell



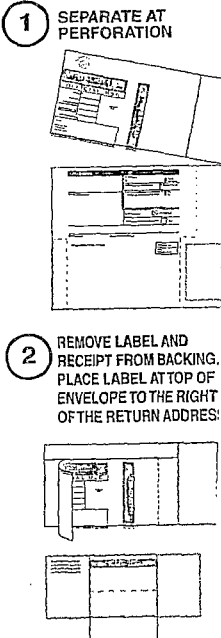
7110 6605 9590 0012 2334

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 #:

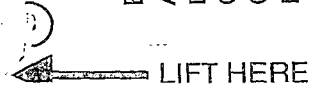
Reorder Form LCD, Rev. 01/07

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) <i>Janina Walker</i> C. Date of Delivery <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 2341

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: GMGF OIL ACCT
JP MORGAN CHASE BANK NA TRUSTEE
DRAWER 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2341

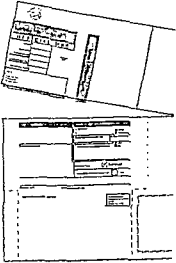
GMGF OIL ACCT
JP MORGAN CHASE BANK NA TRUSTEE
DRAWER 99084
FORT WORTH, TX 76199-0084

Batch #: 2190
Article #: 71106605959000122341
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

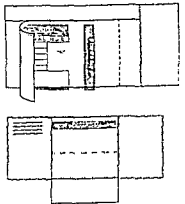
Reorder Form LOP-1111 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2341	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GMGF OIL ACCT JP MORGAN CHASE BANK NA TRUSTEE DRAWER 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2341	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GMGF OIL ACCT JP MORGAN CHASE BANK NA TRUSTEE DRAWER 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122341
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	

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

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

Form 3800, August 2006, With 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 #:

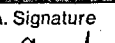
Reorder Form LCT 01/07

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

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

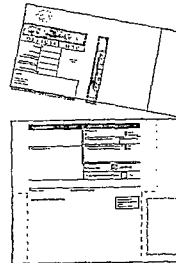
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2358	A. Signature X  ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136	D. Is delivery address different from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

Code: Allocation Project - D.Howell

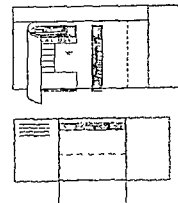
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

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

LIFT HERE



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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	

Return To: **GORDON E DAVENPORT JR**
1520 E HWY 6
ALVIN, TX 77511

Postnet, 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 2365

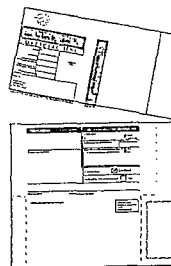
GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

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

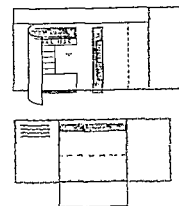
Reorder Form LCP R rev 01/07

2. Article Number 7110 6605 9590 0012 2365	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GORDON E DAVENPORT JR 1520 E HWY 6 ALVIN, TX 77511 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 2365	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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 #:

3



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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	

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

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2372

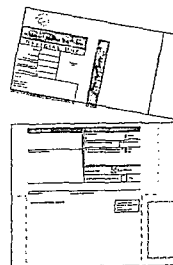
GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

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

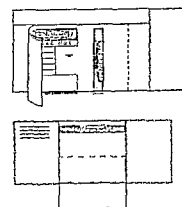
Reorder Form LCD R rev. 01/07

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

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

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





U.S. Postal Service
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Information visit our Website at www.usps.com
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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2389

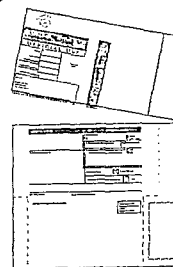
GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

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

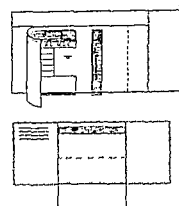
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2389	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: GRAHAM L GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004 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 2389	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Graham Gottstein</i> C. Date of Delivery <i>9/7</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: GRAHAM L GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122389
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
(No Insurance Coverage Provided)
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	

sent 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 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2396

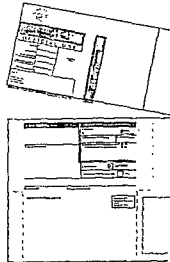
GRAY REVOC TR UTD MAY 19 1998
PO BOX 110
HILL CITY, SD 57745

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

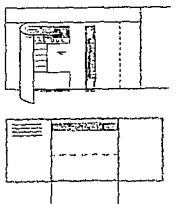
Reorder Form LCD- rev. 01/07

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>Jan Gray</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Jan Gray</i> <i>9/8/10</i>
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

Batch #: 2190
Article #: 71106605959000122396
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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Information visit our website at www.usps.com

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	

nt To

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2402

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

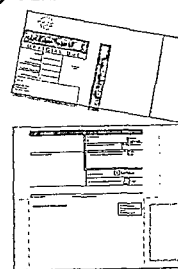
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Article #: 71106605959000122402
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-7 rev. 01/07

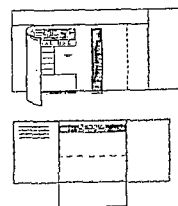
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2402	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670	D. Is delivery address different from item 1? ☐ Yes If YES 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 2402	A. Signature X <i>Dellat Carr</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dellat Carr</i>
GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670	D. Is 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 #: 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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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	

Post To
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

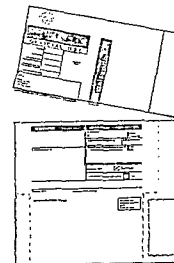
GREAT HERITAGE PROPERTIES LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

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

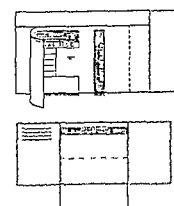
Reorder Form LCD R rev. 01/07

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	

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 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

LIFT HERE



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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

et, Apt. No.;
PO Box No.
y, 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 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 #:

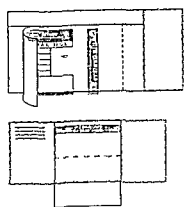
Reorder Form LCD PSN 7530-01-000-9000 Rev. 01/07

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	

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

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

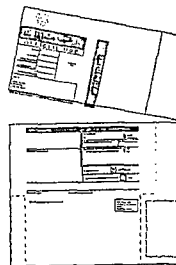
GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

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

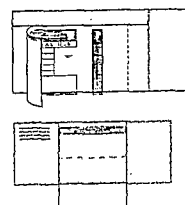
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2433	A. Signature ☒ Agent X ☐ 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
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 2433	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	Diane G Myer 8.31.10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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	

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

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

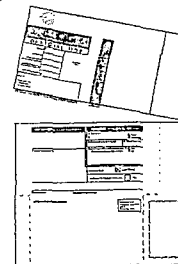
GREGORY WALL
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

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

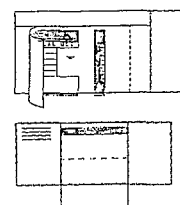
Reorder Form LCD R rev. 01/07

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	

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 2440	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery John Muzillo 9/1/10 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

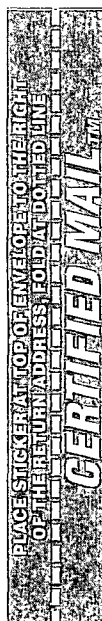
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



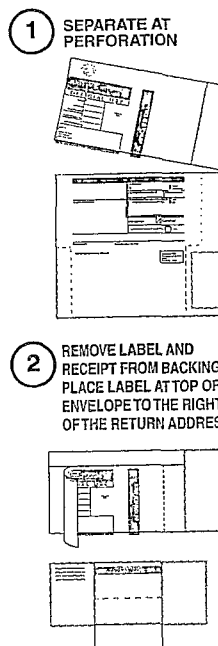
7110 6605 9590 0012 2457

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 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2457	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRETCHEN A HALL TRUST U/T/A 1623 DESERT WILLOW DR CARLSBAD, NM 88220	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 2457	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRETCHEN A HALL TRUST U/T/A 1623 DESERT WILLOW DR CARLSBAD, NM 88220	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 #: 71106605959000122457
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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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	

Delivered 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

Code: Allocation Project - D.Howell



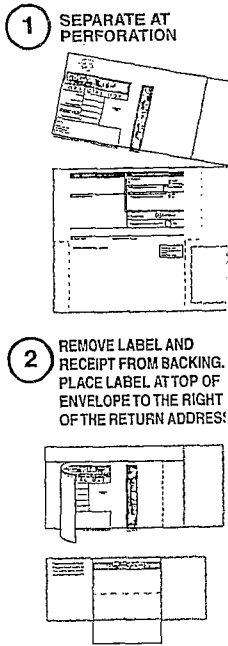
7110 6605 9590 0012 2464

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 #:

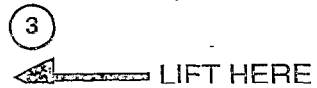
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 2464	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: GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2464	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: GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122464
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 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
Grover Family L P
P O BOX 3666
MIDLAND, TX 79702-3666

eeet, 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 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 #:

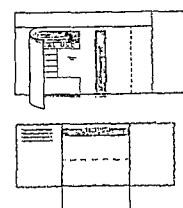
Reorder Form LCD, Rev. 01/07

2. Article Number 7110 6605 9590 0012 2495	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 FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666	
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 2495	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Frances Grover</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Frances Grover</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666	
Code: Allocation Project - D.Howell	

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	

Send 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

Code: Allocation Project - D.Howell



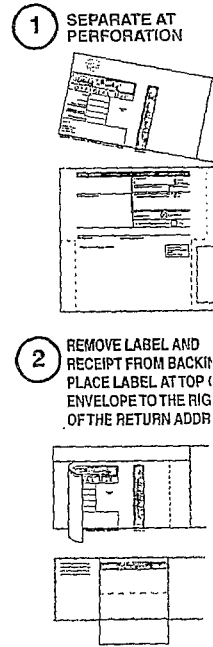
7110 6605 9590 0012 2471

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 #:

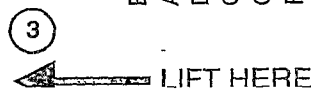
Reorder Form LCD-Rev. 01/07

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
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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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
GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2518

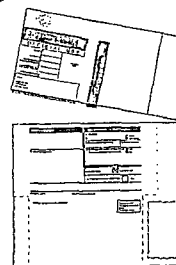
GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

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

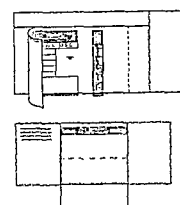
Reorder Form LCD-3 rev. 01/07

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	

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 2518	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Guy Ward</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Guy Ward</i> C. Date of Delivery <i>9-21-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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 #:



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7110 6605 9590 0012 2525

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
Guy R BRAINARD JR TR DTD SEPT 9 198
PO BOX 1588
TULSA, OK 74101-1588

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



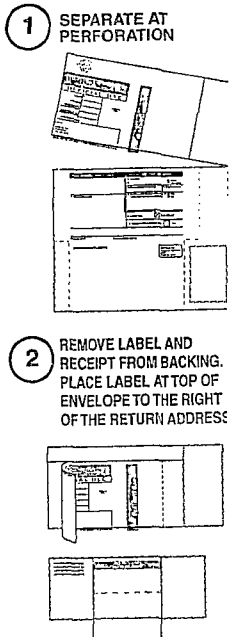
7110 6605 9590 0012 2525

GUY R BRAINARD JR TR DTD SEPT 9 198
PO BOX 1588
TULSA, OK 74101-1588

Batch #: 2190
Article #: 71106605959000122525
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

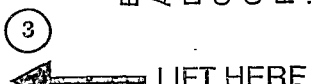
Reorder Form LCD 3811 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2525	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GUY R BRAINARD JR TR DTD SEPT 9 198 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2525	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GUY R BRAINARD JR TR DTD SEPT 9 198 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 #: 71106605959000122525
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 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



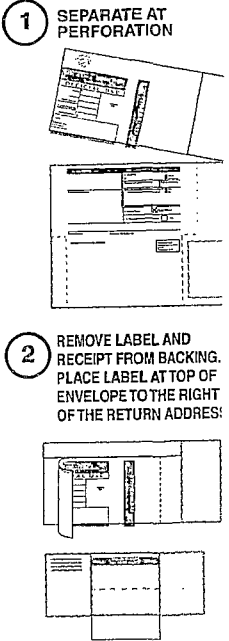
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GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655

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 R rev. 01/07

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



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

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

