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7110 6605 9590 0012 4550

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
 L DORIS WILLIAMS TRUST
 P O BOX 20606
 HOUSTON, TX 77225-0606

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4550

L DORIS WILLIAMS TRUST
 P O BOX 20606
 HOUSTON, TX 77225-0606

Batch #: 2192
 Article #: 71106605959000124550
 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 4550

1. Article Addressed to:

L DORIS WILLIAMS TRUST
 P O BOX 20606
 HOUSTON, TX 77225-0606

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

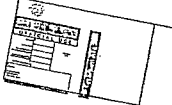
B. Received by (Printed Name) C. Date of Delivery

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

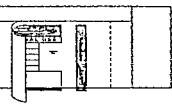
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-1 Rev. 01/07

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 #: 71106605959000124550
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
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7110 6605 9590 0012 4567

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
 L GRADEN & BETTY WEINLAND FAMILY TR
 BETTY M WEINLAND, TRUSTEE
 1106 E NORTHLINE RD APT 7
 TUSCOLA, IL 61953

Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 4567

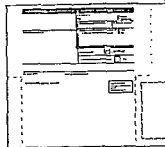
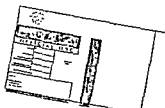
L GRADEN & BETTY WEINLAND FAMILY TR
 BETTY M WEINLAND, TRUSTEE
 1106 E NORTHLINE RD APT 7
 TUSCOLA, IL 61953

Batch #: 2192
 Article #: 71106605959000124567
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

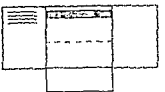
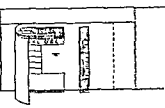
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4567	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: L GRADEN & BETTY WEINLAND FAMILY TR BETTY M WEINLAND, TRUSTEE 1106 E NORTHLINE RD APT 7 TUSCOLA, IL 61953	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type		<input checked="" type="checkbox"/> Certified
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> 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 4567	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: L GRADEN & BETTY WEINLAND FAMILY TR BETTY M WEINLAND, TRUSTEE 1106 E NORTHLINE RD APT 7 TUSCOLA, IL 61953	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type		<input checked="" type="checkbox"/> Certified
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124567
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

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7110 6605 9590 0012 4574

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

L J & R R MONEY 1990 TR
3939 WALNUT AVE #307
CARMICHAEL, CA 95608

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4574

L J & R R MONEY 1990 TR
3939 WALNUT AVE #307
CARMICHAEL, CA 95608

Batch #: 2192
 Article #: 71106605959000124574
 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 4574

1. Article Addressed to:

L J & R R MONEY 1990 TR
3939 WALNUT AVE #307
CARMICHAEL, CA 95608

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

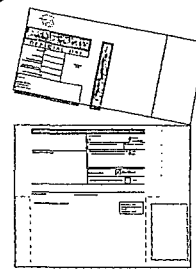


First-Class Mail
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 USPS
 Permit No. G-10

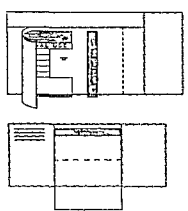
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2192
 Article #: 71106605959000124574
 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



3

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7110 6605 9590 0012 4581

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	

Content To
 L KEITH WAYT FAMILY TRUST
 5000 BOARDWALK DR, APT 32
 FORT COLLINS, CO 80524

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

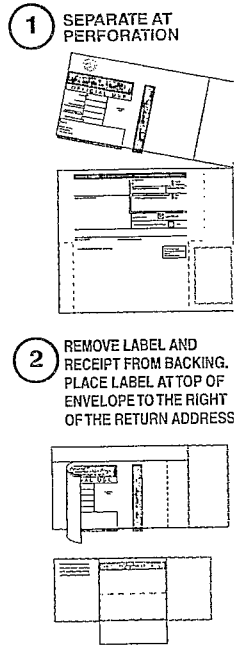
7110 6605 9590 0012 4581

L KEITH WAYT FAMILY TRUST
 5000 BOARDWALK DR, APT 32
 FORT COLLINS, CO 80524

Batch #: 2192
 Article #: 71106605959000124581
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4581	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
L KEITH WAYT FAMILY TRUST 5000 BOARDWALK DR, APT 32 FORT COLLINS, CO 80524	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4581	A. Signature <input type="checkbox"/> Agent X <i>Marian Wayt</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
L KEITH WAYT FAMILY TRUST 5000 BOARDWALK DR, APT 32 FORT COLLINS, CO 80524	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	9/3
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
 Article #: 71106605959000124581
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
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7110 6605 9590 0012 4598

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	

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

LA FAMILIA DE LOS CANDELARIAS REV T
3603 N BUENA VISTA
FARMINGTON, NM 87401-2313

Form 3800, August 2006. See reverse for instructions.

Code: Allocation Project - D.Howell



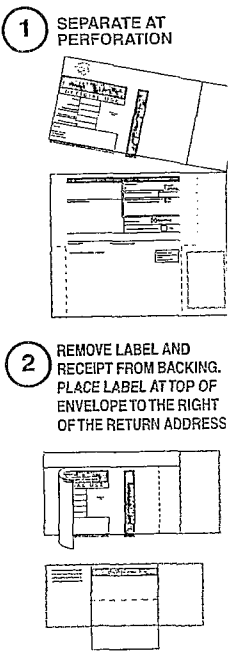
7110 6605 9590 0012 4598

LA FAMILIA DE LOS CANDELARIAS REV T
3603 N BUENA VISTA
FARMINGTON, NM 87401-2313

Batch #: 2192
 Article #: 71106605959000124598
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

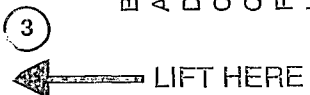
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4598	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LA FAMILIA DE LOS CANDELARIAS REV T 3603 N BUENA VISTA FARMINGTON, NM 87401-2313	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4598	A. Signature X <i>D. Howell</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Postal Candelarias</i>	C. Date of Delivery
LA FAMILIA DE LOS CANDELARIAS REV T 3603 N BUENA VISTA FARMINGTON, NM 87401-2313	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
 Article #: 71106605959000124598
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4604

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

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL

LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

7110 6605 9590 0012 4604

LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

Batch #: 2192
Article #: 71106605959000124604
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4604

1. Article Addressed to:

LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

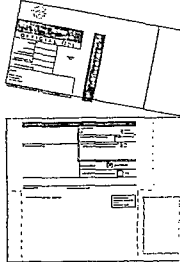
B. Received by (Printed Name) C. Date of Delivery

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

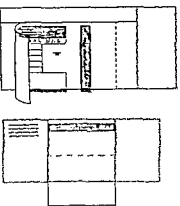
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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 4604

1. Article Addressed to:

LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sue Ann Cole

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

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

SFP 07 2010

Batch #: 2192
Article #: 71106605959000124604
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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Reorder Form LCD-8 01/07



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7110 6605 9590 0012 4611

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

LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4611

LANCE REEMTSMA
 2601 GRANT STREET
 BERKELEY, CA 94703

Batch #: 2192
 Article #: 71106605959000124611
 Date/Time: 8/31/2010 12:16:12 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 4611

1. Article Addressed to:

LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

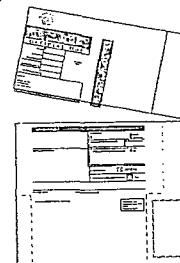
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

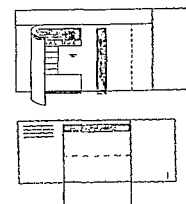
4. Restricted Delivery? (Extra Fee) Yes

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 4611

1. Article Addressed to:

LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Lance Reemtsma **Sept 16, 2010**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

3

Batch #: 2192
 Article #: 71106605959000124611
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
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 Internal File #:
 Internal Code #:



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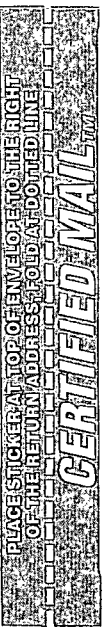
7110 6605 9590 0012 4628

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
 LANGDON C HARRISON
 9415 N SUMMER HILL
 FOUNTAIN HILLS, AZ 85268

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4628

LANGDON C HARRISON
 9415 N SUMMER HILL
 FOUNTAIN HILLS, AZ 85268

Batch #: 2192
 Article #: 71106605959000124628
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4628	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: LANGDON C HARRISON 9415 N SUMMER HILL FOUNTAIN HILLS, AZ 85268	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

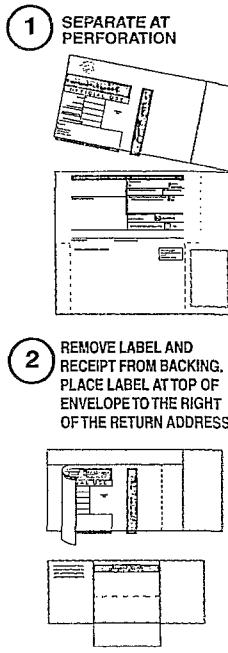
UNITED STATES POSTAL SERVICE



First-Class Mail
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 USPS
 Permit No. G-10

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

Batch #: 2192
 Article #: 71106605959000124628
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
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 Internal File #:
 Internal Code #:



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Reorder Form LCD rev. 01/07



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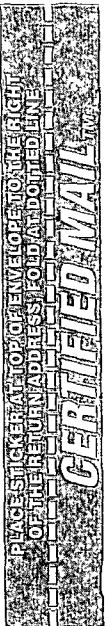
7110 6605 9590 0012 4635

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

Code: Allocation Project - D.Howell

Content To: LANGDON D HARRISON REVOC TRUST B
 C/O ZIA DATA SEARCH
 PO DRAWER 2188
 ROSWELL, NM 88202



7110 6605 9590 0012 4635

LANGDON D HARRISON REVOC TRUST B
 C/O ZIA DATA SEARCH
 PO DRAWER 2188
 ROSWELL, NM 88202

Batch #: 2192
 Article #: 71106605959000124635
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2005 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4635

1. Article Addressed to:

LANGDON D HARRISON REVOC TRUST B
 C/O ZIA DATA SEARCH
 PO DRAWER 2188
 ROSWELL, NM 88202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

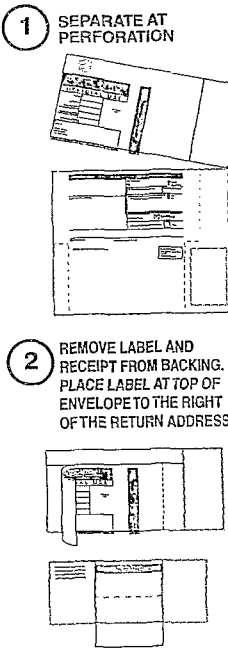
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 4635

1. Article Addressed to:

LANGDON D HARRISON REVOC TRUST B
 C/O ZIA DATA SEARCH
 PO DRAWER 2188
 ROSWELL, NM 88202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

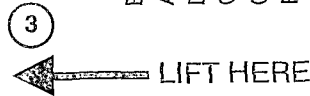
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124635
 Date/Time: 8/31/2010 12:16:12 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 us at www.usps.com

7110 6605 9590 0012 4642

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: **LARRY SMITH**
 1150 LOTUS PL
 BOONE, IA 50036-7162

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4642

LARRY SMITH
 1150 LOTUS PL
 BOONE, IA 50036-7162

Batch #: 2192
 Article #: 71106605959000124642
 Date/Time: 8/31/2010 12:16:12 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 4642

1. Article Addressed to:

LARRY SMITH
 1150 LOTUS PL
 BOONE, IA 50036-7162

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

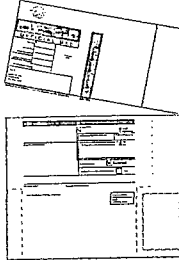
B. Received by (Printed Name) C. Date of Delivery

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

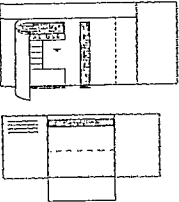
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4642

1. Article Addressed to:

LARRY SMITH
 1150 LOTUS PL
 BOONE, IA 50036-7162

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Larry S. Smith* Addressee

B. Received by (Printed Name) C. Date of Delivery
LARRY S. SMITH **9-7-10**

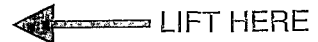
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124642
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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

7110 6605 9590 0012 4659

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
LAS COLINAS MINERALS LP
125 E JOHN CARPENTER FWY, STE 600
IRVING, TX 75062

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4659

LAS COLINAS MINERALS LP
 125 E JOHN CARPENTER FWY, STE 600
 IRVING, TX 75062

Batch #: 2192
 Article #: 71106605959000124659
 Date/Time: 8/31/2010 12:16:12 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 4659

1. Article Addressed to:

LAS COLINAS MINERALS LP
 125 E JOHN CARPENTER FWY, STE 600
 IRVING, TX 75062

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

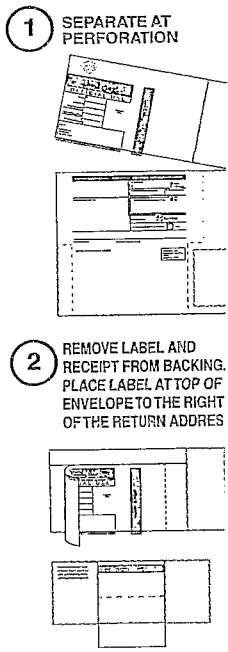
A. Signature Agent
X Addressee

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 4659

1. Article Addressed to:

LAS COLINAS MINERALS LP
 125 E JOHN CARPENTER FWY, STE 600
 IRVING, TX 75062

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

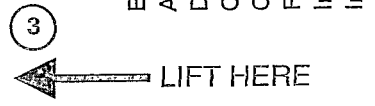
B. Received by (Printed Name) C. Date of Delivery

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 #: 71106605959000124659
 Date/Time: 8/31/2010 12:16:12 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)

7110 6605 9590 0012 4666

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
 LASALLE ADAMS FUND
 C/O EDITH C STEIN PRESIDENT
 281 MOUNTAIN RD
 NORFOLK, CT 6058

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4666

LASALLE ADAMS FUND
 C/O EDITH C STEIN PRESIDENT
 281 MOUNTAIN RD
 NORFOLK, CT 6058

Batch #: 2192
 Article #: 71106605959000124666
 Date/Time: 8/31/2010 12:16:12 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 4666

1. Article Addressed to:

LASALLE ADAMS FUND
 C/O EDITH C STEIN PRESIDENT
 281 MOUNTAIN RD
 NORFOLK, CT 6058

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

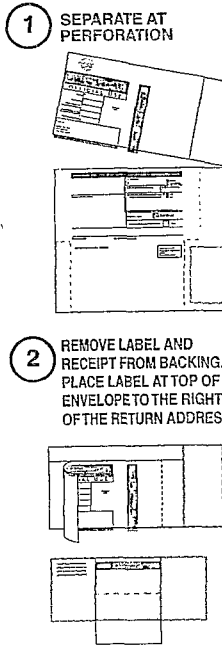
A. Signature Agent
X Addressee

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 4666

1. Article Addressed to:

LASALLE ADAMS FUND
 C/O EDITH C STEIN PRESIDENT
 281 MOUNTAIN RD
 NORFOLK, CT 6058

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Cathy Jones* Addressee

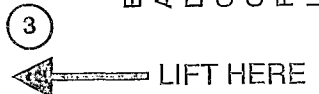
B. Received by (Printed Name) C. Date of Delivery
Cathy Jones 9-14-10

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 #: 71106605959000124666
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





Postal Service
CERTIFIED MAIL RECEIPT
Certified Mail Only, No Insurance Coverage Provided

7110 6605 9590 0012 4673

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

**LATTNER HOLDING LLC
 524 CONNECTICUT ST
 SAN FRANCISCO, CA 94107**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4673

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

Batch #: 2192
 Article #: 71106605959000124673
 Date/Time: 8/31/2010 12:16:12 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 4673

1. Article Addressed to:

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

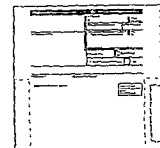
B. Received by (Printed Name) C. Date of Delivery

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

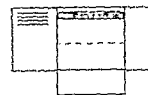
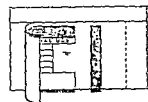
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4673

1. Article Addressed to:

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

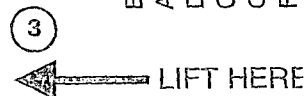
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2192
 Article #: 71106605959000124673
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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

7110 6605 9590 0012 4680

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
 LAURA A GUNN
 13408 VISTA DEL PRADO
 SAN ANTONIO, TX 78216-2227

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4680

LAURA A GUNN
 13408 VISTA DEL PRADO
 SAN ANTONIO, TX 78216-2227

Batch #: 2192
 Article #: 71106605959000124680
 Date/Time: 8/31/2010 12:16:12 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 4680

1. Article Addressed to:
 LAURA A GUNN
 13408 VISTA DEL PRADO
 SAN ANTONIO, TX 78216-2227

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

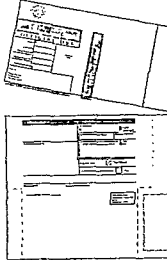
B. Received by (Printed Name) C. Date of Delivery

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

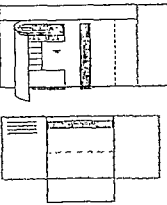
3. Service Type Certified

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 4680

1. Article Addressed to:
 LAURA A GUNN
 13408 VISTA DEL PRADO
 SAN ANTONIO, TX 78216-2227

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

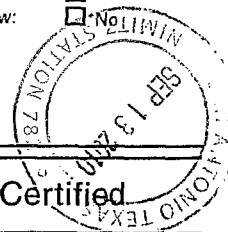
A. Signature
 X Agent
 Addressee

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

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 #: 71106605959000124680
 Date/Time: 8/31/2010 12:16:12 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 more information, visit our website at www.usps.com

7110 6605 9590 0012 4697

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

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4697

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

Batch #: 2192
 Article #: 71106605959000124697
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0012 4697

1. Article Addressed to:

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

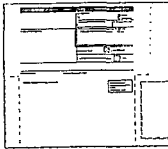
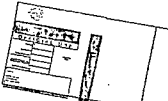
B. Received by (Printed Name) C. Date of Delivery

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

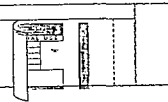
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4697

1. Article Addressed to:

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

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 #: 71106605959000124697
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

LIFT HERE



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 4703

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

Code: Allocation Project - D.Howell

Postage \$ 6.15

Certified Fee \$ 2.80

Return Receipt Fee (endorsement Required) \$ 2.30

Restricted Delivery Fee (endorsement Required) \$ 0.00

Total Postage & Fees \$ 6.15

Postage \$ 1.05

LAURENCE B KELLY LIVING TRUST
 LAURENCE B KELLY TRUSTEE
 839 SUMMIT RD MONTECITO
 SANTA BARBARA, CA 93108



7110 6605 9590 0012 4703

LAURENCE B KELLY LIVING TRUST
 LAURENCE B KELLY TRUSTEE
 839 SUMMIT RD MONTECITO
 SANTA BARBARA, CA 93108

Batch #: 2192
 Article #: 71106605959000124703
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006, See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4703

1. Article Addressed to:

LAURENCE B KELLY LIVING TRUST
 LAURENCE B KELLY TRUSTEE
 839 SUMMIT RD MONTECITO
 SANTA BARBARA, CA 93108

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

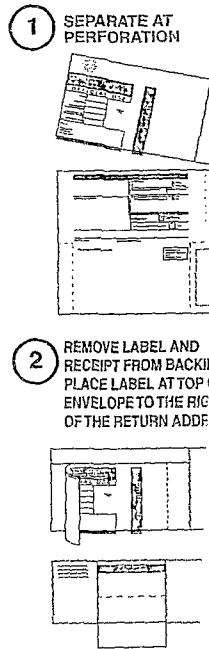
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4703

1. Article Addressed to:

LAURENCE B KELLY LIVING TRUST
 LAURENCE B KELLY TRUSTEE
 839 SUMMIT RD MONTECITO
 SANTA BARBARA, CA 93108

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Laurel Kelly*

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

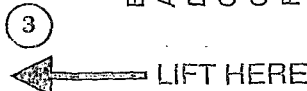
Hope S. Kelly

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124703
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



Reorder Form LCD-8-01/07



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 3699

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	

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

LAVERNE MYATT
4620 FM 1836
KAUFMAN, TX 75142

PS Form 3800, August 2009 See Reverse for Instructions

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

7110 6605 9590 0013 3699

LAVERNE MYATT
4620 FM 1836
KAUFMAN, TX 75142

Batch #: 2272
 Article #: 71106605959000133699
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 3699

1. Article Addressed to:

LAVERNE MYATT
4620 FM 1836
KAUFMAN, TX 75142

COMPLETE THIS SECTION ON DELIVERY

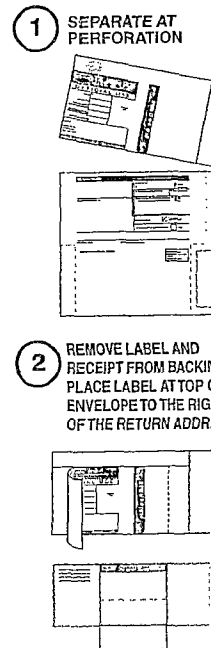
A. Signature
X Agent
 Addressee

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 3699

1. Article Addressed to:

LAVERNE MYATT
4620 FM 1836
KAUFMAN, TX 75142

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *La Verne Myatt* Agent
 Addressee

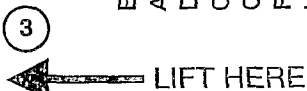
B. Received by (Printed Name) C. Date of Delivery
LAVERNE MYATT 9-17-10

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 #: 71106605959000133699
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 v. 01/07



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7110 6605 9590 0012 4710

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

LAWRENCE J GARCIA
PO BOX 65412
ALBUQUERQUE, NM 87193-5412

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4710

LAWRENCE J GARCIA
PO BOX 65412
ALBUQUERQUE, NM 87193-5412

Batch #: 2192
 Article #: 71106605959000124710
 Date/Time: 8/31/2010 12:16:12 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 4710

1. Article Addressed to:

LAWRENCE J GARCIA
PO BOX 65412
ALBUQUERQUE, NM 87193-5412

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

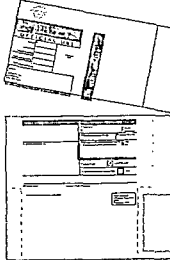
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

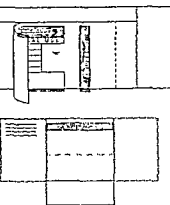
4. Restricted Delivery? (Extra Fee) Yes

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 4710

1. Article Addressed to:

LAWRENCE J GARCIA
PO BOX 65412
ALBUQUERQUE, NM 87193-5412

COMPLETE THIS SECTION ON DELIVERY

A. 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

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124710
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

LIFT HERE



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7110 6605 9590 0013 3026

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

Send To
 Street, Apt. No., PO Box No., City, State, Zip+4
**LEAH B DOWNEY EST
 PO BOX 225
 MIDLAND, TX 79702**

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3026

LEAH B DOWNEY EST
 PO BOX 225
 MIDLAND, TX 79702

Batch #: 2269
 Article #: 71106605959000133026
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 3026

1. Article Addressed to:

LEAH B DOWNEY EST
 PO BOX 225
 MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

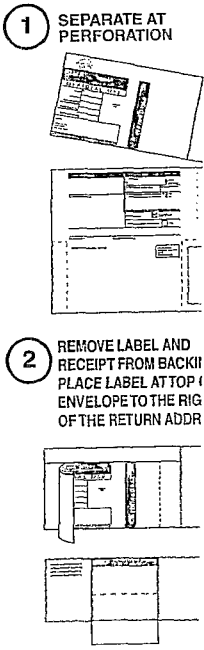
A. Signature Agent
X Addressee

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 3026

1. Article Addressed to:

LEAH B DOWNEY EST
 PO BOX 225
 MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Downey Estate* Agent
X *Montez D. Johnson* Addressee

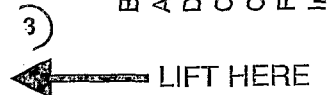
B. Received by (Printed Name) C. Date of Delivery
MONTAZ D. JOHNSON

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 #: 71106605959000133026
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3736

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	

Delivered To: **LEE LOPEZ**
PO BOX 1632

Street, Apt. No., PO Box No., City, State, Zip+4: **ARBOLES, CO 81121**

Form 3811, August 2006 See Reverse for Instructions

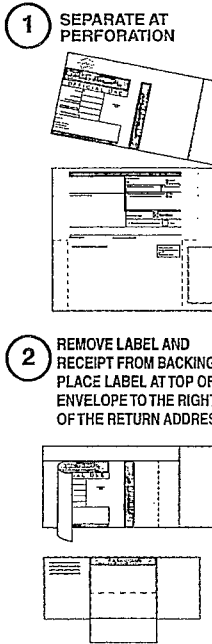


7110 6605 9590 0013 3736

LEE LOPEZ
 PO BOX 1632
 ARBOLES, CO 81121

Batch #: 2273
 Article #: 71106605959000133736
 Date/Time: 9/14/2010 3:35:38 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number 7110 6605 9590 0013 3736	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: LEE LOPEZ PO BOX 1632 ARBOLES, CO 81121	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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 #: 2273
 Article #: 71106605959000133736
 Date/Time: 9/14/2010 3:35:38 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD rev. 01/07



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7110 6605 9590 0012 4727

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

LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201

Form 3811, August 2009. See reverse for instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4727

LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201

Batch #: 2192
 Article #: 71106605959000124727
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 4727

1. Article Addressed to:

LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY.

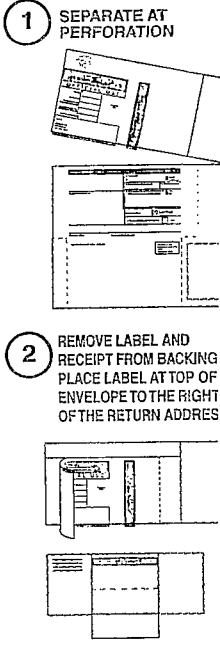
A. Signature Agent Addressee
X

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



Reorder Form LCD-8101/07

2. Article Number

7110 6605 9590 0012 4727

1. Article Addressed to:

LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY.

A. Signature Agent Addressee
X *Diana McLeod*

B. 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 #: 71106605959000124727
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



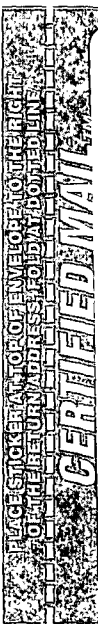
U.S. Postal Service
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7110 6605 9590 0012 4734

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: LELAND STANFORD JUNIOR UNIVERSITY
 Street, Apt. No.: C/O BANK OF AMERICA NA
 PO Box No. PO BOX 840738
 City, State, Zip+4 DALLAS, TX 75284

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4734

LELAND STANFORD JUNIOR UNIVERSITY
 C/O BANK OF AMERICA NA
 PO BOX 840738
 DALLAS, TX 75284

Batch #: 2192
 Article #: 71106605959000124734
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4734

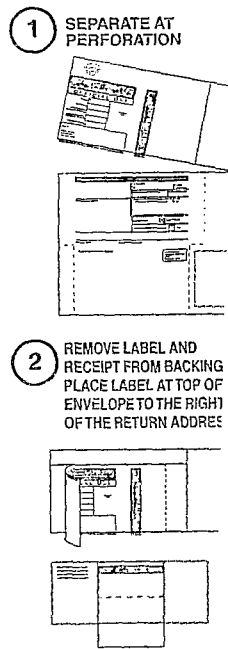
1. Article Addressed to:
 LELAND STANFORD JUNIOR UNIVERSITY
 C/O BANK OF AMERICA NA
 PO BOX 840738
 DALLAS, TX 75284

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified
 4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 4734

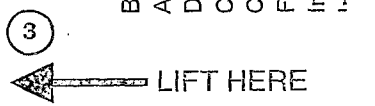
1. Article Addressed to:
 LELAND STANFORD JUNIOR UNIVERSITY
 C/O BANK OF AMERICA NA
 PO BOX 840738
 DALLAS, TX 75284

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery SEP 04 2010
 D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified
 4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
 Article #: 71106605959000124734
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 4758

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

LEOLA S. LUCHETTI
8591 HIGHWAY 285 SOUTH
ALAMOSA, CO 81101

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4758

LEOLA S. LUCHETTI
8591 HIGHWAY 285 SOUTH
ALAMOSA, CO 81101

Batch #: 2192
 Article #: 71106605959000124758
 Date/Time: 8/31/2010 12:16:12 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 4758

1. Article Addressed to:

LEOLA S. LUCHETTI
8591 HIGHWAY 285 SOUTH
ALAMOSA, CO 81101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

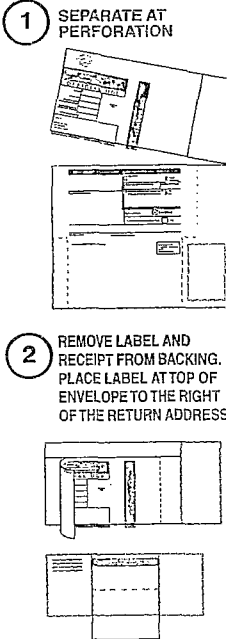
A. Signature Agent
 Addressee

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



2. Article Number

7110 6605 9590 0012 4758

1. Article Addressed to:

LEOLA S. LUCHETTI
8591 HIGHWAY 285 SOUTH
ALAMOSA, CO 81101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. 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

3

← LIFT HERE

Batch #: 2192
 Article #: 71106605959000124758
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0013 3033

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	

sent To **LEOLA S LUCHETTI**
85910 HWY 285 S
 Street, Apt. No., PO Box No., City, State, Zip+4
ALAMOSA, CO 81101

Form 3800, August 2006 (See Reverse for Instructions)

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

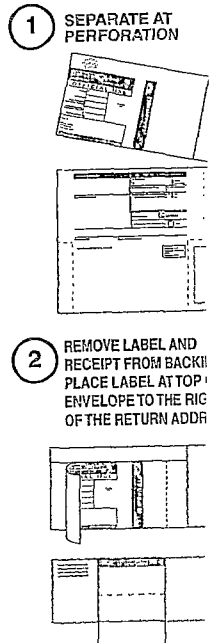
7110 6605 9590 0013 3033

LEOLA S LUCHETTI
85910 HWY 285 S
ALAMOSA, CO 81101

Batch #: 2269
 Article #: 71106605959000133033
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

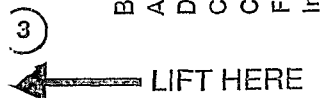
Reorder Form LCD-800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3033	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LEOLA S LUCHETTI 85910 HWY 285 S ALAMOSA, CO 81101	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3033	A. Signature X <i>Leola Luchetti</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Leola S Luchetti</i>	C. Date of Delivery
LEOLA S LUCHETTI 85910 HWY 285 S ALAMOSA, CO 81101	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2269
 Article #: 71106605959000133033
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4741

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: **LEO J MOMSEN**
 2377 HICKORY
 SAN DIEGO, CA 92103

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4741

LEO J MOMSEN
 2377 HICKORY
 SAN DIEGO, CA 92103

Batch #: 2192
 Article #: 71106605959000124741
 Date/Time: 8/31/2010 12:16:12 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 4741

1. Article Addressed to:

LEO J MOMSEN
 2377 HICKORY
 SAN DIEGO, CA 92103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

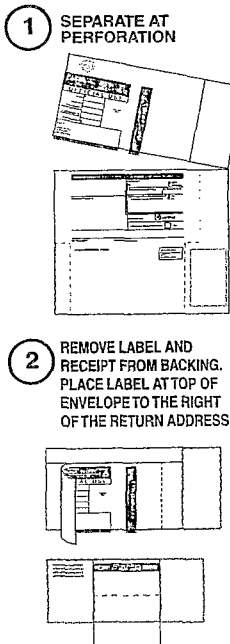
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4741

1. Article Addressed to:

LEO J MOMSEN
 2377 HICKORY
 SAN DIEGO, CA 92103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

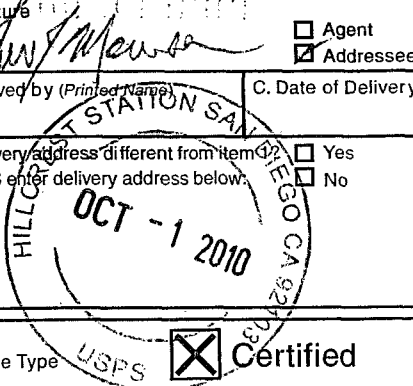
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



Batch #: 2192
 Article #: 71106605959000124741
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 4765

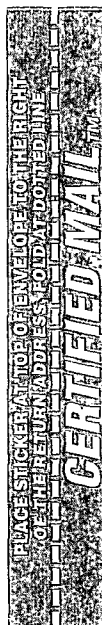
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

LESA M FLOECK
3705 QUAY RD 64 5
TUCUMCARI, NM 88401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4765

LESA M FLOECK
3705 QUAY RD 64 5
TUCUMCARI, NM 88401

Batch #: 2192
 Article #: 71106605959000124765
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

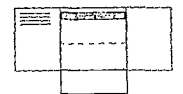
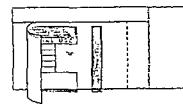
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4765	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LESA M FLOECK 3705 QUAY RD 64 5 TUCUMCARI, NM 88401	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



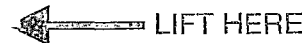
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4765	A. Signature X <i>Lesla Floeck</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Lesla Floeck</i>	C. Date of Delivery <i>9-2-10</i>
LESA M FLOECK 3705 QUAY RD 64 5 TUCUMCARI, NM 88401	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2192
 Article #: 71106605959000124765
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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(By Mail Only, No Insurance Coverage Provided)
For Delivery Information Visit Our Website at www.usps.com

7110 6605 9590 0012 4772

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
 LESLIE OSHEA
 PO BOX 409
 EAST MEADOW, NY 11554

Form 3800, August 2003, PSN 7520-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



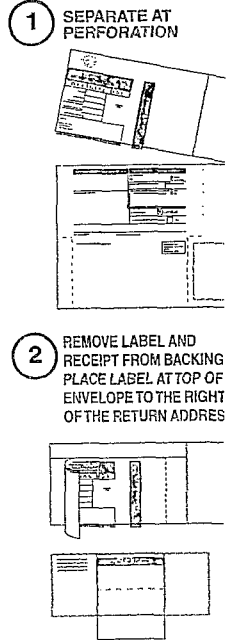
7110 6605 9590 0012 4772

LESLIE OSHEA
 PO BOX 409
 EAST MEADOW, NY 11554

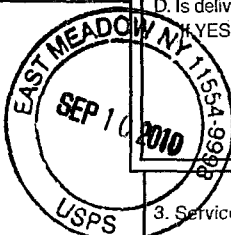
Batch #: 2192
 Article #: 71106605959000124772
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

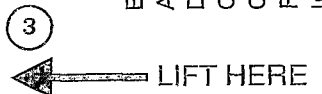
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4772	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LESLIE OSHEA PO BOX 409 EAST MEADOW, NY 11554		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4772	A. Signature X <i>Leslie Oshea</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LESLIE OSHEA PO BOX 409 EAST MEADOW, NY 11554	<i>Leslie Oshea</i>	<i>9/10/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



Batch #: 2192
 Article #: 71106605959000124772
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4789

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

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

LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4789

LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

Batch #: 2192
 Article #: 71106605959000124789
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4789

1. Article Addressed to:

LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

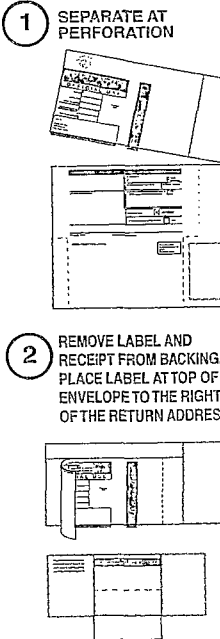
A. Signature Agent
 Addressee

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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4789

1. Article Addressed to:

LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

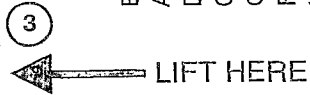
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192
 Article #: 71106605959000124789
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4802

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

**LINDA ANNE BELL
 PO BOX 1027
 CASTLE ROCK, CO 80104-1027**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4802

LINDA ANNE BELL
 PO BOX 1027
 CASTLE ROCK, CO 80104-1027

Batch #: 2192
 Article #: 71106605959000124802
 Date/Time: 8/31/2010 12:16:12 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 4802

1. Article Addressed to:

LINDA ANNE BELL
 PO BOX 1027
 CASTLE ROCK, CO 80104-1027

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

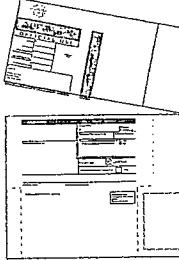
B. Received by (Printed Name) C. Date of Delivery

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

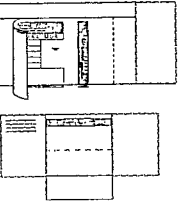
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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 4802

1. Article Addressed to:

LINDA ANNE BELL
 PO BOX 1027
 CASTLE ROCK, CO 80104-1027

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery
 LINDA ANNE BELL SEP - 3 2010

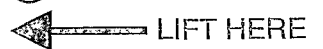
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124802
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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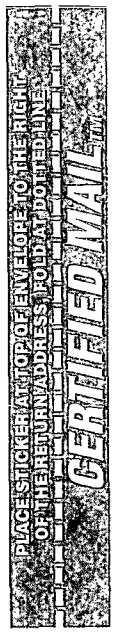
7110 6605 9590 0012 4796

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
 LILLY L NEWKIRK
 218 W HILLCREST AVE
 INDIANOLA, IA 50125-3708

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4796

LILLY L NEWKIRK
 218 W HILLCREST AVE
 INDIANOLA, IA 50125-3708

Batch #: 2192
 Article #: 71106605959000124796
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

2. Article Number

7110 6605 9590 0012 4796

1. Article Addressed to:

LILLY L NEWKIRK
 218 W HILLCREST AVE
 INDIANOLA, IA 50125-3708

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

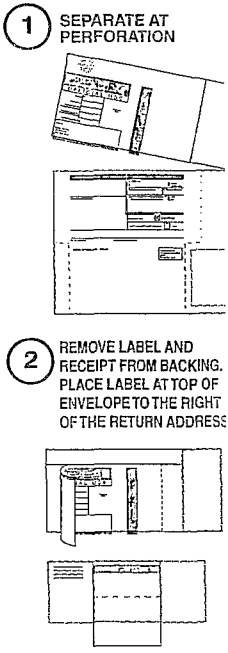
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4796

1. Article Addressed to:

LILLY L NEWKIRK
 218 W HILLCREST AVE
 INDIANOLA, IA 50125-3708

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Lilly L Newkirk*

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

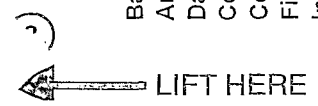
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124796
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4819

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
 Recipient Name, Apt. No., PO Box No., City, State, Zip+4
LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

Form 3811 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4819

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

Batch #: 2192
 Article #: 71106605959000124819
 Date/Time: 8/31/2010 12:16:12 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 4819

1. Article Addressed to:

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

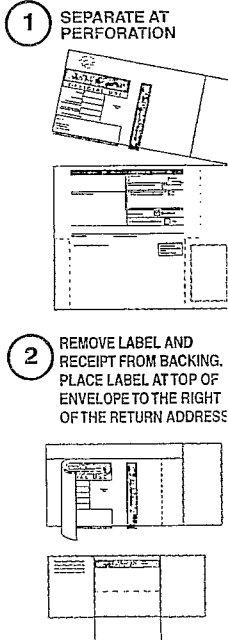
A. Signature Agent Addressee
X

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 4819

1. Article Addressed to:

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

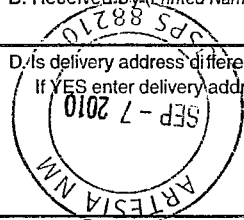
A. Signature Agent Addressee
X *Doreen Roberts*

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

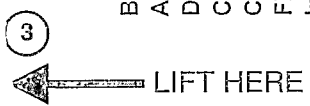
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
 Article #: 71106605959000124819
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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



ConocoPhillips

7330 6605 9590 0012 4833

LINDA JEANNE LUNDELL LINDSEY
P O BOX 631565



UNCLAIMED



02 1R
000655758
MAILED FRO



Handwritten initials: JL

SEP 03 2010

SEP 13 2010

Handwritten signature: Linda Lindsey



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7110 6605 9590 0012 4826

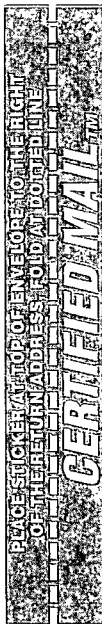
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

LINDA JANE WILLIAMS LIV TR DTD 8/26
802 BAIRD CIRCLE
AZTEC, NM 87410

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



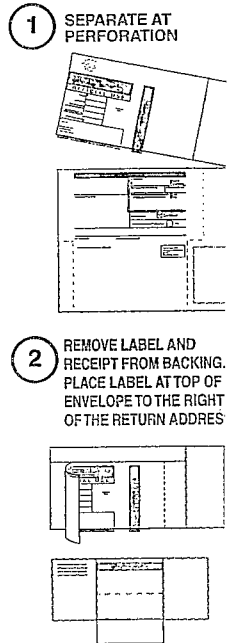
7110 6605 9590 0012 4826

LINDA JANE WILLIAMS LIV TR DTD 8/26
802 BAIRD CIRCLE
AZTEC, NM 87410

Batch #: 2192
 Article #: 71106605959000124826
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

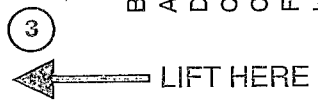
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4826	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LINDA JANE WILLIAMS LIV TR DTD 8/26 802 BAIRD CIRCLE AZTEC, NM 87410	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number 7110 6605 9590 0012 4826	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LINDA JANE WILLIAMS LIV TR DTD 8/26 802 BAIRD CIRCLE AZTEC, NM 87410	A. Signature X <i>Linda Williams</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery, 9.2.10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
 Article #: 71106605959000124826
 Date/Time: 8/31/2010 12:16:12 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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
 Linda L White
 24197 Ives Ave
 Glenwood, IA 51534

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4840

LINDA L WHITE
 24197 IVES AVE
 GLENWOOD, IA 51534

Batch #: 2193
 Article #: 71106605959000124840
 Date/Time: 8/31/2010 12:27:42 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 4840

1. Article Addressed to:
 LINDA L WHITE
 24197 IVES AVE
 GLENWOOD, IA 51534

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

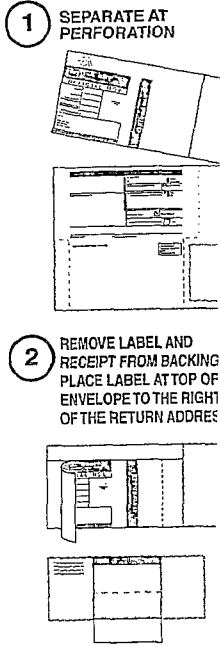
A. Signature Agent
 Addressee

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



2. Article Number
 7110 6605 9590 0012 4840

1. Article Addressed to:
 LINDA L WHITE
 24197 IVES AVE
 GLENWOOD, IA 51534

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

Batch #: 2193
 Article #: 71106605959000124840
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3743

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	

Delivered To
 LINDA LEE LAYLAND HADLEY
 1207 CRESTVIEW DR
 CLEBURNE, TX 76033

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3743

LINDA LEE LAYLAND HADLEY
 1207 CRESTVIEW DR
 CLEBURNE, TX 76033

Batch #: 2273
 Article #: 71106605959000133743
 Date/Time: 9/14/2010 3:35:38 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0013 3743

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY
 1207 CRESTVIEW DR
 CLEBURNE, TX 76033

COMPLETE THIS SECTION ON DELIVERY

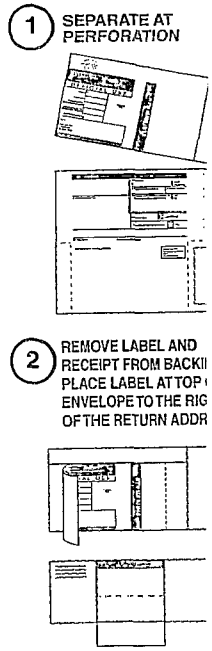
A. Signature Agent
X Addressee

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 3743

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY
 1207 CRESTVIEW DR
 CLEBURNE, TX 76033

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

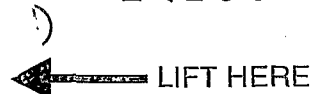
B. Received by (Printed Name) C. Date of Delivery
 Linda L Hadley 9-17-10

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 #: 2273
 Article #: 71106605959000133743
 Date/Time: 9/14/2010 3:35:38 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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(Mail Only, No Insurance Coverage Provided)

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: **LINDA M SMITH**
16880 US HWY 550
AZTEC, NM 87410

Form 3800, August 2005. See Reverse for Instructions

Code: Allocation Project - D.Howell



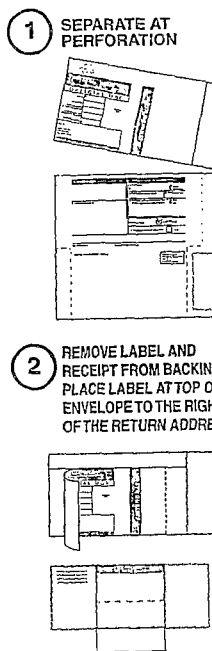
7110 6605 9590 0012 4857

LINDA M SMITH
 16880 US HWY 550
 AZTEC, NM 87410

Batch #: 2193
 Article #: 71106605959000124857
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4857	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA M SMITH 16880 US HWY 550 AZTEC, NM 87410	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4857	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA M SMITH 16880 US HWY 550 AZTEC, NM 87410	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193
 Article #: 71106605959000124857
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

**LINDA MARIE MCCARTNEY
 295 LAZY TWO M RANCH
 OLLA, LA 71465**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4864

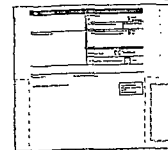
LINDA MARIE MCCARTNEY
 295 LAZY TWO M RANCH
 OLLA, LA 71465

Batch #: 2193
 Article #: 71106605959000124864
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

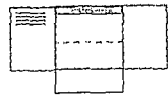
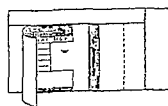
Form 3811, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4864	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4864	A. Signature <input type="checkbox"/> Agent X <i>Linda McCartney</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193
 Article #: 71106605959000124864
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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

sent To
 Linda Martinez
 6822 Timberhill
 San Antonio, TX 78238

PS Form 3800, August 2006 See Reverse for Instructions

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

Code: Allocation Project - D.Howell

7110 6605 9590 0012 4871

LINDA MARTINEZ
 6822 TIMBERHILL
 SAN ANTONIO, TX 78238

Batch #: 2193
 Article #: 71106605959000124871
 Date/Time: 8/31/2010 12:27:42 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 4871

1. Article Addressed to:

LINDA MARTINEZ
 6822 TIMBERHILL
 SAN ANTONIO, TX 78238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

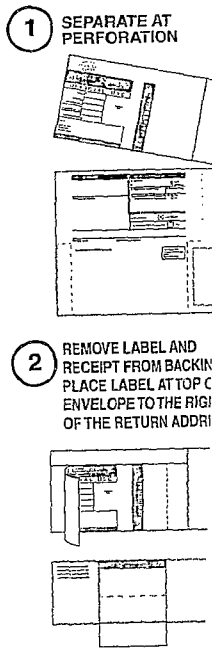
A. Signature Agent
X Addressee

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 4871

1. Article Addressed to:

LINDA MARTINEZ
 6822 TIMBERHILL
 SAN ANTONIO, TX 78238

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 #: 2193
 Article #: 71106605959000124871
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



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 7110 6605 9590 0012 4888

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

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 4888

LINDA STROBEL LIFE TENANT
 12872 GLEN CIRCLE RD
 POWAY, CA 92064

Form 3800, August 2008 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4888

1. Article Addressed to:

LINDA STROBEL LIFE TENANT
 12872 GLEN CIRCLE RD
 POWAY, CA 92064

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

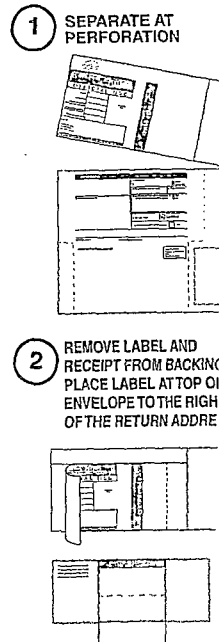
X

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 4888

1. Article Addressed to:

LINDA STROBEL LIFE TENANT
 12872 GLEN CIRCLE RD
 POWAY, CA 92064

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X *Linda Strobel*

B. 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 #: 2193
 Article #: 71106605959000124888
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

Postage Sent To: **LINDALE RESOURCES LLC**
 1472 LIL BEN TRL
 FLAGSTAFF, AZ 86001

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

PS Form 3800, August 2006. See Reverse for Instructions

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

Code: Allocation Project - D.Howell

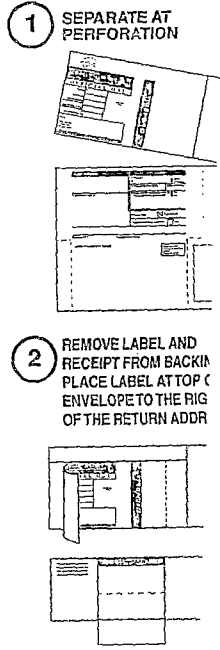
7110 6605 9590 0012 4895

LINDALE RESOURCES LLC
 1472 LIL BEN TRL
 FLAGSTAFF, AZ 86001

Batch #: 2193
 Article #: 71106605959000124895
 Date/Time: 8/31/2010 12:27:42 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 4895	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LINDALE RESOURCES LLC 1472 LIL BEN TRL FLAGSTAFF, AZ 86001	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4895	A. Signature <input type="checkbox"/> Agent X <i>[Signature]</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LINDALE RESOURCES LLC 1472 LIL BEN TRL FLAGSTAFF, AZ 86001	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193
 Article #: 71106605959000124895
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



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

Postmark Here

Code: Allocation Project - D.Howell

Recipient To:
 LINDSAY PRODUCTION & ROYALTIES LTD
 112 E PECAN STREET SUITE 500
 SAN ANTONIO, TX 78205

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

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STAMP AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL[®]

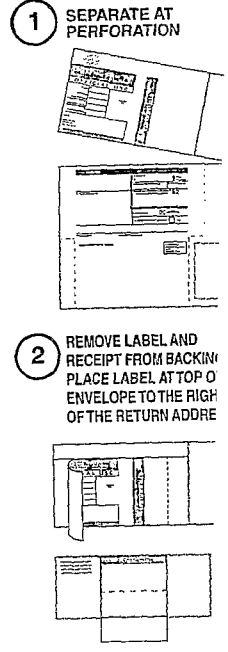
7110 6605 9590 0012 4901

LINDSAY PRODUCTION & ROYALTIES LTD
 112 E PECAN STREET SUITE 500
 SAN ANTONIO, TX 78205

Batch #: 2193
 Article #: 71106605959000124901
 Date/Time: 8/31/2010 12:27:42 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 4901	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LINDSAY PRODUCTION & ROYALTIES LTD 112 E PECAN STREET SUITE 500 SAN ANTONIO, TX 78205	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4901	A. Signature <input type="checkbox"/> Agent X <i>B Scheel</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LINDSAY PRODUCTION & ROYALTIES LTD 112 E PECAN STREET SUITE 500 SAN ANTONIO, TX 78205	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193
 Article #: 71106605959000124901
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

VERMILION MAIL

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

ConocoPhillips

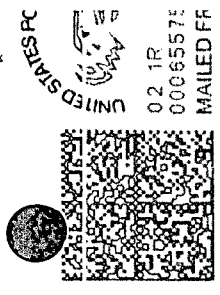
7110 6605 9590 0012 4918

Handwritten signature: *Lisa Brightbill*

REASON FOR RETURN
 Delivered, Left No Address
 Attempted Forwarding Order Expired
 Unclaimed - Not Known
 No Such Street
 Refused
 No Such Number
 Incorrect Address

Handwritten initials: *MLB*

LISA BRIGHTBILL
15367 MATURIN DR, APT 171
SAN DIEGO, CA 92127





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

sent To **LISA BRIGHTBILL**
15367 MATURIN DR, APT 171
SAN DIEGO, CA 92127

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



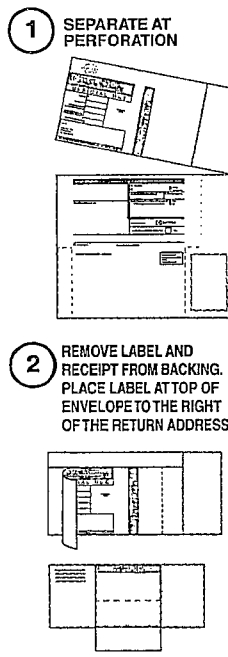
7110 6605 9590 0012 4918

LISA BRIGHTBILL
 15367 MATURIN DR, APT 171
 SAN DIEGO, CA 92127

Batch #: 2193
 Article #: 71106605959000124918
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4918	A. Signature <input checked="" type="checkbox"/> Agent X <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LISA BRIGHTBILL 15367 MATURIN DR, APT 171 SAN DIEGO, CA 92127	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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 #: 2193
 Article #: 71106605959000124918
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To: **LORA ALVERSON BENTLEY**
32536 HILL ST
EUSTIS, FL 32736

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

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



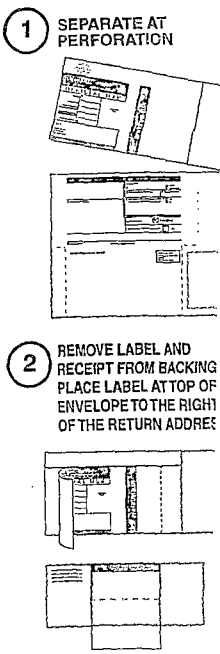
7110 6605 9590 0012 4925

LORA ALVERSON BENTLEY
 32536 HILL ST
 EUSTIS, FL 32736

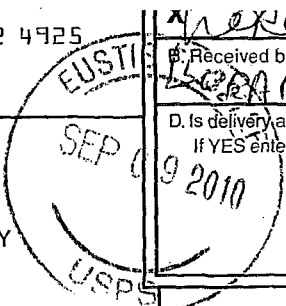
Batch #: 2193
 Article #: 71106605959000124925
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4925	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LORA ALVERSON BENTLEY 32536 HILL ST EUSTIS, FL 32736	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4925	A. Signature <input type="checkbox"/> Agent LORA ALVERSON BENTLEY <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LORA ALVERSON BENTLEY 32536 HILL ST EUSTIS, FL 32736	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2193
 Article #: 71106605959000124925
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

Delivered To: **LORIE GORDON**
7 STERLING AVE
CHERRY HILLS VILLAGE, CO 80113

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



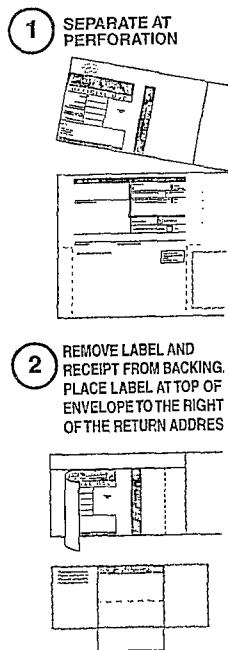
7110 6605 9590 0012 4932

LORIE GORDON
 7 STERLING AVE
 CHERRY HILLS VILLAGE, CO 80113

Batch #: 2193
 Article #: 71106605959000124932
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8111 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4932	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LORIE GORDON 7 STERLING AVE CHERRY HILLS VILLAGE, CO 80113	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4932	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
LORIE GORDON 7 STERLING AVE CHERRY HILLS VILLAGE, CO 80113	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193
 Article #: 71106605959000124932
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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

Send To: **LORNA R HARVEY**
2948 N VIEW DR
GRAND JUNCTION, CO 81504

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

PS Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 4949

LORNA R HARVEY
 2948 N VIEW DR
 GRAND JUNCTION, CO 81504

Batch #: 2193
 Article #: 71106605959000124949
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8101/07

2. Article Number

7110 6605 9590 0012 4949

1. Article Addressed to:

LORNA R HARVEY
2948 N VIEW DR
GRAND JUNCTION, CO 81504

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

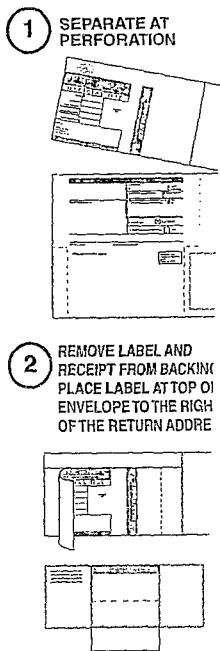
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4949

1. Article Addressed to:

LORNA R HARVEY
2948 N VIEW DR
GRAND JUNCTION, CO 81504

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Lorna Harvey*

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

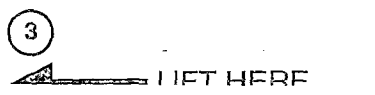
S Harvey **9-3-10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2193
 Article #: 71106605959000124949
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postmark Here

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. SOLD AT ADDITIONAL FEE.

CERTIFIED MAIL™

LORRAYN GAY HACKER
 C/O JAMES M RAYMOND-POA
 PO BOX 291445
 KERRVILLE, TX 78029-1445

PS Form 3800, August 2006 See Reverse for Instructions

7110 6605 9590 0012 4956

LORRAYN GAY HACKER
 C/O JAMES M RAYMOND-POA
 PO BOX 291445
 KERRVILLE, TX 78029-1445

Batch #: 2193
 Article #: 71106605959000124956
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-810107

2. Article Number

7110 6605 9590 0012 4956

1. Article Addressed to:

LORRAYN GAY HACKER
 C/O JAMES M RAYMOND-POA
 PO BOX 291445
 KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

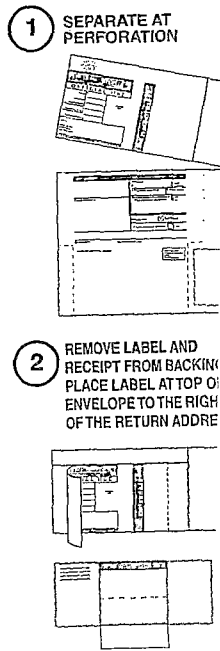
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4956

1. Article Addressed to:

LORRAYN GAY HACKER
 C/O JAMES M RAYMOND-POA
 PO BOX 291445
 KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Nicole Evertsen*

B. Received by (Printed Name) C. Date of Delivery
Nicole Evertsen 09/08/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2193
 Article #: 71106605959000124956
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

Send To: **LORRINE G LUCERO**
4890 PRADERA ST
SPARKS, NV 89436

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 4963

LORRINE G LUCERO
 4890 PRADERA ST
 SPARKS, NV 89436

Batch #: 2193
 Article #: 71106605959000124963
 Date/Time: 8/31/2010 12:27:43 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 4963

1. Article Addressed to:

LORRINE G LUCERO
 4890 PRADERA ST
 SPARKS, NV 89436

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

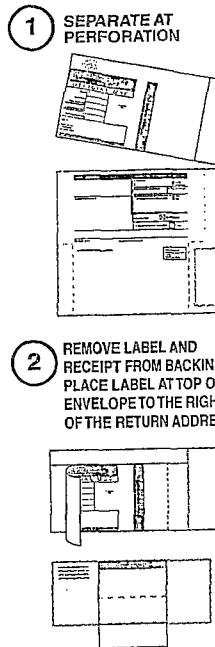
A. Signature Agent
X Addressee

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 4963

1. Article Addressed to:

LORRINE G LUCERO
 4890 PRADERA ST
 SPARKS, NV 89436

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *T. Hrizmendi* Addressee

B. Received by (Printed Name) C. Date of Delivery
T. Hrizmendi 8-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2193
 Article #: 71106605959000124963
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

Delivered To
 Lou Ann Patterson
 1807 BRISCOE
 ARTESIA, NM 88210-2223
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

Form 3811, August 2008 (Rev. 8/08) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4970

LOU ANN PATTERSON
 1807 BRISCOE
 ARTESIA, NM 88210-2223

Batch #: 2193
 Article #: 71106605959000124970
 Date/Time: 8/31/2010 12:27:43 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 4970

1. Article Addressed to:
 LOU ANN PATTERSON
 1807 BRISCOE
 ARTESIA, NM 88210-2223

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

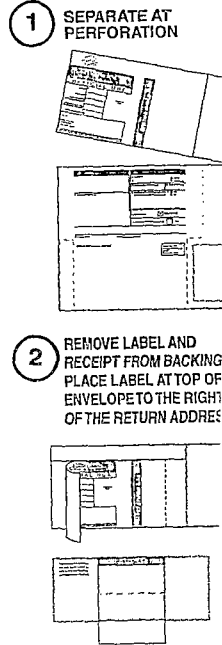
A. Signature Agent
 Addressee

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



2. Article Number
 7110 6605 9590 0012 4970

1. Article Addressed to:
 LOU ANN PATTERSON
 1807 BRISCOE
 ARTESIA, NM 88210-2223

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Tracy Patterson

B. Received by (Printed Name) C. Date of Delivery
Tracy Patterson 9/2

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 #: 2193
 Article #: 71106605959000124970
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

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

**LOUIS M CUMMINS
 JANNA LONGENETTE, CONSERVATOR
 13151 ST HIGHWAY 140
 HESPERUS, CO 81326**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



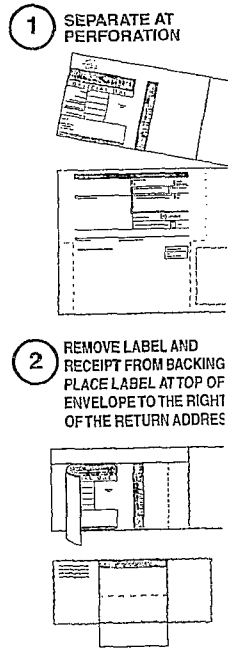
7110 6605 9590 0012 4987

**LOUIS M CUMMINS
 JANNA LONGENETTE, CONSERVATOR
 13151 ST HIGHWAY 140
 HESPERUS, CO 81326**

Batch #: 2193
 Article #: 71106605959000124987
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

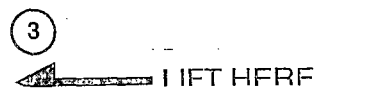
Reorder Form LCD-81 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4987	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LOUIS M CUMMINS JANNA LONGENETTE, CONSERVATOR 13151 ST HIGHWAY 140 HESPERUS, CO 81326	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4987	A. Signature <input type="checkbox"/> Agent X <i>Janna Longenette</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LOUIS M CUMMINS JANNA LONGENETTE, CONSERVATOR 13151 ST HIGHWAY 140 HESPERUS, CO 81326	<i>Janna Longenette</i>	9/10/10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193
 Article #: 71106605959000124987
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Sent To
 Street, Apt. No., PO Box No., City, State, Zip+4
**LOWE ROYALTY PARTNERS LP
 P O BOX 4887 DEPT 4
 HOUSTON, TX 77210-4887**

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS TO BE ATTACHED TO THE ENVELOPE
CERTIFIED MAIL™

7110 6605 9590 0012 4994

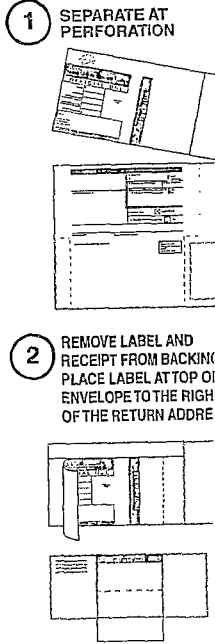
LOWE ROYALTY PARTNERS LP
 P O BOX 4887 DEPT 4
 HOUSTON, TX 77210-4887

Batch #: 2193
 Article #: 71106605959000124994
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2009. See Reverse for Instructions

Reorder Form LCD-87 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4994	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LOWE ROYALTY PARTNERS LP P O BOX 4887 DEPT 4 HOUSTON, TX 77210-4887	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4994	A. Signature X <i>Dorothy M. Reynolds</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery SEP 09 2010
LOWE ROYALTY PARTNERS LP P O BOX 4887 DEPT 4 HOUSTON, TX 77210-4887	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2193
 Article #: 71106605959000124994
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

Send To
 Lowell M Parrish Jr
 P O BOX 1922
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



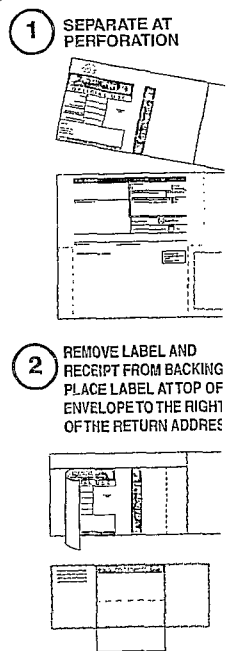
7110 6605 9590 0012 5007

LOWELL M PARRISH JR
 P O BOX 1922
 FARMINGTON, NM 87499

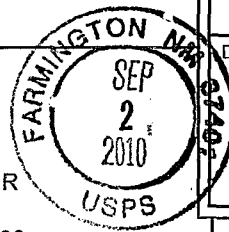
Batch #: 2193
 Article #: 71106605959000125007
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5007	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LOWELL M PARRISH JR P O BOX 1922 FARMINGTON, NM 87499	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5007	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LOWELL M PARRISH JR P O BOX 1922 FARMINGTON, NM 87499	Lowell Parrish 9-2-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



Batch #: 2193
 Article #: 71106605959000125007
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

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

LUCIA ANN RAWSON BRANDT
3734 WICKERSHAM LN
HOUSTON, TX 77027-4014

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5014

LUCIA ANN RAWSON BRANDT
 3734 WICKERSHAM LN
 HOUSTON, TX 77027-4014

Batch #: 2193
 Article #: 71106605959000125014
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-001 rev. 01/07

2. Article Number

7110 6605 9590 0012 5014

1. Article Addressed to:

LUCIA ANN RAWSON BRANDT
3734 WICKERSHAM LN
HOUSTON, TX 77027-4014

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

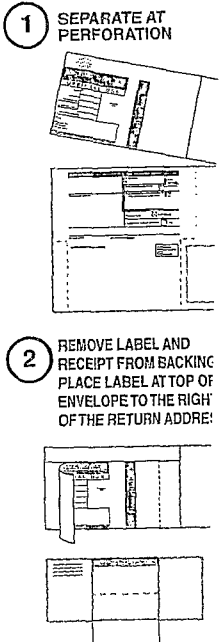
X

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 5014

1. Article Addressed to:

LUCIA ANN RAWSON BRANDT
3734 WICKERSHAM LN
HOUSTON, TX 77027-4014

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X L Brandt

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

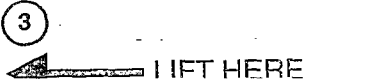
L BRANDT **9-22-10**

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 #: 2193
 Article #: 71106605959000125014
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 5069

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

LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5069

LUSELLA GONZALES
 #17 CR 3004
 AZTEC, NM 87410

Batch #: 2193
 Article #: 71106605959000125069
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-3 rev. 01/07

2 Article Number

7110 6605 9590 0012 5069

1. Article Addressed to:

LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

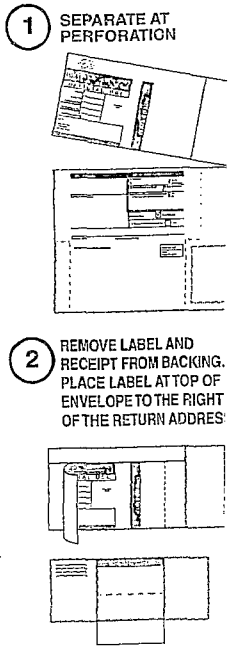
A. Signature Agent
 Addressee

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



2 Article Number

7110 6605 9590 0012 5069

1. Article Addressed to:

LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. 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

Batch #: 2193
 Article #: 71106605959000125069
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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 7110 6605 9590 0012 5021

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

**LUCILLE MILLER
 6530 HOPEDALE CT
 SAN DIEGO, CA 92120**

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 5021

LUCILLE MILLER
 6530 HOPEDALE CT
 SAN DIEGO, CA 92120

Batch #: 2193
 Article #: 71106605959000125021
 Date/Time: 8/31/2010 12:27:43 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 5021

1. Article Addressed to:

**LUCILLE MILLER
 6530 HOPEDALE CT
 SAN DIEGO, CA 92120**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

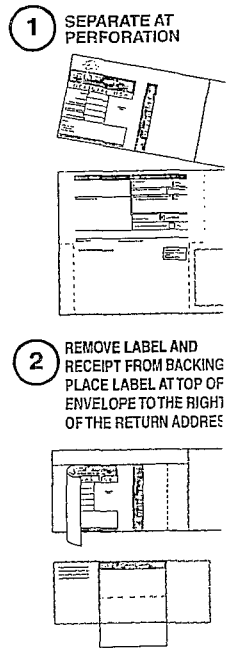
A. Signature Agent
X Addressee

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 5021

1. Article Addressed to:

**LUCILLE MILLER
 6530 HOPEDALE CT
 SAN DIEGO, CA 92120**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Lucille A Miller 9/2/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2193
 Article #: 71106605959000125021
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 5038

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
LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

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 5038

LUCINDA DAVENPORT
 2750 PARMAN RD
 DANSVILLE, MI 48819

Batch #: 2193
 Article #: 71106605959000125038
 Date/Time: 8/31/2010 12:27:43 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 5038

1. Article Addressed to:

LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

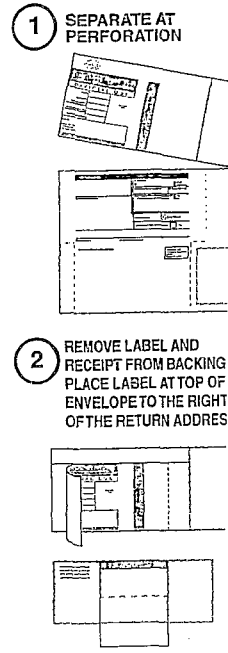
A. Signature Agent Addressee
X

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 5038

1. Article Addressed to:

LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *TRUD GREENE*

B. Received by (Printed Name) C. Date of Delivery
TRUD GREENE 9-7-10

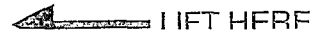
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2193
 Article #: 71106605959000125038
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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 7110 6605 9590 0012 5045

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: **LUCY W JAMES**
6464 S DOWNING
LITTLETON, CO 80121

PS Form 3800, August 2006 See Reverse for Instructions

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

Code: Allocation Project - D.Howell

7110 6605 9590 0012 5045

LUCY W JAMES
 6464 S DOWNING
 LITTLETON, CO 80121

Batch #: 2193
 Article #: 71106605959000125045
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-R Rev. 01/07

2. Article Number
 7110 6605 9590 0012 5045

1. Article Addressed to:
LUCY W JAMES
6464 S DOWNING
LITTLETON, CO 80121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

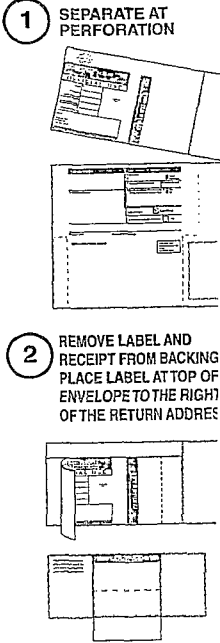
A. Signature Agent
 Addressee

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



2. Article Number
 7110 6605 9590 0012 5045

1. Article Addressed to:
LUCY W JAMES
6464 S DOWNING
LITTLETON, CO 80121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

Batch #: 2193
 Article #: 71106605959000125045
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 5052

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

LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5052

LUELLEN AGEE
 407 LEAFLAND
 CENTRALIA, IL 62801

Batch #: 2193
 Article #: 71106605959000125052
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81-01/07

2. Article Number

7110 6605 9590 0012 5052

1. Article Addressed to:

LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

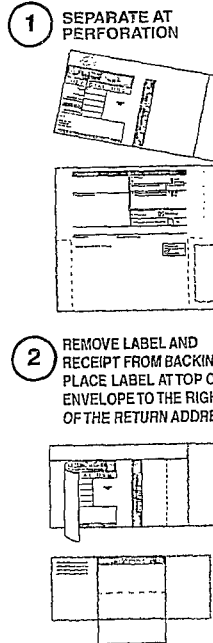
A. Signature Agent
X Addressee

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



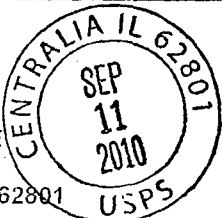
2. Article Number

7110 6605 9590 0012 5052

1. Article Addressed to:

LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

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

LUELLEN AGEE
BY - DAVE AGEE

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2193
 Article #: 71106605959000125052
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

3



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7110 6605 9590 0012 5076

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	

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

LYNDA C BLANCETT IRREVOC MARITAL TR
278 COUNTY ROAD 3000
AZTEC, NM 87410

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



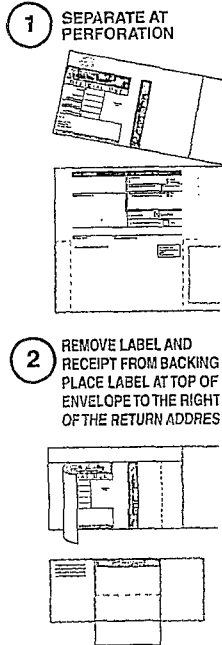
7110 6605 9590 0012 5076

LYNDA C BLANCETT IRREVOC MARITAL TR
278 COUNTY ROAD 3000
AZTEC, NM 87410

Batch #: 2193
 Article #: 71106605959000125076
 Date/Time: 8/31/2010 12:27:43 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 5076	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNDA C BLANCETT IRREVOC MARITAL TR 278 COUNTY ROAD 3000 AZTEC, NM 87410	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5076	A. Signature X <i>Lynda C Blancett</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Lynda C Blancett</i>	C. Date of Delivery <i>SEP 03 2010</i>
LYNDA C BLANCETT IRREVOC MARITAL TR 278 COUNTY ROAD 3000 AZTEC, NM 87410	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2193
 Article #: 71106605959000125076
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 5083

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: **LYNDA WILSON**
 1119 N 9TH
 TEMPLE, TX 76501

PS Form 3811, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 5083

LYNDA WILSON
 1119 N 9TH
 TEMPLE, TX 76501

Batch #: 2193
 Article #: 7110660599000125083
 Date/Time: 8/31/2010 12:27:43 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 5083

1. Article Addressed to:

LYNDA WILSON
 1119 N 9TH
 TEMPLE, TX 76501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

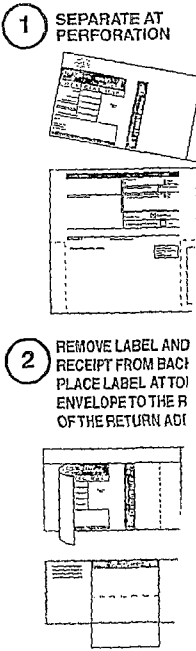
A. Signature Agent
X Addressee

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 5083

1. Article Addressed to:

LYNDA WILSON
 1119 N 9TH
 TEMPLE, TX 76501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

3

Batch #: 2193
 Article #: 7110660599000125083
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



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7110 6605 9590 0012 5090

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
 LYNN E DESPER
 380 LOS RANCHOS RD
 ALBUQUERQUE, NM 87107

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



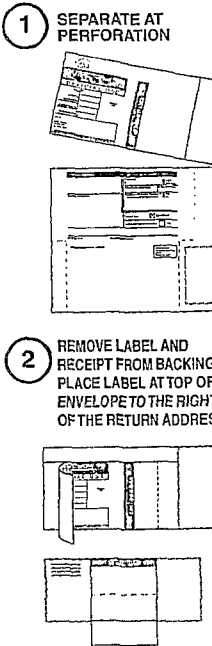
7110 6605 9590 0012 5090

LYNN E DESPER
 380 LOS RANCHOS RD
 ALBUQUERQUE, NM 87107

Batch #: 2193
 Article #: 71106605959000125090
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5090	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNN E DESPER 380 LOS RANCHOS RD ALBUQUERQUE, NM 87107		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

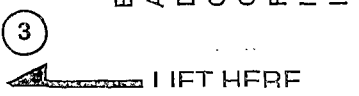
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5090	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNN E DESPER 380 LOS RANCHOS RD ALBUQUERQUE, NM 87107	Lynn Desper	9/3/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

Batch #: 2193
 Article #: 71106605959000125090
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0012 5106

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

LYNN M SHAW
1490 MEMORY LN
KALISPELL, MT 59901-5108

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5106

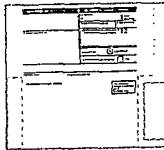
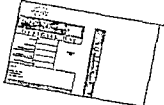
LYNN M SHAW
 1490 MEMORY LN
 KALISPELL, MT 59901-5108

Batch #: 2193
 Article #: 71106605959000125106
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

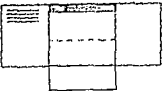
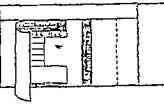
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5106	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNN M SHAW 1490 MEMORY LN KALISPELL, MT 59901-5108	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

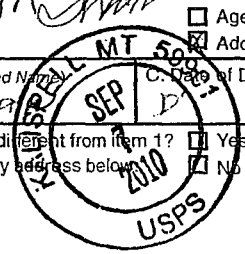
1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5106	A. Signature X <i>Lynn M Shaw</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) Lynn M Shaw	C. Date of Delivery
LYNN M SHAW 1490 MEMORY LN KALISPELL, MT 59901-5108	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



Batch #: 2193
 Article #: 71106605959000125106
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3