



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

7110 6605 9590 0012 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

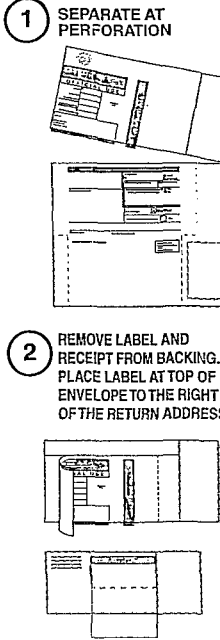


7110 6605 9590 0012 4550

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4550	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 DORIS WILLIAMS TRUST P O BOX 20606 HOUSTON, TX 77225-0606	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

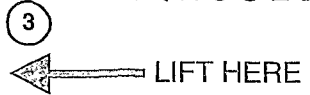
UNITED STATES POSTAL SERVICE



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 #: 2192
 Article #: 71106605959000124550
 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



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

7110 6605 9590 0012 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	

Postmark Here

Code: Allocation Project - D.Howell

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

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

PLACES STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. HOLD AT BOTTOM LINE.
CERTIFIED MAIL

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 #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0012 4567

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

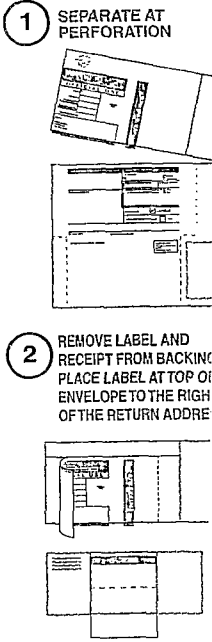
A. Signature Agent
 Addressee

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 4567

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

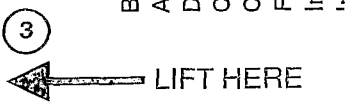
B. Received by (Printed Name) C. Date of Delivery

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





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

7110 6605 9590 0012 4574	
Postage	\$ 1.05
Certified Fee	\$ 2.80
Return Receipt Fee (endorsement Required)	\$ 2.30
Restricted Delivery Fee (endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.15

Postmark Here

Send To
 Recipient, 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 #:

Reorder Form LCD-PS-3811 rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4574		A. Signature <input type="checkbox"/> Agent	
1. Article Addressed to:		<input checked="" type="checkbox"/> Addressee	
L J & R R MONEY 1990 TR		B. Received by (Printed Name)	
3939 WALNUT AVE #307		C. Date of Delivery	
CARMICHAEL, CA 95608		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

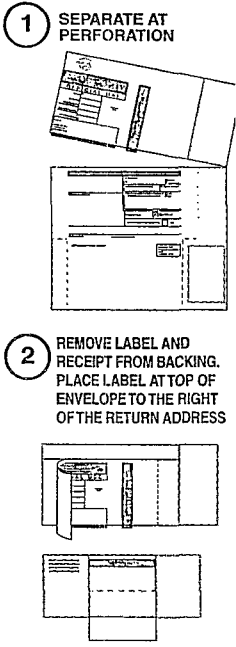
UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
 SJBUConocoPhillips
 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 #:



3
 LIFT HERE



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

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	

Post 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



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-103 rev. 01/07

2. Article Number

7110 6605 9590 0012 4581

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

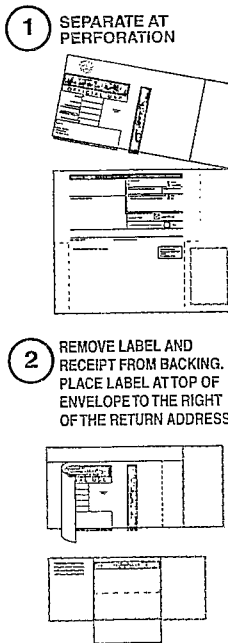
A. Signature Agent
X Addressee

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 4581

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Marion Wayt* 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 #: 71106605959000124581
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

7110 6605 9590 0012 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	

Post 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 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



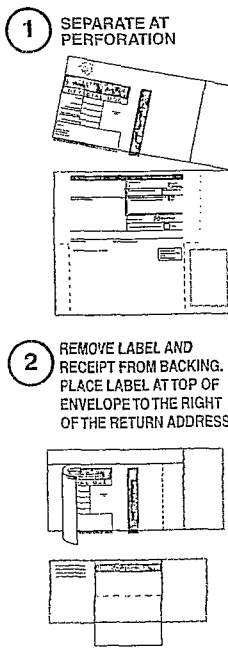
7110 6605 9590 0012 4598

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 #:

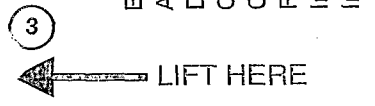
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4598	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LA FAMILIA DE LOS CANDELARIAS REV T 3603 N BUENA VISTA FARMINGTON, NM 87401-2313	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 4598	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LA FAMILIA DE LOS CANDELARIAS REV T 3603 N BUENA VISTA FARMINGTON, NM 87401-2313	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Postal Candelarias</i>	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	

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





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

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	

Postage to: **LAKEY IRREVOCABLE MINERAL TRUST**
PO BOX 186
SAYRE, OK 73662

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



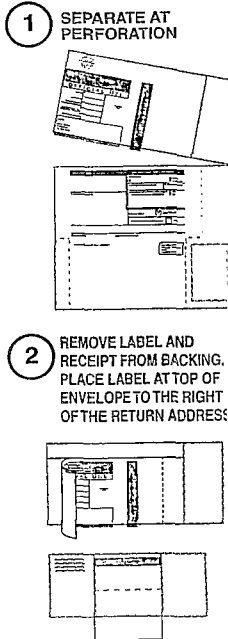
7110 6605 9590 0012 4604

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 #:

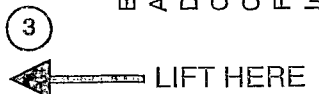
Reorder Form LCD-8
Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4604	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LAKEY IRREVOCABLE MINERAL TRUST PO BOX 186 SAYRE, OK 73662	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 4604	A. Signature: <i>Sue Ann Lakey</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Sue Ann Lakey</i>	C. Date of Delivery
LAKEY IRREVOCABLE MINERAL TRUST PO BOX 186 SAYRE, OK 73662	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 USPS <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
Article #: 71106605959000124604
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 information visit our website at www.usps.com

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 2006 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

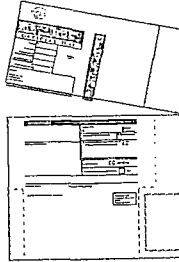
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

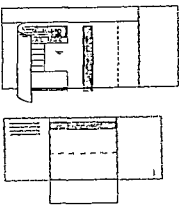
4. Restricted Delivery? (Extra Fee) Yes

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
(Lance Reemtsma)

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

Batch #: 2192
 Article #: 71106605959000124611
 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
(First-Class Mail Only; No Insurance Coverage Provided)
 For more information, visit our website at www.usps.com

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

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

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

7110 6605 9590 0012 4628

1. Article Addressed to:

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

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

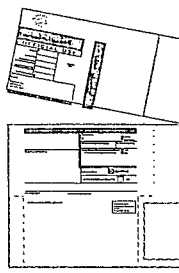


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

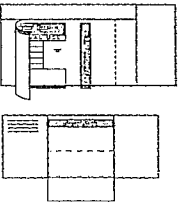
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

LIFT HERE



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

7110 6605 9590 0012 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

Form 3800, August 2005 See Reverse for Instructions



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 #:

Florder 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

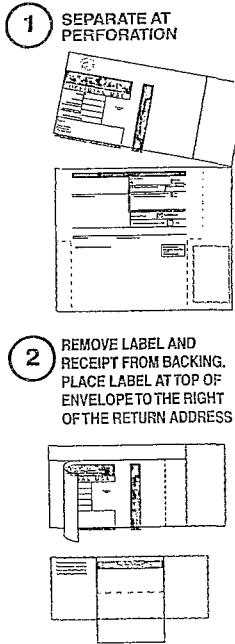
A. Signature Agent
X Addressee

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 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
X Addressee

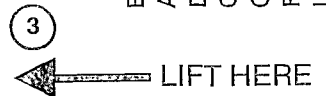
B. Received by (Printed Name) C. Date of Delivery
 J. B. [Signature] 9/3/2010

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 #: 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 information, visit our website 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	

Send To
LARRY SMITH
1150 LOTUS PL
BOONE, IA 50036-7162

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 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

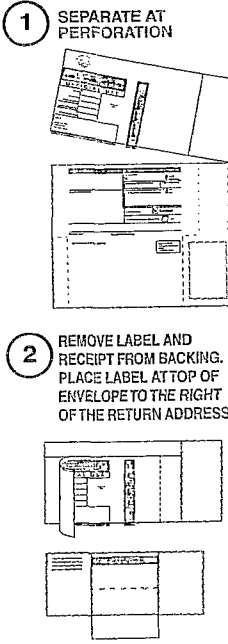
A. Signature Agent
X Addressee

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



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 L. Smith* Addressee

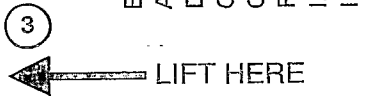
B. Received by (Printed Name) C. Date of Delivery
Larry L. Smith *9-7-10*

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 #:





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

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	

Post 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 3800, August 2006 (Rev. 01/07) 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

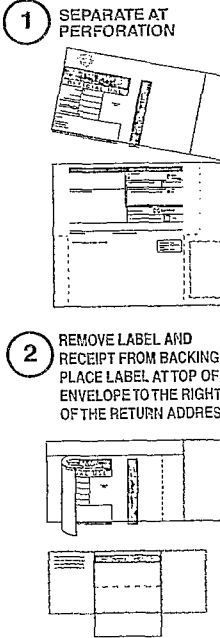
A. Signature Agent
X Addressee

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

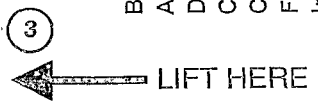
B. Received by (Printed Name) C. Date of Delivery

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
(Return Receipt Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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

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 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
 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

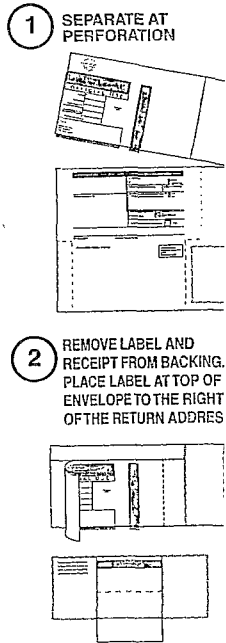
A. Signature Agent
 X Addressee

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

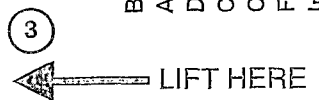
B. Received by (Printed Name) C. Date of Delivery
Cathy Jones 9-14-10

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 #:





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

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	

Postmark Here

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

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 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-811 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

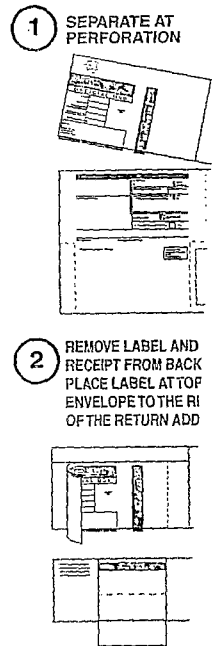
A. Signature Agent Addressee
X

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 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
X *Samuel P. Rubin*

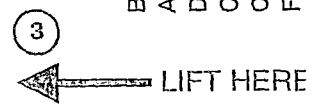
B. Received by (Printed Name) C. Date of Delivery
SAMUEL P. RUBIN 9/7/10

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 #: 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
(No Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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	

Send 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

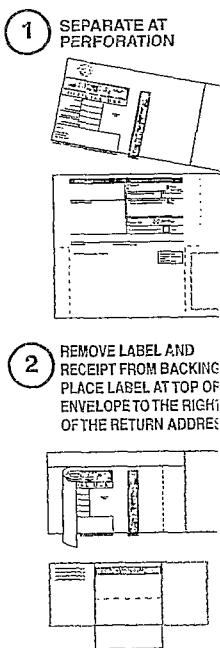
A. Signature Agent
 Addressee

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 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 Agent
 Addressee

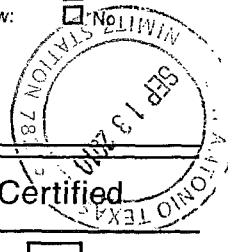
B. Received by (Printed Name) C. Date of Delivery

JAMES E GUNN

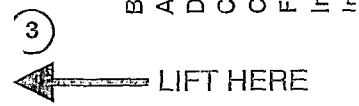
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

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 #:





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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



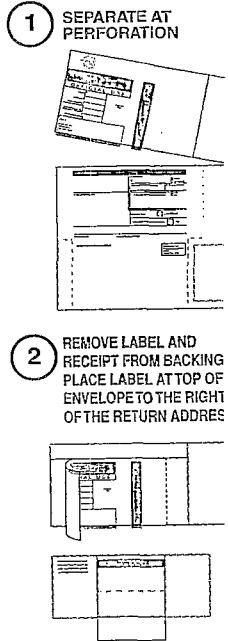
7110 6605 9590 0012 4697

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 #:

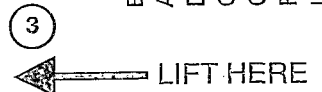
Reorder Form LCD - Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4697	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LAURA DICHTER 203 JACKSON ST DENVER, CO 80206		
	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 4697	A. Signature <input type="checkbox"/> Agent X <i>Laura Dichter</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>L. Dichter</i>	C. Date of Delivery <i>9-3-10</i>
LAURA DICHTER 203 JACKSON ST DENVER, CO 80206	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 #: 71106605959000124697
 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 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	

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

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

Code: Allocation Project - D.Howell



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 Edition. See Reverse for Instructions

Reorder Form LCD-8-01/07

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

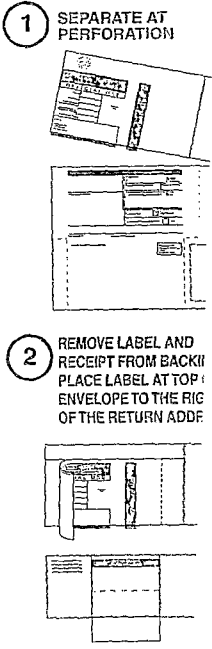
A. Signature Agent
 Addressee

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 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

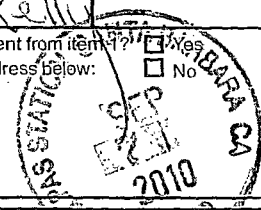
A. Signature Agent
 Addressee

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

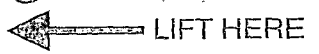
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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

3





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: **LAVERNE MYATT**
 4620 FM 1836
 KAUFMAN, TX 75142

Form 3800, August 2006 See Reverse for Instructions

PLACE TICKET 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 #:

Reorder Form LCD-8 Rev. 01/07

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 Agent
X Addressee

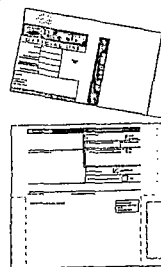
B. Received by (Printed Name) C. Date of Delivery

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

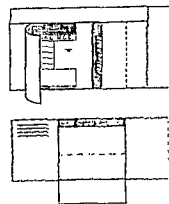
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



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 Agent
X Addressee

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

3

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





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

7110 6605 9590 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	

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

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

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 #:

Form 3800, August 2006 See Reverse for Instructions

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
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

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
X Addressee

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

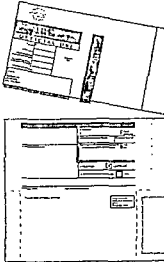
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

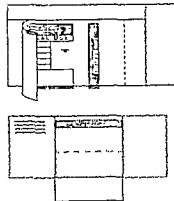
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2192
 Article #: 71106605959000124710
 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 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	

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

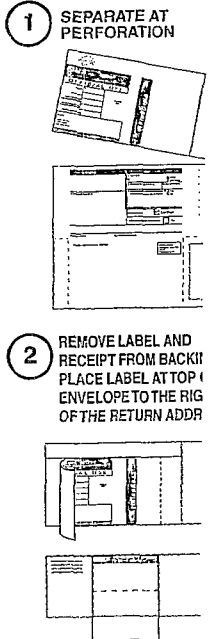
A. Signature Agent
X Addressee

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
Montez 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 #:





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

7110 6605 9590 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	

Recipient To: **LEE LOPEZ**
PO BOX 1632
ARBOLES, CO 81121

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

PS Form 3800, 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

1. Article Addressed to:

LEE LOPEZ
PO BOX 1632
ARBOLES, CO 81121

COMPLETE THIS SECTION ON DELIVERY

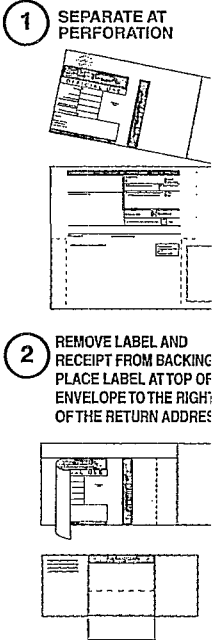
A. Signature Agent
X Addressee

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



Reorder Form LCD, rev. 01/07

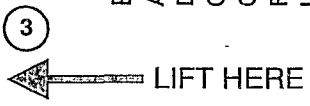
PS Form 3811 Domestic Return Receipt

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





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

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 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



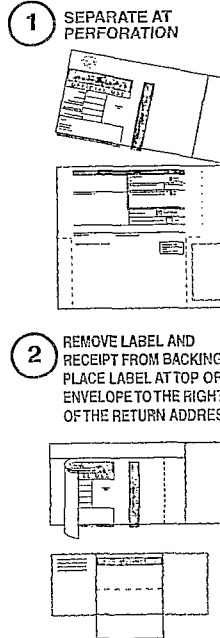
7110 6605 9590 0012 4727

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 #:

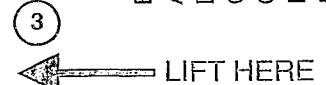
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4727	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: LELAND FIKES FOUNDATION 500 N AKARD, ST 1919 DALLAS, TX 75201	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 4727	A. Signature: X <input type="checkbox"/> Agent <i>Oliver McLeod</i> <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: LELAND FIKES FOUNDATION 500 N AKARD, ST 1919 DALLAS, TX 75201	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 #: 71106605959000124727
 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 4734

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

Postmark Here

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

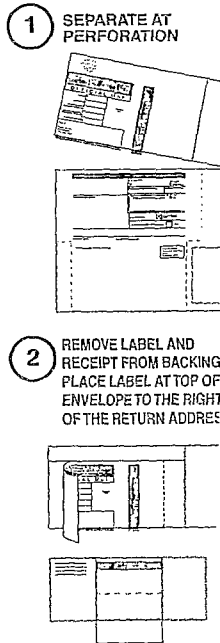
Batch #: 2192
Article #: 71106605959000124734
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Postage to
Leland Stanford Junior University
C/O Bank of America NA
PO Box 840738
Dallas, TX 75284

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

Form 3811, August 2006 See Reverse for Instructions

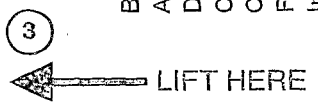
2. Article Number 7110 6605 9590 0012 4734	COMPLETE THIS SECTION ON DELIVERY A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LELAND STANFORD JUNIOR UNIVERSITY C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Code: Allocation Project - D.Howell	



Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4734	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>D. Howells</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery SEP 04 2010 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: LELAND STANFORD JUNIOR UNIVERSITY C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284	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 #: 71106605959000124734
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
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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 3800, August 2006, PSN 7520-01-000-9000 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 #:

2. Article Number

7110 6605 9590 0012 4758

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

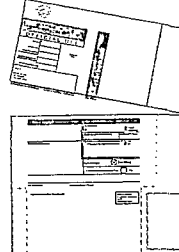
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

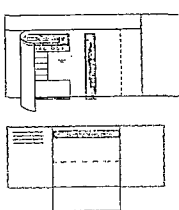
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4758

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Leola Luchetti*

B. Received by (Printed Name) C. Date of Delivery
 SEP 15 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

Batch #: 2192
 Article #: 71106605959000124758
 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
(E-mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

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**

PS Form 3800, August 2006 See Reverse for Instructions

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

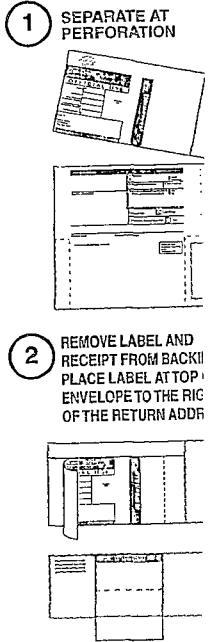
7110 6605 9590 0013 3033

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 #:

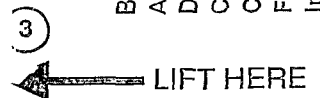
Reorder Form LCD-8 Rev. 01/07

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? <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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3033	A. Signature X <i>Leola S 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? <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 #: 2269
 Article #: 71106605959000133033
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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	

Post To
LEO J MOMSEN
 2377 HICKORY
 SAN DIEGO, CA 92103

Form 3800, August 2006 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

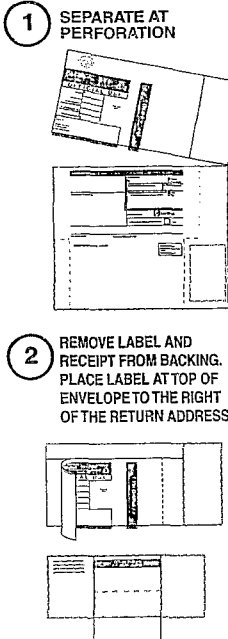
A. Signature Agent
X Addressee

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 4741

1. Article Addressed to:

LEO J MOMSEN
 2377 HICKORY
 SAN DIEGO, CA 92103

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

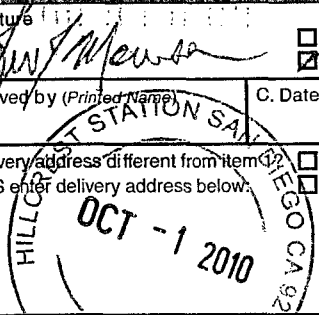
A. Signature Agent
X Addressee

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

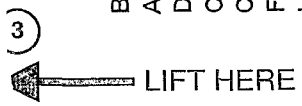
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
 Article #: 71106605959000124741
 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
By Mail Only. No Insurance Coverage Provided.
 For more information visit our website at www.usps.com

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	

Send 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 2005 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



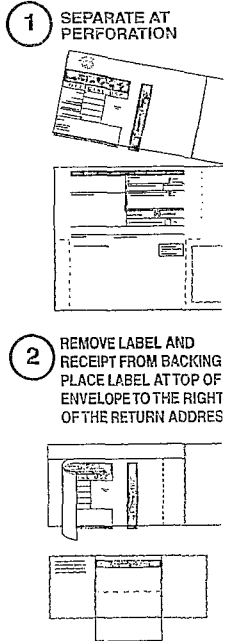
7110 6605 9590 0012 4765

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 #:

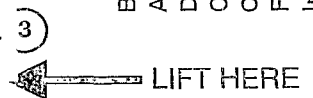
Reorder Form LCD - rev. 01/07

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? <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 4765	A. Signature X <i>Lesia Floeck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Lesia 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? <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 #: 71106605959000124765
 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
(Certified 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
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

Form 3800, August 2006. 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 v. 01/07

2. Article Number

7110 6605 9590 0012 4772

1. Article Addressed to:

LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

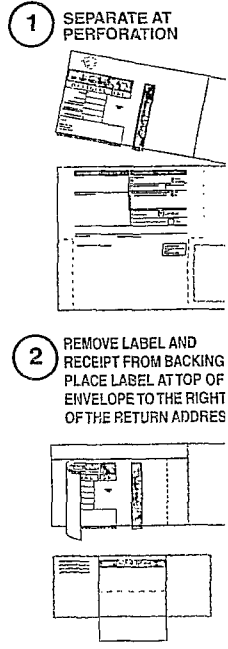
A. Signature Agent
 Addressee

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



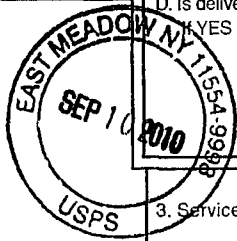
2. Article Number

7110 6605 9590 0012 4772

1. Article Addressed to:

LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

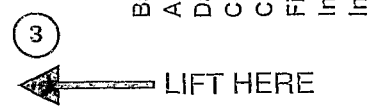
B. Received by (Printed Name) C. Date of Delivery

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 #: 71106605959000124772
 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
(Certified Mail Only, No Insurance Coverage Provided)

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

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

Form 3800, August 2006 See Reverse for Instructions

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 #:

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

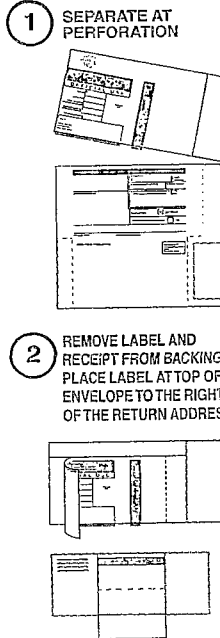
A. Signature Agent
X Addressee

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 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
X Addressee

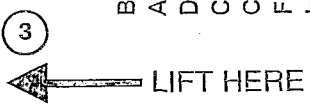
B. Received by (Printed Name) C. Date of Delivery
 LYNDALOW 8-28-10

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 #: 71106605959000124789
 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 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	

Delivered To
 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

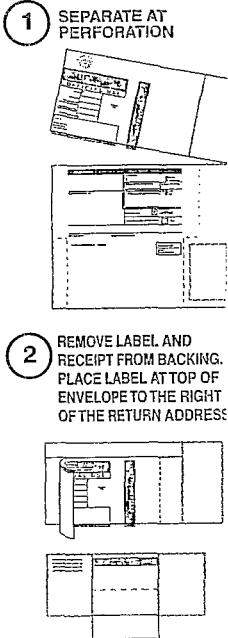
A. Signature Agent Addressee
X

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



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

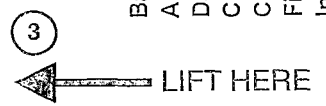
A. Signature Agent Addressee
X *[Signature]*

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 #:



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

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 3811, August 2006 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-811 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

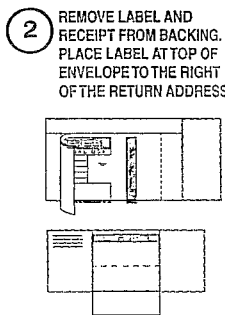
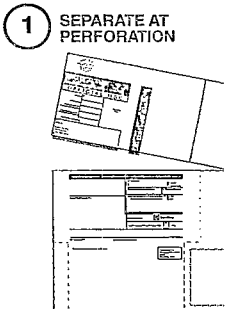
A. Signature Agent Addressee
X

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 4796

1. Article Addressed to:

Lilly L Newkirk
 218 W Hillcrest Ave
 Indianola, IA 50125-3708

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Lilly L Newkirk*

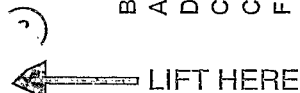
B. Received by (Printed Name) C. Date of Delivery
 9-3-10

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

Batch #: 2192
 Article #: 71106605959000124796
 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
(No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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
LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

PS 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

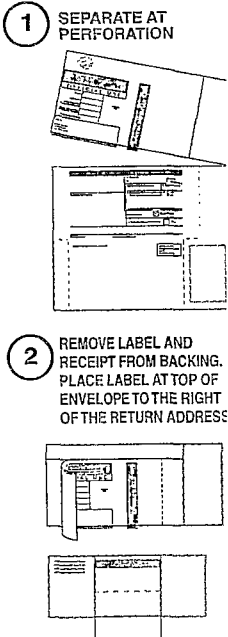
A. Signature Agent
X Addressee

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 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
X Addressee

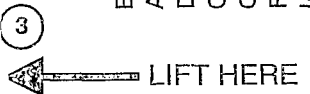
B. Received by (Printed Name) C. Date of Delivery

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 #: 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

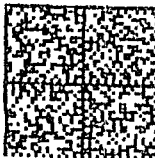
0948181917111510

7110 6605 9590 0012 4833

LINDA JEANNE LUNDELL LINDSEY
P O BOX 631565



UNCLAIMED



UNITED STATES POST
02 1R
000655758
MAILED FRO

Handwritten signature

SEP 03 2010

SEP 13 2010





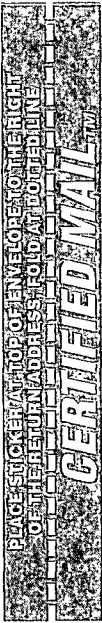
U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For information, visit our website at www.usps.com

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	

Post To
 Linda Jane Williams Liv Tr Dtd 8/26
 802 Baird Circle
 Aztec, NM 87410

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

1. Article Addressed to:
 LINDA JANE WILLIAMS LIV TR DTD 8/26
 802 BAIRD CIRCLE
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

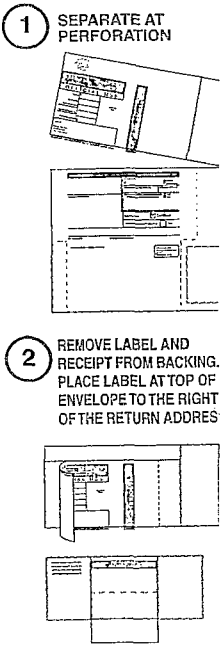
A. Signature Agent
 Addressee

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 4826

1. Article Addressed to:
 LINDA JANE WILLIAMS LIV TR DTD 8/26
 802 BAIRD CIRCLE
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

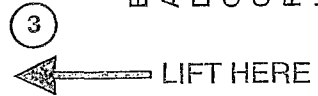
B. Received by (Printed Name) C. Date of Delivery

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 #: 2192
 Article #: 71106605959000124826
 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)

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

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

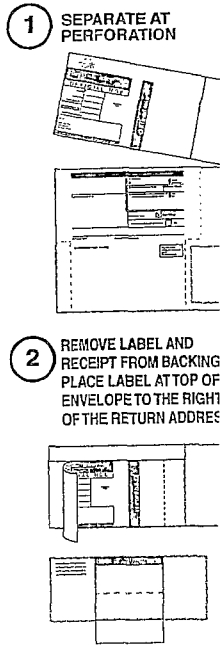
7110 6605 9590 0012 4840

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4840	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: LINDA L WHITE 24197 IVES AVE GLENWOOD, IA 51534	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		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4840	A. Signature <input type="checkbox"/> Agent X <i>Linda White</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: LINDA L WHITE 24197 IVES AVE GLENWOOD, IA 51534	B. Received by (Printed Name) <i>Linda White</i>	C. Date of Delivery <i>9-1-10</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 #: 2193
 Article #: 71106605959000124840
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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

PS Form 3800, August 2005 See Reverse for Instructions

PLEASE 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 #:

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

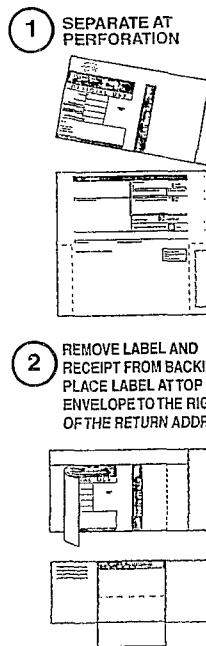
A. Signature
 X Agent
 Addressee

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 3743

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY
 1207 CRESTVIEW DR
 CLEBURNE, TX 76033

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Linda L. Hadley* Agent
 Addressee

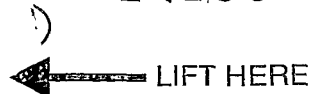
B. Received by (Printed Name) C. Date of Delivery
 Linda L. Hadley 9-17-10

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 #:



Reorder Form LCD-8 Rev. 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(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

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 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-81 01/07

2. Article Number

7110 6605 9590 0012 4857

1. Article Addressed to:

LINDA M SMITH
 16880 US HWY 550
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

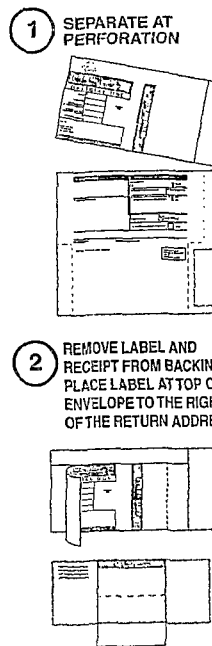
A. Signature Agent
X Addressee

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 4857

1. Article Addressed to:

LINDA M SMITH
 16880 US HWY 550
 AZTEC, NM 87410

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 #: 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	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



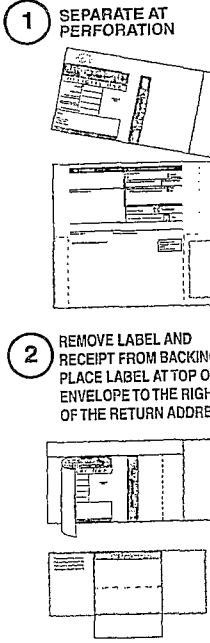
7110 6605 9590 0012 4864

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4864	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	A. Signature <input checked="" type="checkbox"/> Agent X <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 4864	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	A. Signature <input type="checkbox"/> Agent X <i>Linda McCartney</i> <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery 19-9-10
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 #: 71106605959000124864
 Date/Time: 8/31/2010 12:27:42 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)

7110 6605 9590 0012 4871

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 MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

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

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 #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-817 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
 Addressee

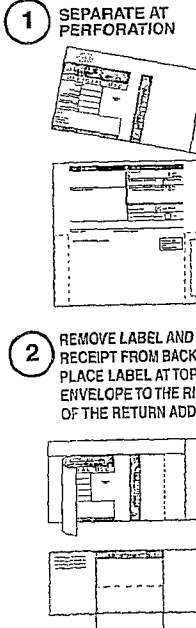
X

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 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
 Addressee

X *LMC*

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

LMC Martinez 8/31/10

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For information on the current rates, go to www.usps.com
 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

CERTIFIED MAIL™

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

Form 3800, August 2008 See Reverse for Instructions

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

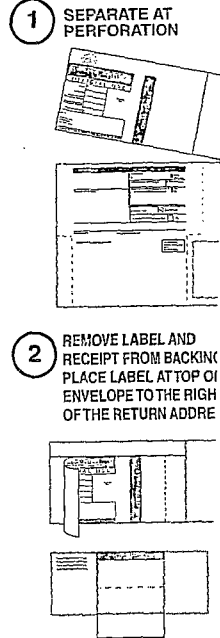
A. Signature Agent
 Addressee

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 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

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 #:



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: LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001



7110 6605 9590 0012 4895

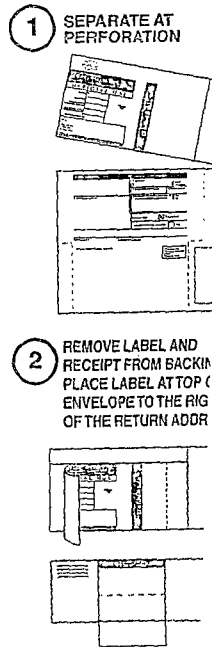
LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001

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

PS Form 3800, August 2006 See Reverse for Instructions

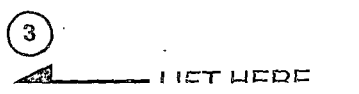
Reorder Form LCD-81 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4895	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDALE RESOURCES LLC 1472 LIL BEN TRL FLAGSTAFF, AZ 86001	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 4895	A. Signature X <i>Brian W. Mayes</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>B. Mayes</i>	C. Date of Delivery <i>9-4-10</i>
LINDALE RESOURCES LLC 1472 LIL BEN TRL FLAGSTAFF, AZ 86001	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 #: 71106605959000124895
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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

Postage \$ 1.05

Certified Fee \$ 2.80

Return Receipt Fee (endorsement Required) \$ 2.30

Restricted Delivery Fee (endorsement Required) \$ 0.00

Total Postage & Fees \$ 6.15

Postage

Code: Allocation Project - D.Howell



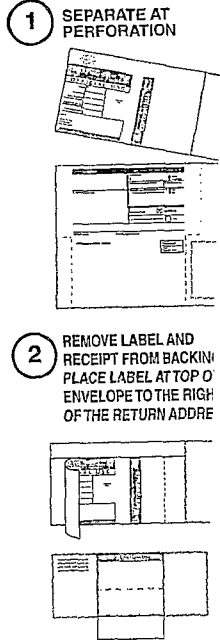
7110 6605 9590 0012 4901

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 #:

Form 3800, August 2006. See Reverse for Instructions

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



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: LINDSAY PRODUCTION & ROYALTIES LTD 112 E PECAN STREET SUITE 500 SAN ANTONIO, TX 78205	B. Received by (Printed Name) <i>B. Scheel</i>	C. Date of Delivery <i>9-7-10</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 #: 2193
Article #: 71106605959000124901
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

Reorder Form LCD-8 01/07

GENUINE PHILIPS

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

ConocoPhillips

7110 6605 9590 0012 4916

REASON CHECKED

Moved, Left No Address

Not Forwarding Order

Not Forwarding Order - Not Known

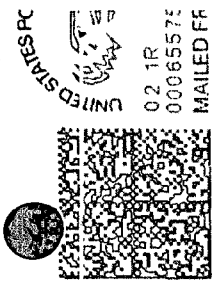
No Such Street Address

No Such Number

Handwritten in a large oval: *2/2/10*

Handwritten: *2/2/10*

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





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

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

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
 7110 6605 9590 0012 4918

1. Article Addressed to:
LISA BRIGHTBILL
15367 MATURIN DR, APT 171
SAN DIEGO, CA 92127

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

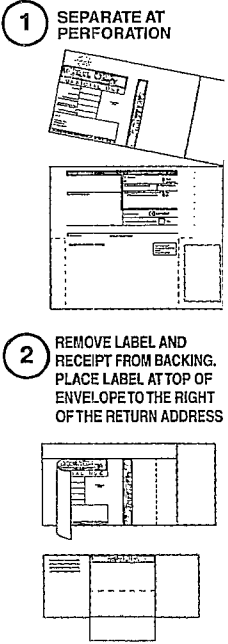
A. Signature Agent
 Addressee

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



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

LIST WEDE



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

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0012 4925

LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 4925

1. Article Addressed to:

LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

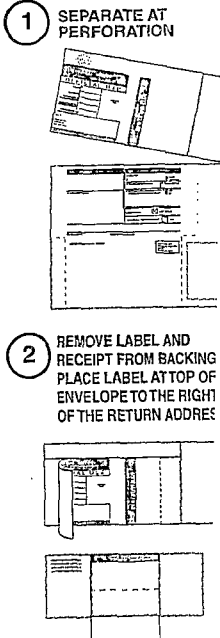
A. Signature Agent Addressee
X

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



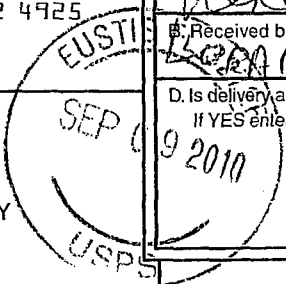
2. Article

7110 6605 9590 0012 4925

1. Article Addressed to:

LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

Code: Allocation Project - D.Howell



it Addressee

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

D. Is 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 #: 71106605959000124925
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
(Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 4932

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 2005 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-811 01/07

2. Article Number

7110 6605 9590 0012 4932

1. Article Addressed to:

LORIE GORDON
 7 STERLING AVE
 CHERRY HILLS VILLAGE, CO 80113

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

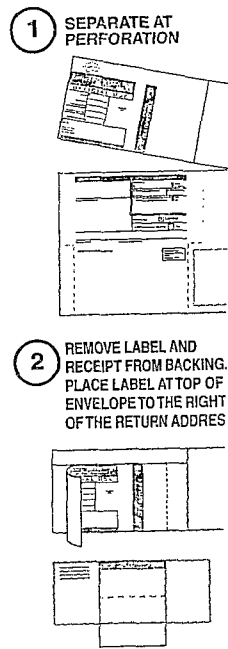
A. Signature Agent Addressee
X

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 4932

1. Article Addressed to:

LORIE GORDON
 7 STERLING AVE
 CHERRY HILLS VILLAGE, CO 80113

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Lorie Gordon*

B. Received by (Printed Name) C. Date of Delivery
 8-31

D. Is 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 #: 71106605959000124932
 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
(Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 4949

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 3811, 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-8110-01/07

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

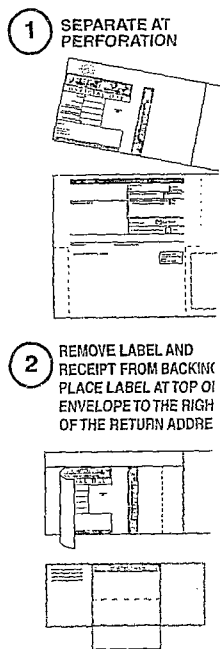
A. Signature Agent Addressee
X

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 #:



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 4956

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

Form 3800, August 2005 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-81 01/07

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

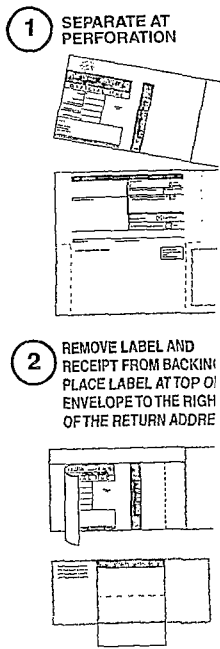
A. Signature Agent
X Addressee

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 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
X Addressee

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

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



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For more information, visit our website at www.usps.com
 7110 6605 9590 0012 4963

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

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

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

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 #:

Form 3800, August 2006, PSN See Reverse for Instructions

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

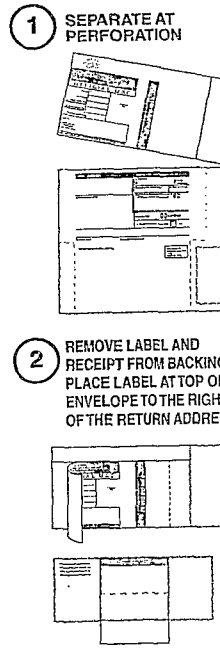
A. Signature Agent
X Addressee

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. Alzamil* Addressee

B. Received by (Printed Name) C. Date of Delivery
T. Alzamil 9-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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



CUT HERE

Reorder Form LCD-8 v. 01/07



US Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For delivery information, visit our website at www.usps.com
 7110 6605 9590 0012 4970

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

Form 3800, August 2006 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-81 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

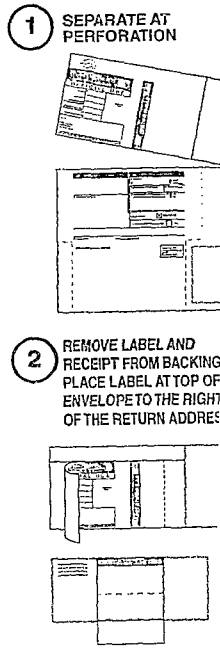
A. Signature
 Agent
 Addressee

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

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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0012 4987

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

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

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 #:

Form 3811, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4987

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

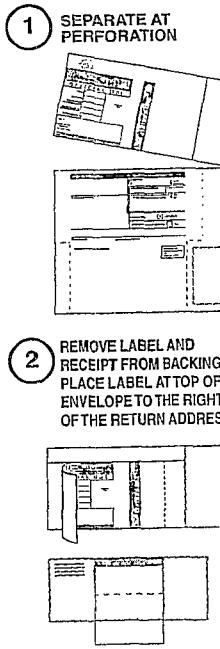
A. Signature Agent Addressee
X

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-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4987

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Janna Longenette*

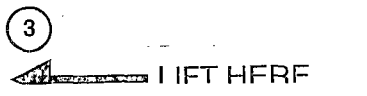
B. Received by (Printed Name) C. Date of Delivery
Janna Longenette 9/10/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0012 4994

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

Form 3800, August 2008, See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL
 ATTENTION: NO POSTAGE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD ALONG DOTTED LINE.

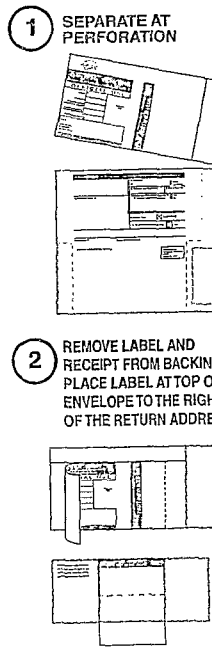
7110 6605 9590 0012 4994

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 #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4994	A. Signature <input type="checkbox"/> Agent X <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 <input type="checkbox"/> Agent X <i>Dorothy M. Lopez</i> <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	SEP 09 2010
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 #:





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 5007

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

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
 7110 6605 9590 0012 5007

1. Article Addressed to:
 LOWELL M PARRISH JR
 P O BOX 1922
 FARMINGTON, NM 87499

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

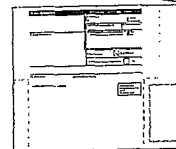
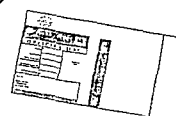
B. Received by (Printed Name) C. Date of Delivery

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

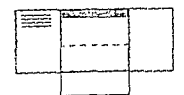
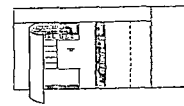
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



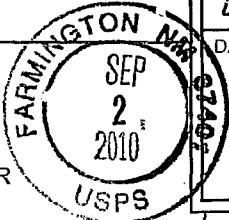
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2 Article Number
 7110 6605 9590 0012 5007

1. Article Addressed to:
 LOWELL M PARRISH JR
 P O BOX 1922
 FARMINGTON, NM 87499

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lowell Parrish* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Lowell Parrish 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 #: 71106605959000125007
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail, Only, No Insurance Coverage Provided)
 For information visit our website at www.usps.com
 7110 6605 9590 0012 5014

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

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

Code: Allocation Project - D.Howell

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

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 #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-1 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

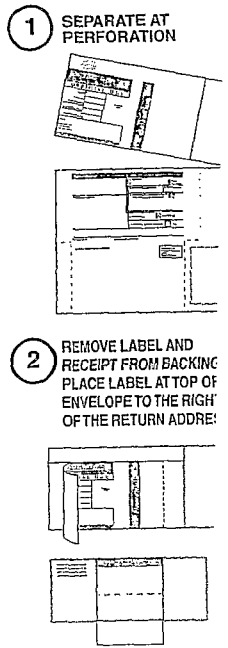
A. Signature
X Agent
 Addressee

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 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
X L Brandt Agent
 Addressee

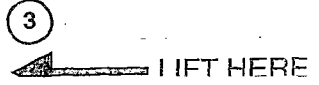
B. Received by (Printed Name) C. Date of Delivery
L BRANDT **9-22-10**

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 #:





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

7110 6605 9590 0012 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

Form 3800, August 2006. See Reverse for Instructions

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 #:

Reorder Form LCD-001 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

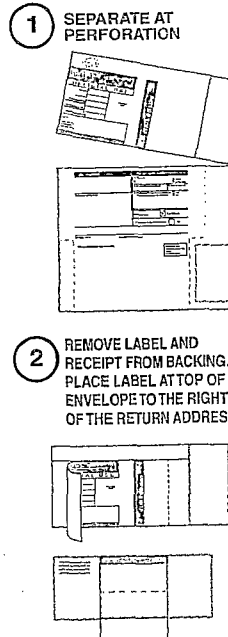
A. Signature Agent
 Addressee

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

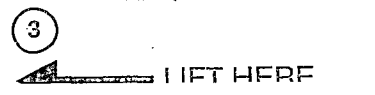
B. Received by (Printed Name) C. Date of Delivery

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 #:





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 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 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



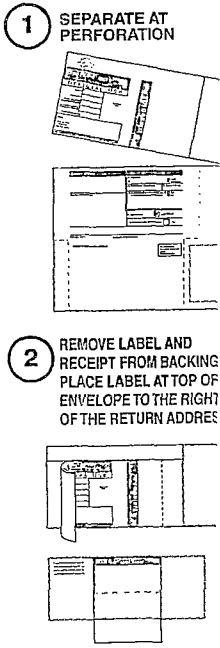
7110 6605 9590 0012 5021

**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 #:

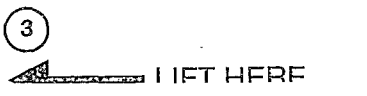
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5021	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LUCILLE MILLER 6530 HOPEDALE CT SAN DIEGO, CA 92120		
	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 5021	A. Signature <input type="checkbox"/> Agent X <i>Lucille A Miller</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LUCILLE MILLER 6530 HOPEDALE CT SAN DIEGO, CA 92120	<i>Lucille A Miller</i>	<i>9/1/10</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 #: 2193
 Article #: 71106605959000125021
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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	

Postmark Here

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

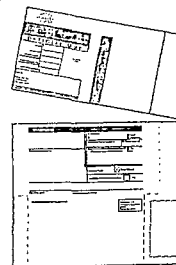
B. Received by (Printed Name) C. Date of Delivery

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

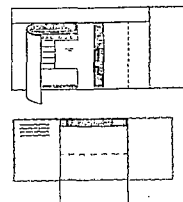
3. Service Type Certified

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 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
KRO (OR LOWE) 9-7-10

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

3





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

7110 6605 9590 0012 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	

sent To **LUCY W JAMES**
 Street, Apt. No. **6464 S DOWNING**
 PO Box No. **LITTLETON, CO 80121**
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions



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-8 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

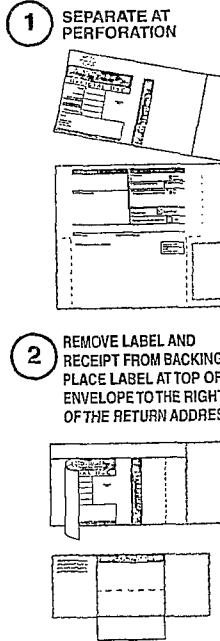
A. Signature Agent Addressee
X

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 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
X *John F. James*

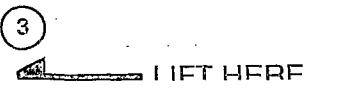
B. Received by (Printed Name) C. Date of Delivery
John F. James 9/3/10

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 #: 71106605959000125045
 Date/Time: 8/31/2010 12:27:43 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 delivery information visit our website at www.usps.com

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	

Send To
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-8101/07

2. Article Number

7110 6605 9590 0012 5052

1. Article Addressed to:
LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

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

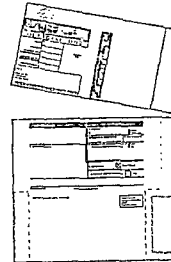
D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type Certified

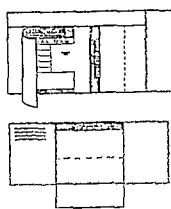
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5052

1. Article Addressed to:
LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801



COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Luellen AgEE 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 #: 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 LIFT HERE



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

7110 6605 9590 0012 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	

Postage 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

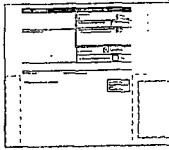
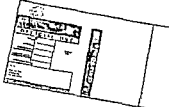
LYNDA C BLANCETT IRREVOC MARITAL TR
 278 COUNTY ROAD 3000
 AZTEC, NM 87410

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

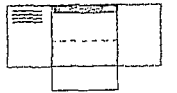
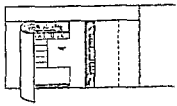
Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5076	A. Signature <input type="checkbox"/> Agent X <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? <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		

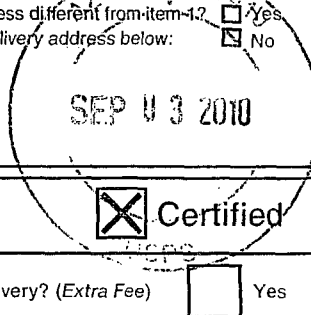
1 SEPARATE AT PERFORATION



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 5076	A. Signature <input type="checkbox"/> Agent X <input checked="" 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? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" 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 #: 71106605959000125076
 Date/Time: 8/31/2010 12:27:43 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 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

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

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 5083

LYNDA WILSON
1119 N 9TH
TEMPLE, TX 76501

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125083
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

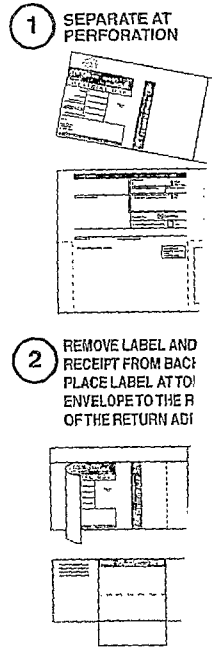
A. Signature Agent
X Addressee

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 #: 71106605959000125083
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:



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

7110 6605 9590 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	

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

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5090

1. Article Addressed to:

LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

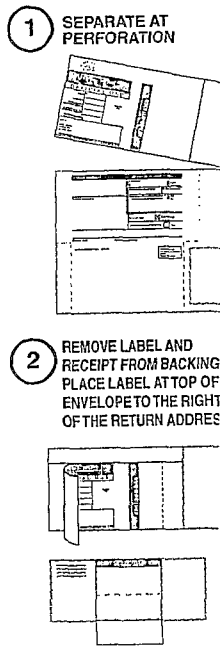
A. Signature Agent Addressee
X

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 5090

1. Article Addressed to:

LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery
Lynn Desper 8/31/10

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

3





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

7110 6605 9590 0012 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	

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

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

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

7110 6605 9590 0012 5106

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

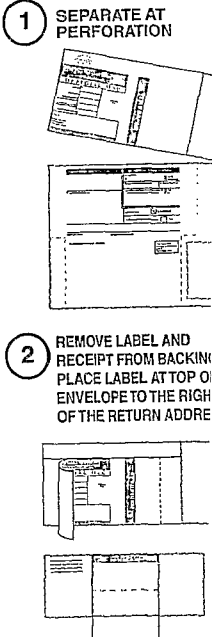
A. Signature Agent Addressee
X

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 5106

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Lynn M Shaw*

B. Received by (Printed Name) C. Date of Delivery
Lynn M Shaw **SEP 1 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 #: 2193
 Article #: 71106605959000125106
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

