



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

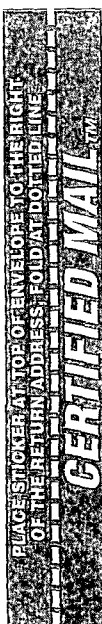
7110 6605 9590 0012 4215

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

Post To
KAREN LEE MCLARTY
1305 HOCKLEY CT
ALLEN, TX 75013

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



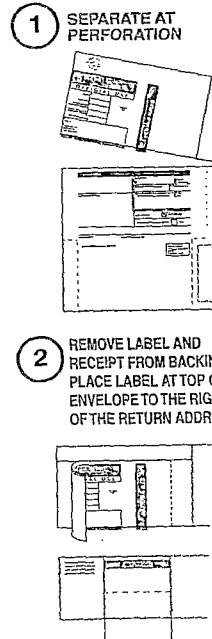
7110 6605 9590 0012 4215

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 #:

Reorder Form LCD-8 v. 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KAREN LEE MCLARTY 1305 HOCKLEY CT ALLEN, TX 75013	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 4215	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Karen McLarty</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Karen McLarty</i> C. Date of Delivery <i>9-8-2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KAREN LEE MCLARTY 1305 HOCKLEY CT ALLEN, TX 75013	
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 #:



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

7110 6605 9590 0012 4222

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

sent To

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

KAREN Y GRIFFITH PETERS
4260 PEACH WAY
BOULDER, CO 80301

Code: Allocation Project - D.Howell



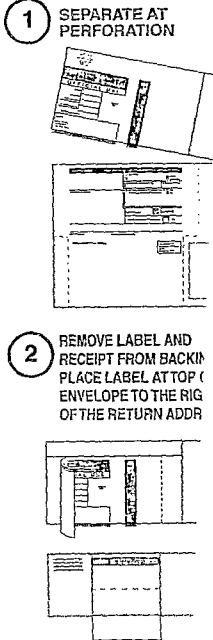
7110 6605 9590 0012 4222

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 #:

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4222	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KAREN Y GRIFFITH PETERS 4260 PEACH WAY BOULDER, CO 80301	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4222	A. Signature X <i>Karen Peters</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>KAREN PETERS 9-4-10</i>
KAREN Y GRIFFITH PETERS 4260 PEACH WAY BOULDER, CO 80301	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 2982

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

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

KARLEEN E UPHOLD TR DTD 07/10/07
7112-132 PAN AMERICAN FRWY NE
ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions



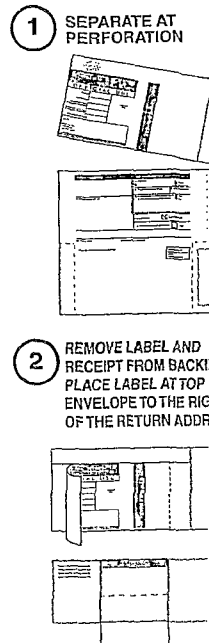
7110 6605 9590 0013 2982

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2982	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KARLEEN E UPHOLD TR DTD 07/10/07 7112-132 PAN AMERICAN FRWY NE ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2982	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery ROBERT PALOSER 9-16-10
KARLEEN E UPHOLD TR DTD 07/10/07 7112-132 PAN AMERICAN FRWY NE ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 4239

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

sent To

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

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4239

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

Batch #: 2192
Article #: 711066059590000124239
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

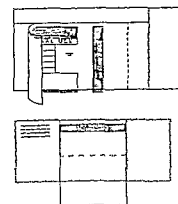
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHARINE B DICKSON 85 S BIRCH ST DENVER, CO 80246	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



PS

2. Article Number 7110 6605 9590 0012 4239	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHARINE B DICKSON 85 S BIRCH ST DENVER, CO 80246	
Code: Allocation Project - D.Howell	

Batch #: 2192
Article #: 711066059590000124239
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 4246

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4246

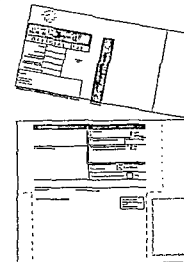
KATHERINE BUCKLAND
5869 CHACO LOOP NE
RIO RANCHO, NM 87144-6342

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

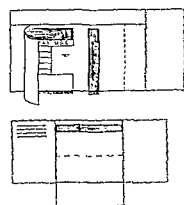
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4246	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KATHERINE BUCKLAND 5869 CHACO LOOP NE RIO RANCHO, NM 87144-6342	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4246	A. Signature X <i>Katherine Buckland</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Katherine Buckland</i>	C. Date of Delivery <i>9.3.10</i>
KATHERINE BUCKLAND 5869 CHACO LOOP NE RIO RANCHO, NM 87144-6342	D. Is 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 #: 71106605959000124246
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(First-Class Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 4338

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

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

KATHRYN DAVANT HIGGNS
111 CABANA DR
VICTORIA, TX 77901

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHRYN DAVANT HIGGNS 111 CABANA DR VICTORIA, TX 77901	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



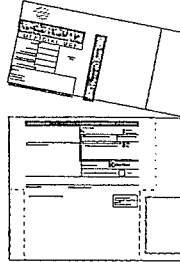
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

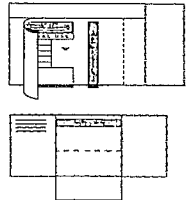
Batch #: 2192
Article #: 71106605959000124338
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 4253

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

Postmark Here

KATHERINE KOLLIKER MCINTYRE
512 THUNDER CREST
EL PASO, TX 79922

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4253	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHERINE KOLLIKER MCINTYRE 512 THUNDER CREST EL PASO, TX 79922	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

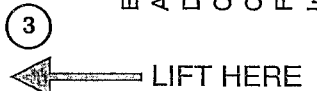
UNITED STATES POSTAL SERVICE



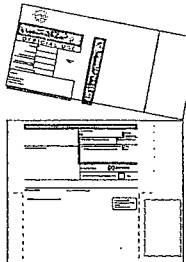
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

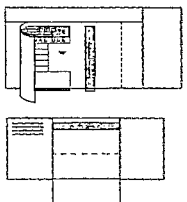
Batch #: 2192
Article #: 71106605959000124253
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 2999

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

ent To
KATHERINE WEINSTEIN
2587 AVERY PARK CIR
ATLANTA, GA 30360

Form 3800, August 2008 See Reverse for Instructions

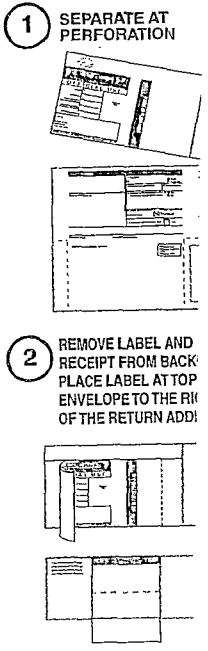


7110 6605 9590 0013 2999

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2999	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHERINE WEINSTEIN 2587 AVERY PARK CIR ATLANTA, GA 30360	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2999	A. Signature X <i>Katherine Weinstein</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Katie Weinstein</i> <i>9-20-10</i>
KATHERINE WEINSTEIN 2587 AVERY PARK CIR ATLANTA, GA 30360	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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

7110 6605 9590 0012 4260

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

Delivered To
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



7110 6605 9590 0012 4260

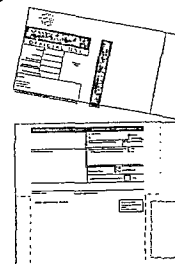
KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

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

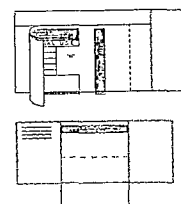
Reorder Form LCD-8 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHLEEN COLWILL 4189 SABAL POINTE CT SE GRAND RAPIDS, MI 49546-8230 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 4260	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kathleen Colwill</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>K Colwill</i> <i>9/3/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHLEEN COLWILL 4189 SABAL POINTE CT SE GRAND RAPIDS, MI 49546-8230 Code: Allocation Project - D.Howell	

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



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

7110 6605 9590 0012 4277

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

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

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4277

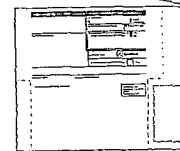
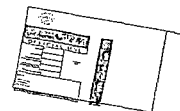
KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

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

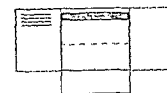
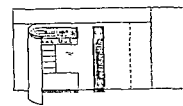
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4277	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHLEEN F LIPPOLD 1309 SW COLLEGE AVE TOPEKA, KS 66604	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4277	A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Michael Lippold</i> 9-17-10
KATHLEEN F LIPPOLD 1309 SW COLLEGE AVE TOPEKA, KS 66604	D. Is 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 #: 71106605959000124277
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0013 3668

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

ent To

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205
DENVER, CO 80206-1678

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

Form 3800, August 2006 See Reverse for Instructions



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 #:

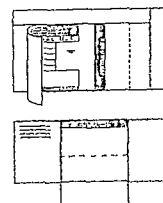
Reorder Form LCD-811-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3668	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHLEEN J BROWN REV TR DTD 7/20/05 2990 E 17TH AVE APT 2205 DENVER, CO 80206-1678	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3668	A. Signature X <i>K Brown</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHLEEN J BROWN REV TR DTD 7/20/05 2990 E 17TH AVE APT 2205 DENVER, CO 80206-1678	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com

7110 6605 9590 0012 4284

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

sent To

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 v. 01/07

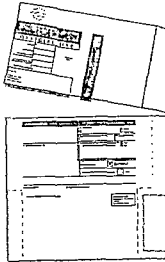
2. Article Number 7110 6605 9590 0012 4284	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: KATHLEEN M MCLANE TR DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

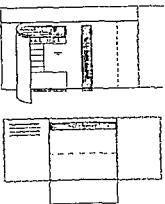
2. Article Number 7110 6605 9590 0012 4284	COMPLETE THIS SECTION ON DELIVERY A. Signature X Robert Wilkin ☐ Agent ☐ Addressee B. Received by (Printed Name) Robert Wilkin C. Date of Delivery 9/10/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article 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

1 SEPARATE AT PERFORATION



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



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



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

7110 6605 9590 0012 4291

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

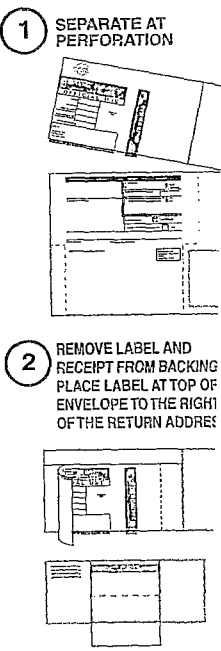
Reorder Form LCD-81 01/07

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 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

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

Code: Allocation Project - D.Howell



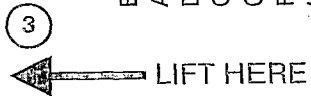
2: Article Number 7110 6605 9590 0012 4291	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Al Warkentin</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

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

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 #:





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

7110 6605 9590 0012 4307

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



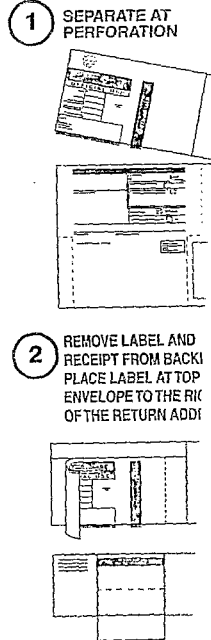
7110 6605 9590 0012 4307

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4307	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHLYN H GIBSON ESTATE C/O G.A. SCHARHAG, EXECUTOR PO BOX 546 TESUQUE, NM 87574	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4307	A. Signature ☒ Agent ☐ Addressee
Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KATHLYN H GIBSON ESTATE C/O G.A. SCHARHAG, EXECUTOR PO BOX 546 TESUQUE, NM 87574	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



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



7110 6605 9590 0012 4314

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

Int To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 Rev. 01/07

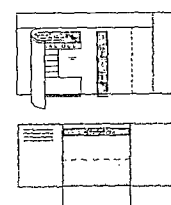
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4314	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KATHRIN BOND MALONE 6117 WESTOVER DR FORT WORTH, TX 76107-3543	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4314	A. Signature X <i>Michael Malone</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KATHRIN BOND MALONE 6117 WESTOVER DR FORT WORTH, TX 76107-3543	<i>Michael Malone</i>	<i>9/3/10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

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 #:



U.S. Postal Service
Certified Mail Receipt
Mail Only, No Insurance Coverage Provided
Delivery information visit our website at www.usps.com
7110 6605 9590 0012 4321

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

Post To
KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4321

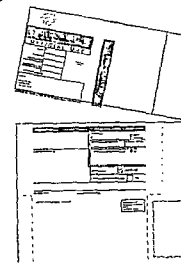
KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

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

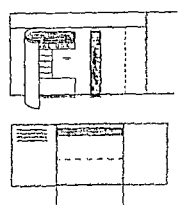
Reorder Form LCD-811 01/07

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 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 <i>Kathryn Davant Dodson</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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



US Postal Service
REGISTERED MAIL RECEIPT
Domestic Mail Only, No Insurance, Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 4345

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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-8111 1/07

2. Article Number

7110 6605 9590 0012 4345

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

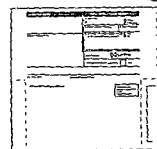
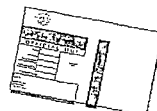
3. Service Type

☒ Certified

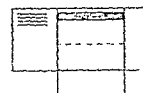
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4345

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
Delivery Information Visit Our Website at www.usps.com
7110 6605 9590 0012 4352

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4352

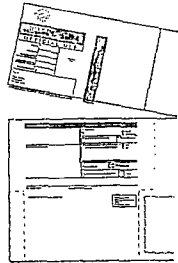
KATHRYN L CAMPBELL
602 ISLAND ST
BLOOMFIELD, NM 87413

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

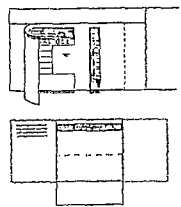
Reorder Form LCD-817 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHRYN L CAMPBELL 602 ISLAND ST BLOOMFIELD, NM 87413 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 4352	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kathryn Campbell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Kathryn Campbell</i> 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KATHRYN L CAMPBELL 602 ISLAND ST BLOOMFIELD, NM 87413 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 #:



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

7110 6605 9590 0012 4369

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



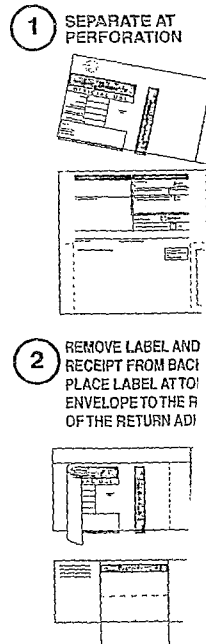
7110 6605 9590 0012 4369

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 #:

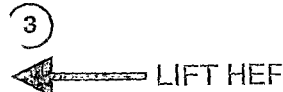
Reorder Form LCD-81 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4369		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
KATHY DUFFIN MCKNAB PO BOX 1108 PARKER, CO 80134-1108		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4369		A. Signature X <i>Kathy Mcknab</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
KATHY DUFFIN MCKNAB PO BOX 1108 PARKER, CO 80134-1108		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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



PROVED

U.S. Postal Service
REGISTERED 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	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Indorsement Required)		\$2.30	
Restricted Delivery Fee (Indorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

**KAY B GUNDLACH
 FEARINGTON POST 247
 PITTSBORO, NC 27312**

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



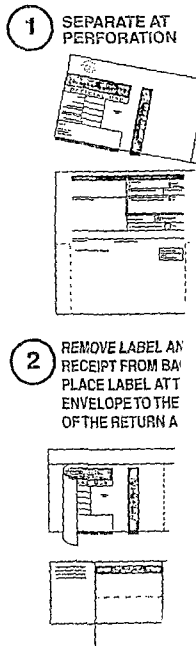
7110 6605 9590 0012 4376

**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-8111 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4376		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
KAY B GUNDLACH FEARINGTON POST 247 PITTSBORO, NC 27312		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4376		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
KAY B GUNDLACH FEARINGTON POST 247 PITTSBORO, NC 27312		Kay B Gundlach	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 #: 71106605959000124376
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
Delivery information visit our website at www.usps.com
7110 6605 9590 0012 4383

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

sent To
KAY BETH STAVLEY
14000 COUNTY RD 478
MAY, TX 76857

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4383

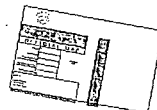
KAY BETH STAVLEY
14000 COUNTY RD 478
MAY, TX 76857

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

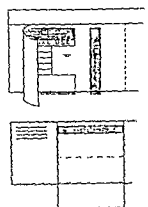
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 4383	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KAY BETH STAVLEY 14000 COUNTY RD 478 MAY, TX 76857	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAG PLACE LABEL AT TOP OF ENVELOPE TO THE LEFT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 4383	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kay Beth Stavley</i> B. Received by (Printed Name) <i>Kay Beth Stavley</i> C. Date of Delivery <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KAY BETH STAVLEY 14000 COUNTY RD 478 MAY, TX 76857	
Code: Allocation Project - D.Howell	

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



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 4390

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

sent To
KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



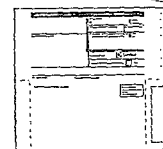
7110 6605 9590 0012 4390

KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

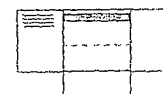
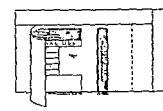
Batch #: 2192
Article #: 71106605959000124390
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KAY CUNNINGHAM MAGRI 201 WOODWARD GENEVA, IL 60134 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 4390	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Bill Magri</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Bill Magri</i> C. Date of Delivery <i>9/3/2010</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KAY CUNNINGHAM MAGRI 201 WOODWARD GENEVA, IL 60134 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 #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information visit our Website at www.usps.com
7110 6605 9590 0012 4406

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

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

Postmark
Here

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



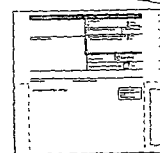
7110 6605 9590 0012 4406

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

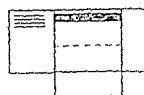
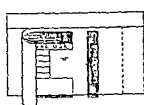
Batch #: 2192
Article #: 71106605959000124406
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4406	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KAY DIANE BOWLES TRUST NOV 29 2007 6209 BROOKSIDE DR CHEVY CHASE, MD 20815	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4406	A. Signature X Kay Diane Bowles ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KAY DIANE BOWLES TRUST NOV 29 2007 6209 BROOKSIDE DR CHEVY CHASE, MD 20815	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 3002

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

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

KAY TORRANCE KENYON
17721 BRUCE AVE
MONTE SERENO, CA 95030

Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3002	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KAY TORRANCE KENYON 17721 BRUCE AVE MONTE SERENO, CA 95030	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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

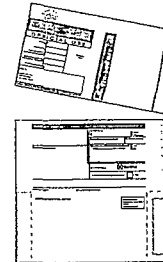
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

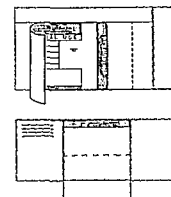
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 4413

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

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

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4413

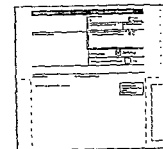
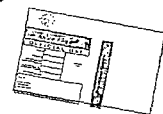
KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

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

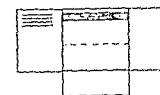
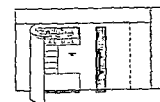
Reorder Form LCD-8 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4413		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
KELLEY A MURRELL 3620 BEVERLY DR DALLAS, TX 75205		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION

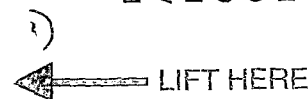


2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4413		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 8/31
KELLEY A MURRELL 3620 BEVERLY DR DALLAS, TX 75205		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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





US Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4420

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

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

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



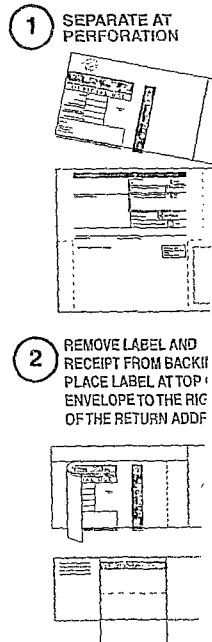
7110 6605 9590 0012 4420

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 #:

Reorder Form LCD-8101/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4420	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KELLY CHRISTINE LAMB 5792 MYRA AVE CYPRESS, CA 90630	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4420	A. Signature X <i>Robert Lamb</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>ROBERT LAMB</i> <i>9/3/10</i>
KELLY CHRISTINE LAMB 5792 MYRA AVE CYPRESS, CA 90630	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 4437

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

Post To

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

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4437

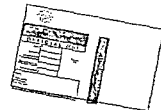
KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

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

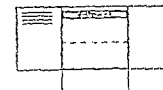
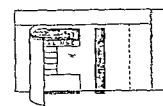
Reorder Form LCD-8 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KELLY FITTING STEWART 11197 PAISANO LANE SAN ANGELO, TX 76904 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 4437	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kelley Stewart</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Kelley Stewart</i> C. Date of Delivery <i>7/8/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KELLY FITTING STEWART 11197 PAISANO LANE SAN ANGELO, TX 76904 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 #:



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

7110 6605 9590 0013 3019

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

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

Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AND FOLD 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 #:

2. Article Number

7110 6605 9590 0013 3019

1. Article Addressed to:

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

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 3019

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

SEP 21 2010

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



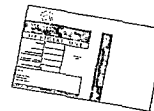
Certified

4. Restricted Delivery? (Extra Fee)

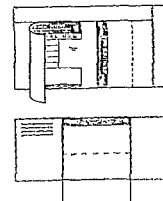
☐

Yes

1 SEPARATE AT PERFORATION



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



3

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



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

7110 6605 9590 0012 4444

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

Postage To
KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4444

KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

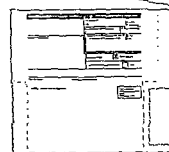
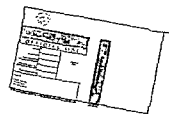
Batch #: 2192
Article #: 71106605959000124444
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

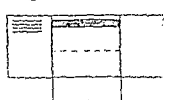
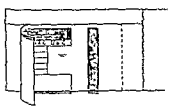
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4444	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KENN SCHMIDT 146 S DILLON STREET LOS ANGELES, CA 90057	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4444	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KENN SCHMIDT 146 S DILLON STREET LOS ANGELES, CA 90057	D. Is 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 #:



US Postal Service
REGISTERED MAIL RECEIPT
First-Class Mail Only. No Insurance Coverage Provided.
Delivery information visit our website at www.usps.com

7110 6605 9590 0012 4451

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

sent To

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

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

Form 3800, August 2008. See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8111 01/07

2. Article Number

7110 6605 9590 0012 4451

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☐ Addressee

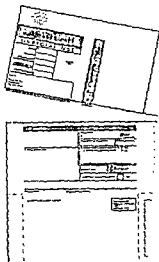
B. Received by (Printed Name) C. Date of Delivery

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

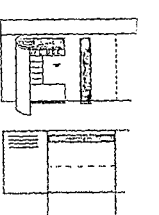
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4451

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 4468

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



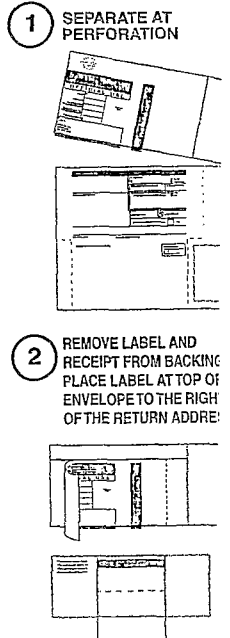
7110 6605 9590 0012 4468

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4468	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KENNETH & ELSIE BLANCETT LVG TR 303 ROAD 3000 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4468	A. Signature X <i>Elsie Blancett</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>ELSIE BLANCETT 9/2/10</i>
KENNETH & ELSIE BLANCETT LVG TR 303 ROAD 3000 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



7110 6605 9590 0012 4475

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

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

KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

Form 3800, August 2006 • 11 • See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 4475

1. Article Addressed to:

KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



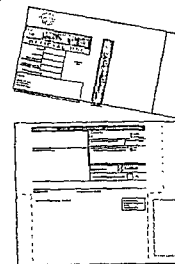
Certified

4. Restricted Delivery? (Extra Fee)

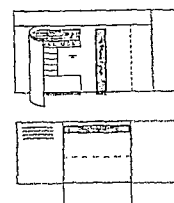


Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4475

1. Article Addressed to:

KENNETH ROBERT SCHMIDT
6819 OAK LAWN WY
FAIROAKS, CA 95628

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)



Yes

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

3

LIFT HERE



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

7110 6605 9590 0012 4482

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

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

KEVIN K LEONARD
PO BOX 50688
MIDLAND, TX 79710

Code: Allocation Project - D.Howell



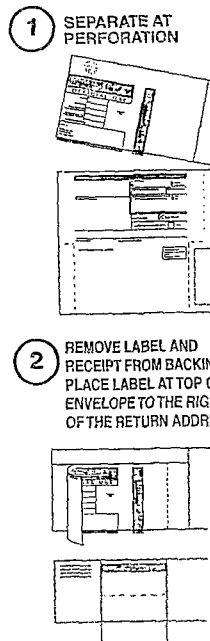
7110 6605 9590 0012 4482

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 #:

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KEVIN K LEONARD PO BOX 50688 MIDLAND, TX 79710	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 4482	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kevin K Leonard</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Kevin K. Leonard</i> C. Date of Delivery <i>9-8-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KEVIN K LEONARD PO BOX 50688 MIDLAND, TX 79710	
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 #:



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

7110 6605 9590 0013 3675

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

ent To **KEVIN MICHAEL O'HORNETT**
PO BOX 80

street, Apt. No.;
PO Box No.
ity, State, Zip+4 **GOLDEN, CO 80402-0080**

Form 3800, August 2006 See Reverse for Instructions



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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3675

1. Article Addressed to:

KEVIN MICHAEL O'HORNETT
PO BOX 80

GOLDEN, CO 80402-0080

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

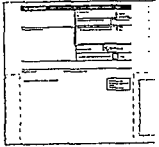
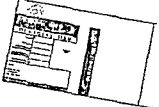
B. Received by (Printed Name) C. Date of Delivery

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

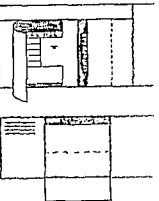
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 3675

1. Article Addressed to:

KEVIN MICHAEL O'HORNETT
PO BOX 80

GOLDEN, CO 80402-0080

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
KEVIN O'HORNETT **9/20/10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Certified Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com

7110 6605 9590 0012 4499

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

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4499

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

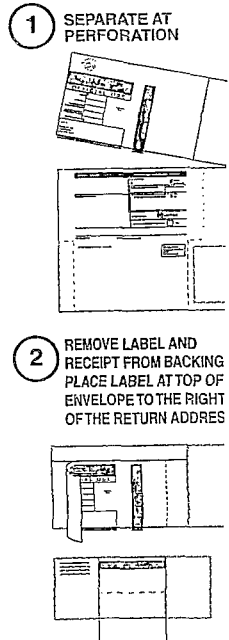
A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 4499

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

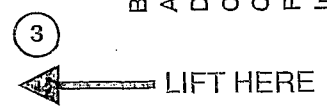
B. Received by (Printed Name) C. Date of Delivery
Matthew Nadeau, 9-7-10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Mail Only; No Insurance Coverage Provided
 Delivery information visit our website at www.usps.com

7110 6605 9590 0012 4505

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

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



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 01/07

2. Article Number

7110 6605 9590 0012 4505

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

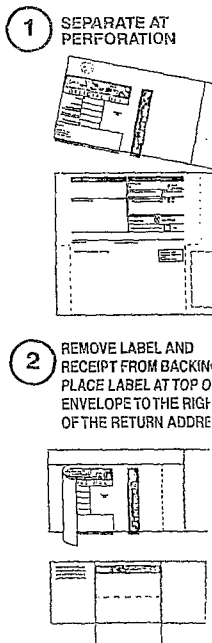
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 4505

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Christi Moritz*

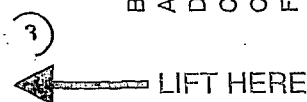
B. Received by (Printed Name) C. Date of Delivery
Christi Moritz *9/7/2010*

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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





U.S. Postal Service
REGISTERED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4512

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

Delivered To
KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4512

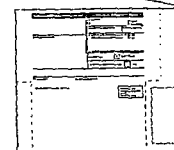
KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

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

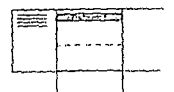
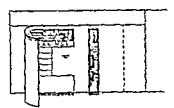
Reorder Form LCD-81 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KIM MCKIM DUNN 302 HUMPHRIES EDGEWOOD, TX 75117-2312 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2: Article Number 7110 6605 9590 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 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: KIM MCKIM DUNN 302 HUMPHRIES EDGEWOOD, TX 75117-2312 Code: Allocation Project - D.Howell	

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



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

7110 6605 9590 0012 4529

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

sent To

Post, Apt. No.;
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, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4529

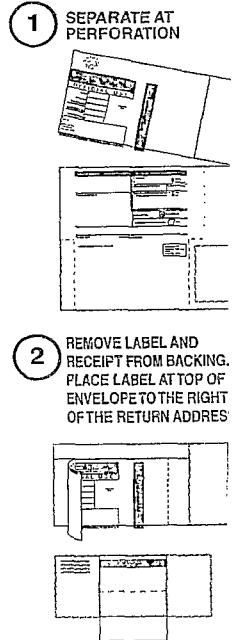
KIMBELL OIL CO OF TEXAS
777 TAYLOR STREET, PII A
FORT WORTH, TX 76102

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

Reorder Form LCD-81 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4529	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KIMBELL OIL CO OF TEXAS 777 TAYLOR STREET, PII A FORT WORTH, TX 76102	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4529	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KIMBELL OIL CO OF TEXAS 777 TAYLOR STREET, PII A FORT WORTH, TX 76102	D. Is 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 #: 71106605959000124529
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3682

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

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

KIMBERLEE J BENART
930 CATTAIL CREEK RD
DILLWYN, VA 23936

PS Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number

7110 6605 9590 0013 3682

1. Article Addressed to:

KIMBERLEE J BENART
930 CATTAIL CREEK RD
DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7110 6605 9590 0013 3682

1. Article Addressed to:

KIMBERLEE J BENART
930 CATTAIL CREEK RD
DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

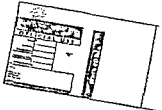
B. Received by (Printed Name) C. Date of Delivery

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

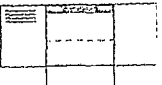
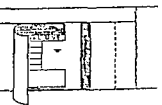
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



3

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com

7110 6605 9590 0012 4536

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

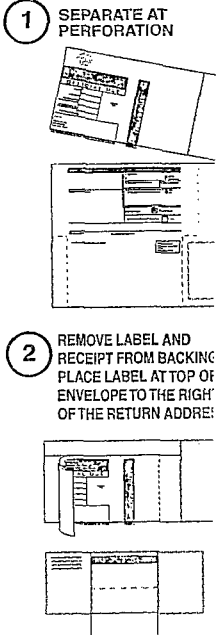


7110 6605 9590 0012 4536

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4536	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
KOCH INDUSTRIES INC C/O KOCH EXPLORATION 9777 PYRAMID CRT., STE 210 ENGLEWOOD, CO 80112	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4536	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/5/10
KOCH INDUSTRIES INC C/O KOCH EXPLORATION 9777 PYRAMID CRT., STE 210 ENGLEWOOD, CO 80112	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 4543

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

Send To
Kris Ann Shine
7420 Pecos Tr NW
Albuquerque, NM 87120

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number 7110 6605 9590 0012 4543		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: KRIS ANN SHINE 7420 PECOS TR NW ALBUQUERQUE, NM 87120		A. Signature X ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes			

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

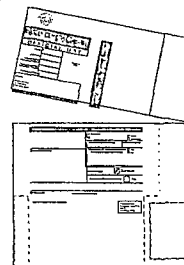
Batch #: 2192
Article #: 71106605959000124543
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

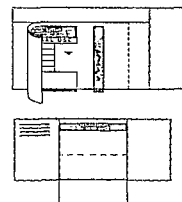


LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 4543

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

Post To
Kris Ann Shine
7420 Pecos Tr NW
Albuquerque, NM 87120

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



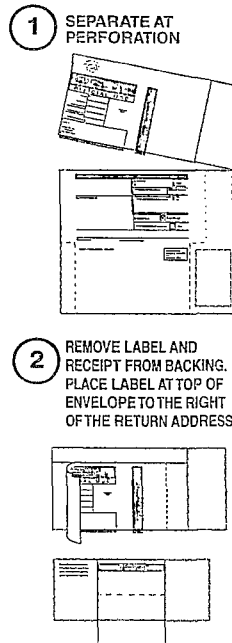
7110 6605 9590 0012 4543

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 #:

Reorder Form LCD-811B 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 <i>K. Shine</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Kris Shine</i> C. Date of Delivery <i>9/2/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
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 #:

