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7110 6605 9590 0012 4215

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

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Sent To
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City, State, Zip+4

KAREN LEE MCLARTY
1305 HOCKLEY CT
ALLEN, TX 75013

Form 3800, August 2006 PSN 7530-02-000-9047 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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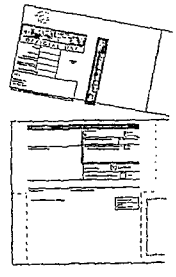
7110 6605 9590 0012 4215

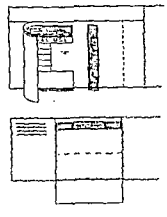
KAREN LEE MCLARTY
1305 HOCKLEY CT
ALLEN, TX 75013

Batch #: 2192
Article #: 71106605959000124215
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4215

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:

KAREN LEE MCLARTY
1305 HOCKLEY CT
ALLEN, TX 75013

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4215

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen McLarty ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Karen McLarty | C. Date of Delivery 9-8-2010

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

1. Article Addressed to:

KAREN LEE MCLARTY
1305 HOCKLEY CT
ALLEN, TX 75013

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124215
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4222

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

Postmark Here

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

KAREN Y GRIFFITH PETERS
4260 PEACH WAY
BOULDER, CO 80301

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

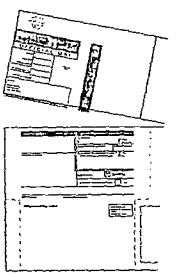
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4222

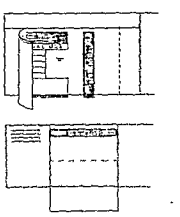
KAREN Y GRIFFITH PETERS
4260 PEACH WAY
BOULDER, CO 80301

Batch #: 2192
Article #: 71106605959000124222
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4222

1. Article Addressed to:

KAREN Y GRIFFITH PETERS
4260 PEACH WAY
BOULDER, CO 80301

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 4222

1. Article Addressed to:

KAREN Y GRIFFITH PETERS
4260 PEACH WAY
BOULDER, CO 80301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Peters ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) KAREN PETERS C. Date of Delivery 9-4-10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124222
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 2982

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

Postmark Here

Sent To: KARLEEN E UPHOLD TR DTD 07/10/07
Street, Apt. No.; or PO Box No.: 7112-132 PAN AMERICAN FRWY NE
City, State, Zip+4: ALBUQUERQUE, NM 87109

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 2982

KARLEEN E UPHOLD TR DTD 07/10/07
7112-132 PAN AMERICAN FRWY NE

ALBUQUERQUE, NM 87109

Batch #: 2269
Article #: 71106605959000132982
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2982

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:

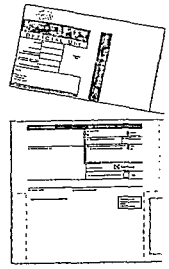
KARLEEN E UPHOLD TR DTD 07/10/07
7112-132 PAN AMERICAN FRWY NE

ALBUQUERQUE, NM 87109

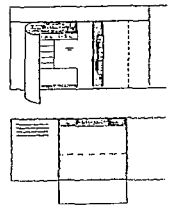
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2982

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert C Reeves ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) ROBERT REEVES | C. Date of Delivery 9-16-10

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

1. Article Addressed to:

KARLEEN E UPHOLD TR DTD 07/10/07
7112-132 PAN AMERICAN FRWY NE

ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000132982
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 4239

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

Postmark Here

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

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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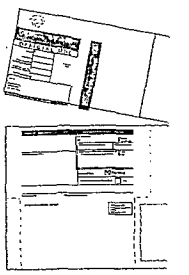
7110 6605 9590 0012 4239

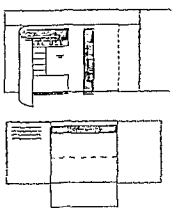
KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

Batch #: 2192
Article #: 71106605959000124239
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4239

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:

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS

2. Article Number

7110 6605 9590 0012 4239

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:

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124239
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 4246

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

Postmark Here

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

KATHERINE BUCKLAND
5869 CHACO LOOP NE
RIO RANCHO, NM 87144-6342

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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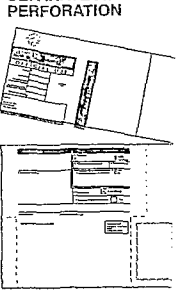
7110 6605 9590 0012 4246

KATHERINE BUCKLAND
5869 CHACO LOOP NE
RIO RANCHO, NM 87144-6342

Batch #: 2192
Article #: 71106605959000124246
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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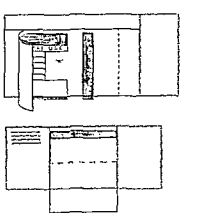

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4246

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:

KATHERINE BUCKLAND
5869 CHACO LOOP NE
RIO RANCHO, NM 87144-6342

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

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COMPLETE THIS SECTION ON DELIVERY

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

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1. Article Addressed to:

KATHERINE BUCKLAND
5869 CHACO LOOP NE
RIO RANCHO, NM 87144-6342

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124246
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
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Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4338

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

Postmark Here

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

KATHRYN DAVANT HIGGNS
111 CABANA DR
VICTORIA, TX 77901

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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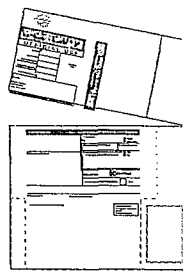
7110 6605 9590 0012 4338

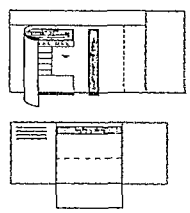
KATHRYN DAVANT HIGGNS
111 CABANA DR
VICTORIA, TX 77901

Batch #: 2192
Article #: 71106605959000124338
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 4338

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:

KATHRYN DAVANT HIGGNS
111 CABANA DR
VICTORIA, TX 77901

3. Service Type ☒ Certified

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

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

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2192
Article #: 71106605959000124338
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 4253

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

Postmark Here

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

KATHERINE KOLLIKER MCINTYRE
512 THUNDER CREST
EL PASO, TX 79922

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

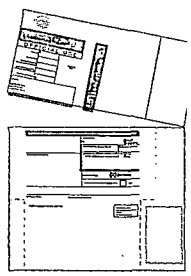
CERTIFIED MAIL™

7110 6605 9590 0012 4253

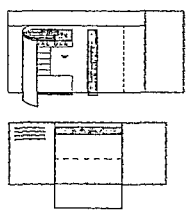
KATHERINE KOLLIKER MCINTYRE
512 THUNDER CREST
EL PASO, TX 79922

Batch #: 2192
Article #: 71106605959000124253
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 4253

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:

KATHERINE KOLLIKER MCINTYRE
512 THUNDER CREST
EL PASO, TX 79922

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2192
Article #: 71106605959000124253
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 2999

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

Postmark Here

Sent To: KATHERINE WEINSTEIN
Street, Apt. No.; or PO Box No.: 2587 AVERY PARK CIR
City, State, Zip+4: ATLANTA, GA 30360

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™

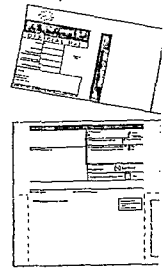
7110 6605 9590 0013 2999

KATHERINE WEINSTEIN
2587 AVERY PARK CIR

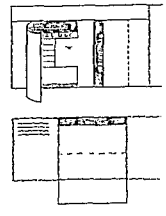
ATLANTA, GA 30360

Batch #: 2269
Article #: 71106605959000132999
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 . 01/07

2. Article Number

7110 6605 9590 0013 2999

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:

KATHERINE WEINSTEIN
2587 AVERY PARK CIR

ATLANTA, GA 30360

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 2999

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Katie Weinstein ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Katie Weinstein | C. Date of Delivery 9-20-10

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

1. Article Addressed to:

KATHERINE WEINSTEIN
2587 AVERY PARK CIR

ATLANTA, GA 30360

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000132999
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4260

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

Postmark Here

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

KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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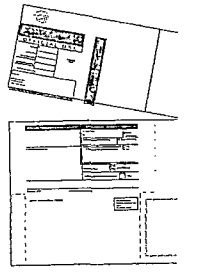
7110 6605 9590 0012 4260

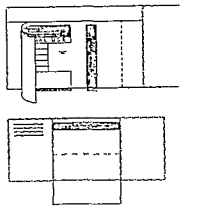
KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

Batch #: 2192
Article #: 71106605959000124260
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4260

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:

KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

EAST PARIS AVE GRAND RAPIDS MI USPS 49512

Batch #: 2192
Article #: 71106605959000124260
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4277

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

Postmark Here

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

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

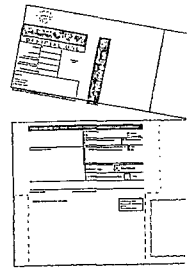
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4277

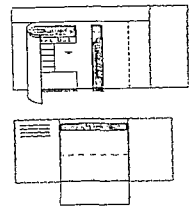
KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

Batch #: 2192
Article #: 71106605959000124277
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 4277

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:

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4277

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Michael Lippold C. Date of Delivery 9-17-10

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

1. Article Addressed to:

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124277
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 3668

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

Postmark Here

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

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205

DENVER, CO 80206-1678

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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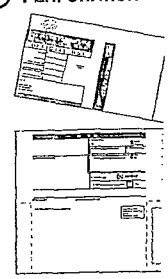
7110 6605 9590 0013 3668

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205

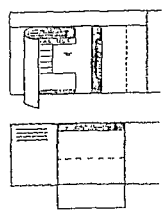
DENVER, CO 80206-1678

Batch #: 2272
Article #: 71106605959000133668
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3668

1. Article Addressed to:

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205

DENVER, CO 80206-1678

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3668

1. Article Addressed to:

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205

DENVER, CO 80206-1678

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

DENVER CO
SEP 21 2010
USPS

Batch #: 2272
Article #: 71106605959000133668
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 4284

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

Postmark Here

Sent To

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

City, State, Zip+4

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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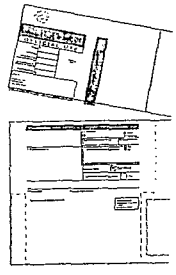
7110 6605 9590 0012 4284

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Batch #: 2192
Article #: 71106605959000124284
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
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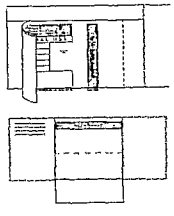
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4284

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:

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4284

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Wilbur ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124284
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 4291

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

Postmark Here

Sent To
KATHLEEN QUINN
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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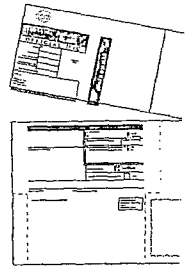
7110 6605 9590 0012 4291

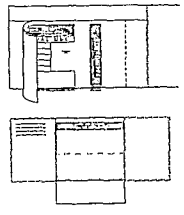
KATHLEEN QUINN
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2192
Article #: 71106605959000124291
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4291

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:

KATHLEEN QUINN
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4291

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (*Printed Name*)

C. Date of Delivery
SEP 0 1 2010

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No
SEP 0 1 2010

1. Article Addressed to:

KATHLEEN QUINN
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124291
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 4307

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

Postmark Here

Sent To
KATHLYN H GIBSON ESTATE
C/O G.A. SCHARHAG, EXECUTOR
Street, Apt. No.; or PO Box No.
PO BOX 546
City, State, Zip+4
TESUQUE, NM 87574

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

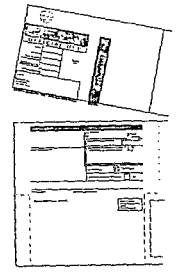
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4307

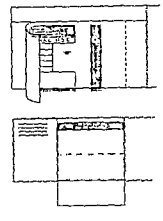
KATHLYN H GIBSON ESTATE
C/O G.A. SCHARHAG, EXECUTOR
PO BOX 546
TESUQUE, NM 87574

Batch #: 2192
Article #: 71106605959000124307
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4307

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:

KATHLYN H GIBSON ESTATE
C/O G.A. SCHARHAG, EXECUTOR
PO BOX 546
TESUQUE, NM 87574

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Article Number

7110 6605 9590 0012 4307

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

Article Addressed to:

KATHLYN H GIBSON ESTATE
C/O G.A. SCHARHAG, EXECUTOR
PO BOX 546
TESUQUE, NM 87574

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124307
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 4314

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

Postmark Here

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

KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

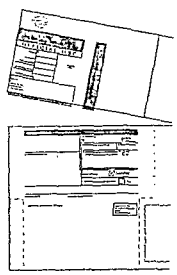
CERTIFIED MAIL™

7110 6605 9590 0012 4314

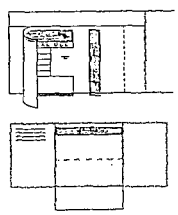
KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

Batch #: 2192
Article #: 71106605959000124314
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4314

1. Article Addressed to:

KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

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 4314

1. Article Addressed to:

KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michael Malone ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Michael Malone | C. Date of Delivery 9/3/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124314
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

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

7110 6605 9590 0012 4321

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

Postmark Here

Sent To

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

City, State, Zip+4

KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 4321

KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

Batch #: 2192
Article #: 71106605959000124321
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 4321

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:

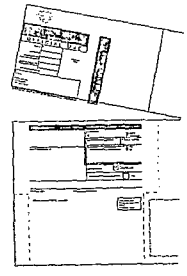
KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

3. Service Type ☒ Certified

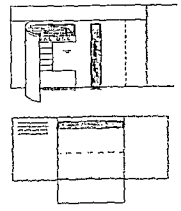
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 4321

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn Davant Dodson ☐ 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:

KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 09 2010

Batch #: 2192
Article #: 71106605959000124321
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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Postal Service™
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For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4345

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

Postmark Here

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

KATHRYN HANNIFIN MCCORMICK ESTATE
2715 WESTWIND RD
LAS CRUCES, NM 88007

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 4345

KATHRYN HANNIFIN MCCORMICK ESTATE
2715 WESTWIND RD
LAS CRUCES, NM 88007

Batch #: 2192
Article #: 71106605959000124345
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811[illegible] 1/07

2. Article Number

7110 6605 9590 0012 4345

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:

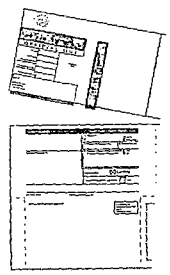
KATHRYN HANNIFIN MCCORMICK ESTATE
2715 WESTWIND RD
LAS CRUCES, NM 88007

3. Service Type ☒ Certified

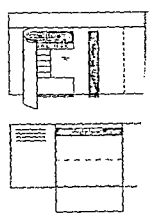
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE R OF THE RETURN ADD



2. Article Number

7110 6605 9590 0012 4345

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9/21/10

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

1. Article Addressed to:

KATHRYN HANNIFIN MCCORMICK ESTATE
2715 WESTWIND RD
LAS CRUCES, NM 88007

3. Service Type ☒ Certified

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

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

Batch #: 2192
Article #: 71106605959000124345
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4352

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

Sent To
KATHRYN L CAMPBELL
Street, Apt. No.; or PO Box No.
602 ISLAND ST
City, State, Zip+4
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

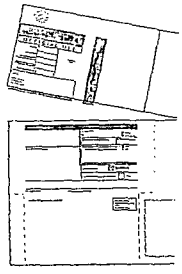
CERTIFIED MAIL™

7110 6605 9590 0012 4352

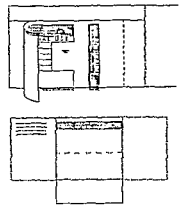
KATHRYN L CAMPBELL
602 ISLAND ST
BLOOMFIELD, NM 87413

Batch #: 2192
Article #: 71106605959000124352
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81[illegible] 01/07

2. Article Number

7110 6605 9590 0012 4352

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:

KATHRYN L CAMPBELL
602 ISLAND ST
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0012 4352

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn Campbell ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Kathryn Campbell C. Date of Delivery 9-7-10

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

1. Article Addressed to:

KATHRYN L CAMPBELL
602 ISLAND ST
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

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

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

Batch #: 2192
Article #: 71106605959000124352
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™

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7110 6605 9590 0012 4369

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

Postmark Here

Sent To

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

City, State, Zip+4

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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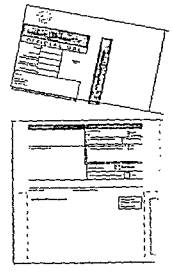
7110 6605 9590 0012 4369

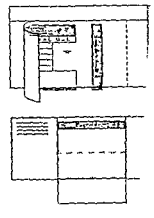
KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

Batch #: 2192
Article #: 71106605959000124369
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TOI ENVELOPE TO THE R OF THE RETURN ADI



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4369

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:

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0012 4369

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kathy McKnab ☐ 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:

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

3. Service Type ☒ Certified

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

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

PARKER CO SEP 10 2010 USPS

Batch #: 2192
Article #: 71106605959000124369
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:

3 LIFT HEF

PS Form 3811 **Domestic Return Receipt**

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S Postal Service
FIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
Delivery Information visit our website at www.usps.com
7110 6605 9590 0012 4376

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

Postmark Here

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

KAY B GUNDLACH
FEARINGTON POST 247
PITTSBORO, NC 27312

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 4376

KAY B GUNDLACH
FEARINGTON POST 247
PITTSBORO, NC 27312

Batch #: 2192
Article #: 71106605959000124376
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 .01/07

2. Article Number

7110 6605 9590 0012 4376

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:

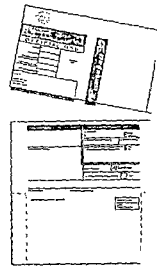
KAY B GUNDLACH
FEARINGTON POST 247
PITTSBORO, NC 27312

3. Service Type ☒ Certified

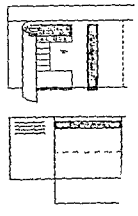
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BA PLACE LABEL ATT ENVELOPE TO THE OF THE RETURN A



2. Article Number

7110 6605 9590 0012 4376

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay B Gundlach ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

KAY B GUNDLACH
FEARINGTON POST 247
PITTSBORO, NC 27312

3. Service Type ☒ Certified

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

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

Batch #: 2192
Article #: 71106605959000124376
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 4383

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

Postmark Here

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

KAY BETH STAVLEY
14000 COUNTY RD 478
MAY, TX 76857

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

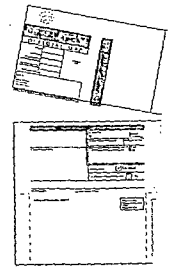
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4383

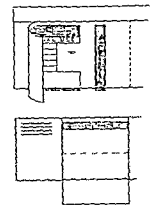
KAY BETH STAVLEY
14000 COUNTY RD 478
MAY, TX 76857

Batch #: 2192
Article #: 71106605959000124383
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAC PLACE LABEL AT TC ENVELOPE TO THE I OF THE RETURN AD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4383

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:

KAY BETH STAVLEY
14000 COUNTY RD 478
MAY, TX 76857

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4383

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay Beth Stavley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Kay Beth Stavley C. Date of Delivery 9-3-10

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

1. Article Addressed to:

KAY BETH STAVLEY
14000 COUNTY RD 478
MAY, TX 76857

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124383
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HEI

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

7110 6605 9590 0012 4390

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

Postmark Here

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

KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 4390

KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

Batch #: 2192
Article #: 71106605959000124390
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4390

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:

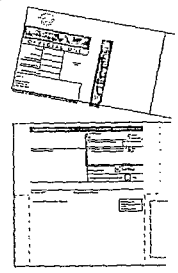
KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

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 BACKI
PLACE LABEL AT TOP
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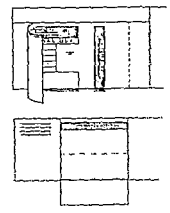
OF THE RETURN ADDF



2. Article Number

7110 6605 9590 0012 4390

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bill Magri ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Bill MAGRI | C. Date of Delivery 9/3/2010

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

1. Article Addressed to:

KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124390
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™

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7110 6605 9590 0012 4406

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

Postmark Here

Sent To

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

City, State, Zip+4

KAY DIANE BOWLES TRUST NOV 29 2007
6209 BROOKSIDE DR
CHEVY CHASE, MD 20815

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

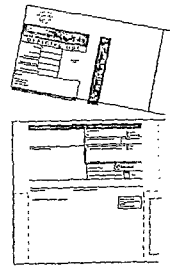
CERTIFIED MAIL™

7110 6605 9590 0012 4406

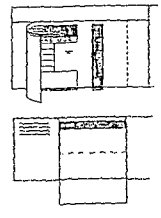
KAY DIANE BOWLES TRUST NOV 29 2007
6209 BROOKSIDE DR
CHEVY CHASE, MD 20815

Batch #: 2192
Article #: 71106605959000124406
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4406

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:

KAY DIANE BOWLES TRUST NOV 29 2007
6209 BROOKSIDE DR
CHEVY CHASE, MD 20815

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4406

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kay Diane Bowles ☐ 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:

KAY DIANE BOWLES TRUST NOV 29 2007
6209 BROOKSIDE DR
CHEVY CHASE, MD 20815

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124406
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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7110 6605 9590 0013 3002

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

Postmark Here

Sent To: KAY TORRANCE KENYON
Street, Apt. No.; or PO Box No.: 17721 BRUCE AVE
City, State, Zip+4: MONTE SERENO, CA 95030

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™

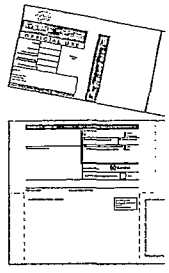
7110 6605 9590 0013 3002

KAY TORRANCE KENYON
17721 BRUCE AVE

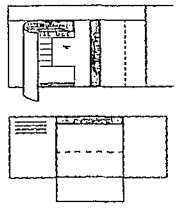
MONTE SERENO, CA 95030

Batch #: 2269
Article #: 71106605959000133002
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0013 3002

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:

KAY TORRANCE KENYON
17721 BRUCE AVE

MONTE SERENO, CA 95030

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2269
Article #: 71106605959000133002
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 4413

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

Postmark Here

Sent To
KELLEY A MURRELL
Street, Apt. No.; or PO Box No.
3620 BEVERLY DR
City, State, Zip+4
DALLAS, TX 75205

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

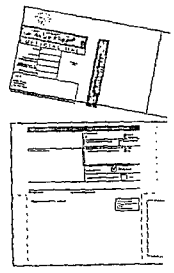
CERTIFIED MAIL™

7110 6605 9590 0012 4413

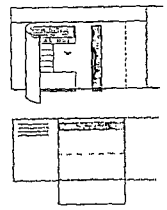
KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

Batch #: 2192
Article #: 71106605959000124413
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 4413

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:

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4413

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:

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124413
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4420

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

Postmark Here

Sent To
KELLY CHRISTINE LAMB
Street, Apt. No.; or PO Box No.
5792 MYRA AVE
City, State, Zip+4
CYPRESS, CA 90630

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

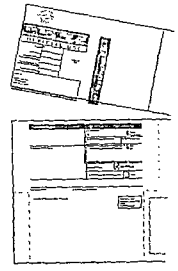
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4420

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Batch #: 2192
Article #: 71106605959000124420
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
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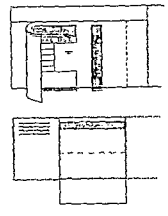
OF THE RETURN ADDF



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4420

1. Article Addressed to:

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

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 4420

1. Article Addressed to:

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Lamb ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) ROBERT LAMB | C. Date of Delivery 9/3/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124420
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 4437

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

Postmark Here

Sent To
KELLY FITTING STEWART
Street, Apt. No.; or PO Box No.
11197 PAISANO LANE
City, State, Zip+4
SAN ANGELO, TX 76904

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

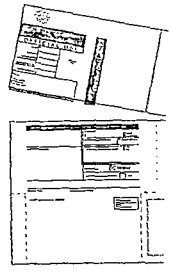
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 4437

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

Batch #: 2192
Article #: 71106605959000124437
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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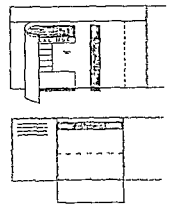
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4437

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:

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4437

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Stewart ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Kelly Stewart | C. Date of Delivery 9/8/10

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

1. Article Addressed to:

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124437
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 3019

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

Postmark Here

Sent To: KENDALL SWINFORD
LANIER FAM MNRL CTRL AG MA076
Street, Apt. No.; or PO Box No.: PO BOX 1600
City, State, Zip+4: SAN ANTONIO, TX 78296

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

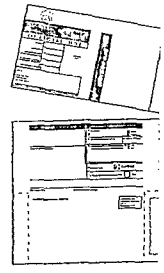
CERTIFIED MAIL™

7110 6605 9590 0013 3019

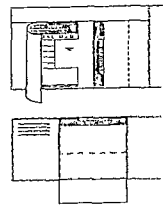
KENDALL SWINFORD
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

Batch #: 2269
Article #: 71106605959000133019
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0013 3019

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:

KENDALL SWINFORD
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 21 2010

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

1. Article Addressed to:

KENDALL SWINFORD
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000133019
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 4444

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

Postmark Here

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

KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

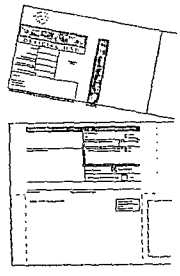
TRACK CERTIFIED MAIL™ AT THE RETURN ADDRESS FOLD AT DOTTED LINE

7110 6605 9590 0012 4444

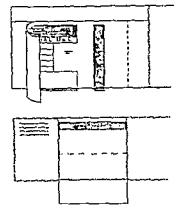
KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

Batch #: 2192
Article #: 71106605959000124444
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4444

1. Article Addressed to:

KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

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 4444

1. Article Addressed to:

KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124444
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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S Postal Service
ERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 4451

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

Postmark Here

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

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

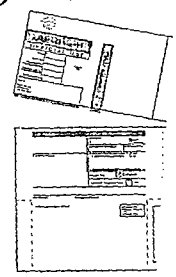
CERTIFIED MAIL™

7110 6605 9590 0012 4451

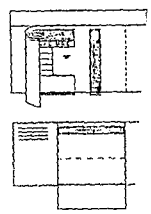
KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

Batch #: 2192
Article #: 71106605959000124451
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



Reorder Form LCD-8111 01/07

2. Article Number

7110 6605 9590 0012 4451

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:

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4451

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2192
Article #: 71106605959000124451
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:

3 LIFT HE

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

7110 6605 9590 0012 4468

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

Postmark Here

Sent To
KENNETH & ELSIE BLANCETT LVG TR
Street, Apt. No.; or PO Box No.
303 ROAD 3000
City, State, Zip+4
AZTEC, NM 87410

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

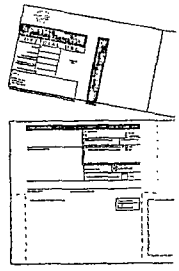
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4468

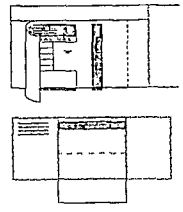
KENNETH & ELSIE BLANCETT LVG TR
303 ROAD 3000
AZTEC, NM 87410

Batch #: 2192
Article #: 71106605959000124468
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4468

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:

KENNETH & ELSIE BLANCETT LVG TR
303 ROAD 3000
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4468

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elsie B Blancett ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

KENNETH & ELSIE BLANCETT LVG TR
303 ROAD 3000
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124468
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 4475

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

Postmark Here

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

KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

PS Form 3800, August 2006 - See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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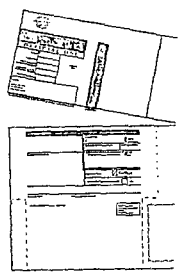
7110 6605 9590 0012 4475

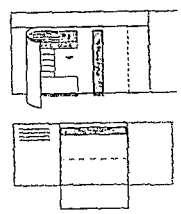
KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

Batch #: 2192
Article #: 71106605959000124475
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



Reorder Form LCD-81[illegible] 01/07

2. Article Number

7110 6605 9590 0012 4475

1. Article Addressed to:

KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

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 4475

1. Article Addressed to:

KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kenneth Schmidt ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Kenneth Schmidt C. Date of Delivery 9/7/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124475
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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7110 6605 9590 0012 4482

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

Postmark Here

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

KEVIN K LEONARD
PO BOX 50688
MIDLAND, TX 79710

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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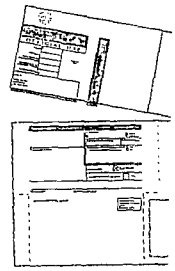
7110 6605 9590 0012 4482

KEVIN K LEONARD
PO BOX 50688
MIDLAND, TX 79710

Batch #: 2192
Article #: 71106605959000124482
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
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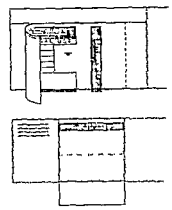
ENVELOPE TO THE RIGI
OF THE RETURN ADDRI



Reorder Form LCD-8 ... 01/07

2. Article Number

7110 6605 9590 0012 4482

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:

KEVIN K LEONARD
PO BOX 50688
MIDLAND, TX 79710

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4482

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kevin K Leonard ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

KEVIN K LEONARD
PO BOX 50688
MIDLAND, TX 79710

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124482
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3675

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

Postmark Here

Sent To: KEVIN MICHAEL O'HORNETT
Street, Apt. No.; or PO Box No.: PO BOX 80
City, State, Zip+4: GOLDEN, CO 80402-0080

PS Form 3800, August 2006 — See Reverse for Instructions

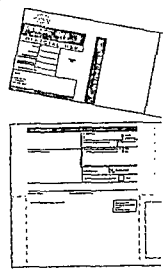
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3675

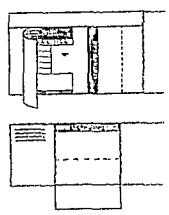
KEVIN MICHAEL O'HORNETT
PO BOX 80
GOLDEN, CO 80402-0080

Batch #: 2272
Article #: 71106605959000133675
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3675

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:

KEVIN MICHAEL O'HORNETT
PO BOX 80

GOLDEN, CO 80402-0080

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3675

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:

KEVIN MICHAEL O'HORNETT
PO BOX 80

GOLDEN, CO 80402-0080

3. Service Type ☒ Certified

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

KEVIN O'HORNETT | 9/20/10

Batch #: 2272
Article #: 71106605959000133675
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 4499

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

Postmark Here

Sent To
KEYES BABER PROPERTIES
Street, Apt. No.; or PO Box No.
P.O. BOX 5383
City, State, Zip+4
DENVER, CO 80217

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

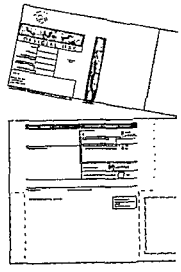
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4499

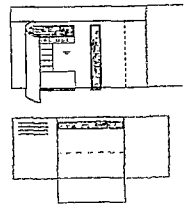
KEYES BABER PROPERTIES
P.O. BOX 5383
DENVER, CO 80217

Batch #: 2192
Article #: 71106605959000124499
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4499

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:

KEYES BABER PROPERTIES
P.O. BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Maddox ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

KEYES BABER PROPERTIES
P.O. BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124499
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 4505

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

Postmark Here

Sent To

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

City, State, Zip+4

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 4505

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

Batch #: 2192
Article #: 71106605959000124505
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81[illegible] 01/07

2. Article Number

7110 6605 9590 0012 4505

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:

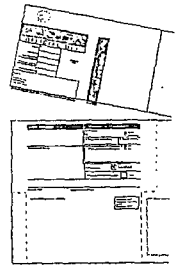
KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

3. Service Type ☒ Certified

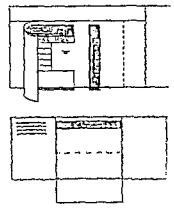
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4505

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Khristi Moritz C. Date of Delivery 9/7/2010

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

1. Article Addressed to:

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124505
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3

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7110 6605 9590 0012 4512

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

Postmark Here

Sent To
KIM MCKIM DUNN
Street, Apt. No.; or PO Box No.
302 HUMPHRIES
City, State, ZIP+4
EDGEWOOD, TX 75117-2312

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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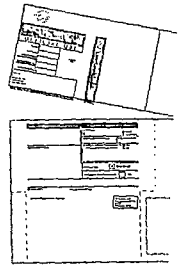
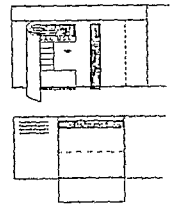
KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

Batch #: 2192
Article #: 71106605959000124512
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4512

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:

KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4512

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kim Dunn ☐ Agent ☐ Addressee

B. Received by (Printed Name) KIM DUNN | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2192
Article #: 71106605959000124512
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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7110 6605 9590 0012 4529

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

Postmark Here

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

KIMBELL OIL CO OF TEXAS
777 TAYLOR STREET, PII A
FORT WORTH, TX 76102

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

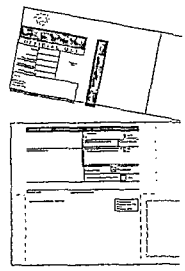
CERTIFIED MAIL

7110 6605 9590 0012 4529

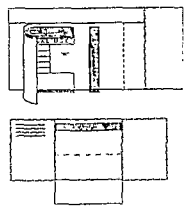
KIMBELL OIL CO OF TEXAS
777 TAYLOR STREET, PII A
FORT WORTH, TX 76102

Batch #: 2192
Article #: 71106605959000124529
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4529

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:

KIMBELL OIL CO OF TEXAS
777 TAYLOR STREET, PII A
FORT WORTH, TX 76102

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4529

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:

KIMBELL OIL CO OF TEXAS
777 TAYLOR STREET, PII A
FORT WORTH, TX 76102

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2192
Article #: 71106605959000124529
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 3682

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

Postmark Here

Sent To: KIMBERLEE J BENART
Street, Apt. No.; or PO Box No.: 930 CATTAIL CREEK RD
City, State, Zip+4: DILLWYN, VA 23936

PS Form 3800, August 2006 — See Reverse for Instructions

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

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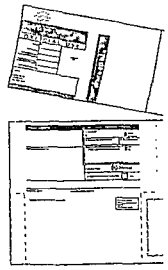
7110 6605 9590 0013 3682

KIMBERLEE J BENART
930 CATTAIL CREEK RD

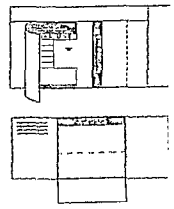
DILLWYN, VA 23936

Batch #: 2272
Article #: 71106605959000133682
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3682

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:

KIMBERLEE J BENART
930 CATTAIL CREEK RD

DILLWYN, VA 23936

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3682

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kimberlee J Benart ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Kimberlee J Benart | C. Date of Delivery 9-20-10

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

1. Article Addressed to:

KIMBERLEE J BENART
930 CATTAIL CREEK RD

DILLWYN, VA 23936

3. Service Type ☒ Certified

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

Batch #: 2272
Article #: 71106605959000133682
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
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7110 6605 9590 0012 4536

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

Postmark Here

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

KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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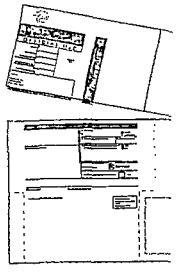
7110 6605 9590 0012 4536

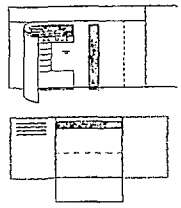
KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

Batch #: 2192
Article #: 71106605959000124536
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4536

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:

KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 4536

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2192
Article #: 71106605959000124536
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 4543

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

Postmark Here

Sent To
KRIS ANN SHINE
Street, Apt. No.; or PO Box No.
7420 PECOS TR NW
City, State, Zip+4
ALBUQUERQUE, NM 87120

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

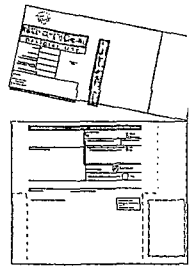
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4543

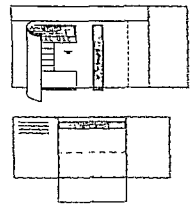
KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

Batch #: 2192
Article #: 71106605959000124543
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 4543

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:

KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 rev. 01/07

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2192
Article #: 71106605959000124543
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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U.S. Postal Service™
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7110 6605 9590 0012 4543

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

Postmark Here

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

KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

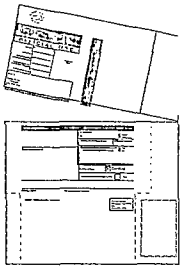
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4543

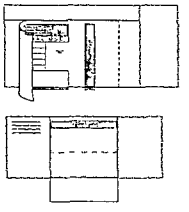
KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

Batch #: 2192
Article #: 71106605959000124543
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 4543

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:

KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

---

2. Article Number

7110 6605 9590 0012 4543

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joe Shine ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124543
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE