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7110 6605 9590 0012 4550

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

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

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

Form 3800, August 2003, PSN 7530-01-000-9000 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 X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



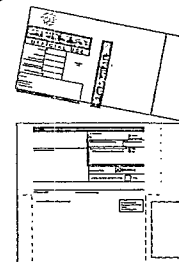
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

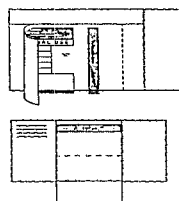
Batch #: 2192
Article #: 71106605959000124550
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0012 4567

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

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

Form 3800, August 2005 (Rev. 11-04) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4567

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

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

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

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 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

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



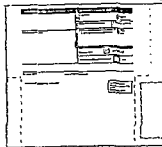
Certified

4. Restricted Delivery? (Extra Fee)

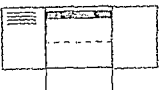
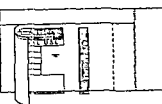
☐

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.



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

3

LIFT HERE



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7110 6605 9590 0012 4574

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

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4574

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

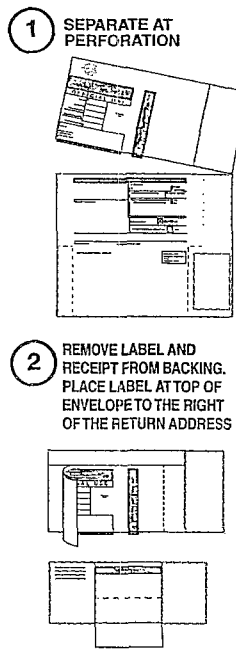
Batch #: 2192
Article #: 71106605959000124574
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 4574	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

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

Code: Allocation Project - D.Howell



PS Form 3811

Domestic Return Receipt

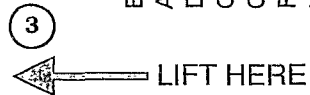
UNITED STATES POSTAL SERVICE



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 #:





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7110 6605 9590 0012 4581

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

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

Form 3800, August 2008 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, rev. 01/07

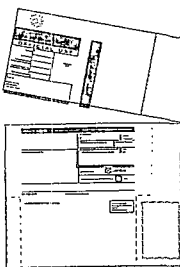
2. Article Number 7110 6605 9590 0012 4581	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Code: Allocation Project - D.Howell

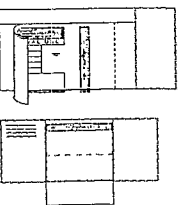
2. Article Number 7110 6605 9590 0012 4581	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Marian Wayt</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

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



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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4598

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

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

Reorder Form LCD-8 Rev. 01/07

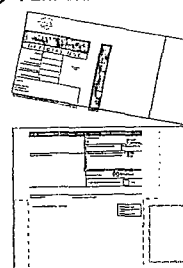
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4598	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LA FAMILIA DE LOS CANDELARIAS REV T 3603 N BUENA VISTA FARMINGTON, NM 87401-2313	D. Is delivery address different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

Code: Allocation Project - D.Howell

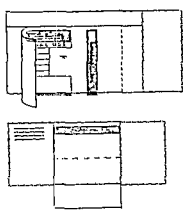
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4598	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LA FAMILIA DE LOS CANDELARIAS REV T 3603 N BUENA VISTA FARMINGTON, NM 87401-2313	D. Is delivery address different from item 1? ☐ 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



3

LIFT HERE

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



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7110 6605 9590 0012 4604

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

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

LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



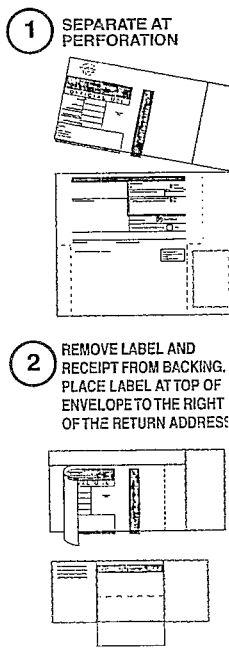
7110 6605 9590 0012 4604

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 #:

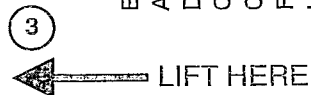
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4604	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4604	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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7110 6605 9590 0012 4611

Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$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 #:

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

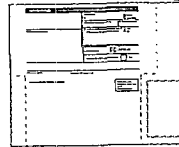
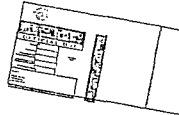
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

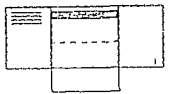
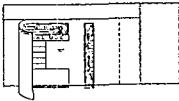
4. Restricted Delivery? (Extra Fee) ☐ Yes

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 *Lance Reemtsma* ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124611
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 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
Post Office, 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
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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

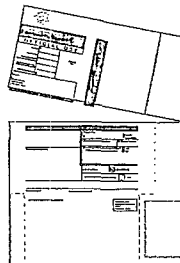
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

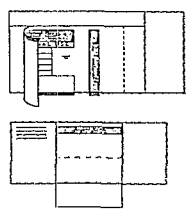
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0012 4635

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

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



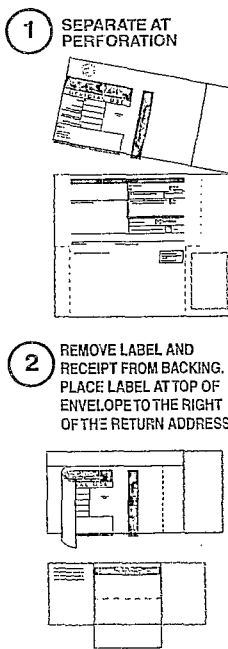
7110 6605 9590 0012 4635

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4635	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LANGDON D HARRISON REVOC TRUST B C/O ZIA DATA SEARCH PO DRAWER 2188 ROSWELL, NM 88202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4635	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LANGDON D HARRISON REVOC TRUST B C/O ZIA DATA SEARCH PO DRAWER 2188 ROSWELL, NM 88202	D. Is 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 #: 71106605959000124635
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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	

Post 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



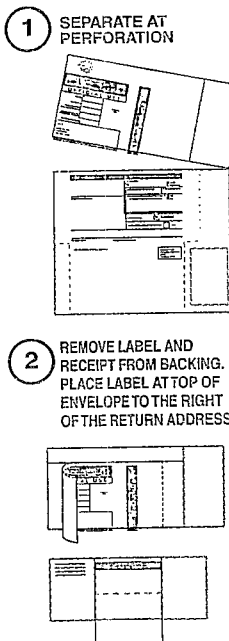
7110 6605 9590 0012 4642

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 #:

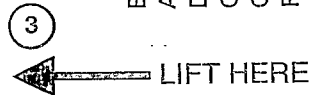
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4642	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LARRY SMITH 1150 LOTUS PL BOONE, IA 50036-7162	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4642	A. Signature ☐ Agent X <i>Larry L. Smith</i> ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Larry L. Smith</i> <i>9-7-10</i>
LARRY SMITH 1150 LOTUS PL BOONE, IA 50036-7162	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 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
(No Mail Only, No Insurance Coverage Provided)
For information, visit www.usps.com

7110 6605 9590 0012 4659

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

Postmark
Here

sent 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 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4659

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

Batch #: 2192
Article #: 71106605959000124659
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

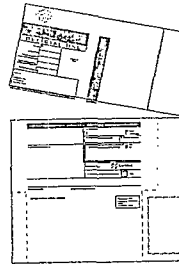
2. Article Number 7110 6605 9590 0012 4659	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

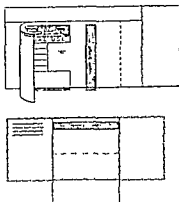
LAS COLINAS MINERALS LP
125 E JOHN CARPENTER FWY, STE 600
IRVING, TX 75062

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 4659	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

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
No Mail 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	

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

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

Form 3800, August 2008. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4666

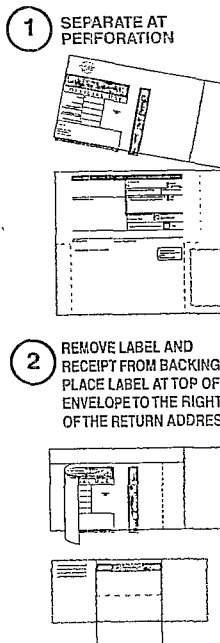
LASALLE ADAMS FUND
C/O EDITH C STEIN PRESIDENT
281 MOUNTAIN RD
NORFOLK, CT 6058

Batch #: 2192
Article #: 71106605959000124666
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4666	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LASALLE ADAMS FUND C/O EDITH C STEIN PRESIDENT 281 MOUNTAIN RD NORFOLK, CT 6058	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4666	A. Signature X <i>Cathy Jones</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Cathy Jones</i>	C. Date of Delivery <i>9-14-10</i>
LASALLE ADAMS FUND C/O EDITH C STEIN PRESIDENT 281 MOUNTAIN RD NORFOLK, CT 6058	D. Is 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 #: 71106605959000124666
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
REGISTERED MAIL RECEIPT
No Insurance Coverage Provided
Delivery Information is on 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	

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

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

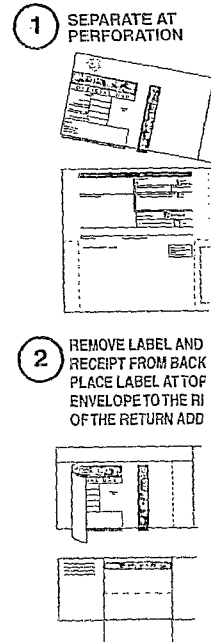


7110 6605 9590 0012 4673

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4673	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LATTNER HOLDING LLC 524 CONNECTICUT ST SAN FRANCISCO, CA 94107	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4673	A. Signature X <i>Samuel P. Palmer</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SAMUEL P. PALMER 9/7/2010
LATTNER HOLDING LLC 524 CONNECTICUT ST SAN FRANCISCO, CA 94107	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 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 delivery 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	

Post To

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

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 Rev. 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
X ☐ Addressee

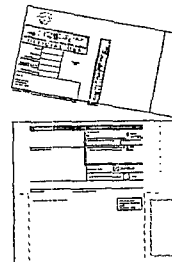
B. Received by (Printed Name) C. Date of Delivery

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

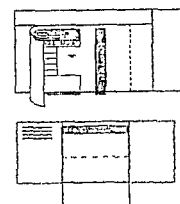
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 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
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 #: 71106605959000124680
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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	

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

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

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-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 4697

1. Article Addressed to:

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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



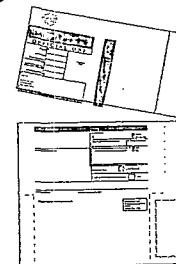
Certified

4. Restricted Delivery? (Extra Fee)

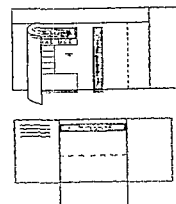
☐

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 4697

1. Article Addressed to:

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)

☐

Yes

Batch #: 2192
Article #: 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
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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	

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

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 #:

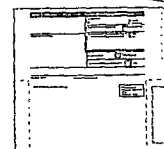
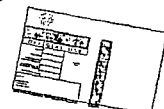
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4703	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LAURENCE B KELLY LIVING TRUST LAURENCE B KELLY TRUSTEE 839 SUMMIT RD MONTECITO SANTA BARBARA, CA 93108	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

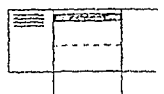
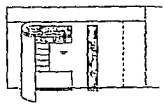
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4703	A. Signature X <i>Laurence Kelly</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LAURENCE B KELLY LIVING TRUST LAURENCE B KELLY TRUSTEE 839 SUMMIT RD MONTECITO SANTA BARBARA, CA 93108	D. Is 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



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
(No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0013 3699

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

ent To **LAVERNE MYATT**
4620 FM 1836
reet, Apt. No.;
PO Box No.
ity, State, Zip+4 **KAUFMAN, TX 75142**

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™

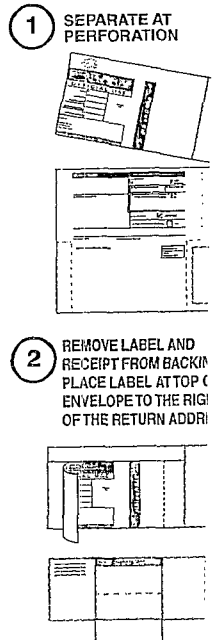
7110 6605 9590 0013 3699

LAVERNE MYATT
4620 FM 1836

KAUFMAN, TX 75142

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

2. Article Number 7110 6605 9590 0013 3699	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LAVERNE MYATT 4620 FM 1836 KAUFMAN, TX 75142	



2. Article Number 7110 6605 9590 0013 3699	COMPLETE THIS SECTION ON DELIVERY A. Signature X Laverne Myatt ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery LAVERNE MYATT 9-17-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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 #:



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 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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4710

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

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

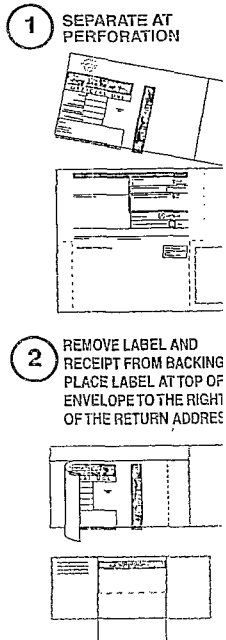
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4710	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

2. Article Number 7110 6605 9590 0012 4710	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Lawrence J Garcia</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>LAWRENCE J GARCIA</i> C. Date of Delivery <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell



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



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7110 6605 9590 0013 3026

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

ent To **LEAH B DOWNEY EST**
PO BOX 225

reet, Apt. No.,
PO Box No.
ity, State, Zip+4 **MIDLAND, TX 79702**

Form 3800, August 2006 See Reverse for Instructions

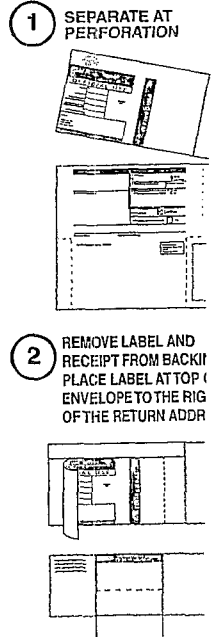


7110 6605 9590 0013 3026

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3026	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LEAH B DOWNEY EST PO BOX 225 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3026	A. Signature <i>Downey Estate</i> ☐ Agent X <i>Montez D. Johnson</i> ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Montez D. Johnson</i> <i>SEP 20 2010</i>
LEAH B DOWNEY EST PO BOX 225 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0013 3736

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

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

LEE LOPEZ
PO BOX 1632
ARBOLES, CO 81121

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3736	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LEE LOPEZ PO BOX 1632 ARBOLES, CO 81121	D. Is 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
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 #:



Reorder Form LCD rev. 01/07



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+4LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

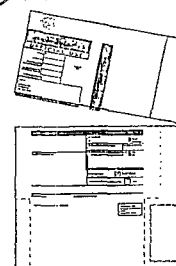


7110 6605 9590 0012 4727

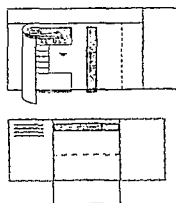
LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201Batch #: 2192
Article #: 71106605959000124727
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	7110 6605 9590 0012 4727	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LELAND FIKES FOUNDATION 500 N AKARD, ST 1919 DALLAS, TX 75201		A. Signature X	☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			

1 SEPARATE AT PERFORATION



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



2. Article Number	7110 6605 9590 0012 4727	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: LELAND FIKES FOUNDATION 500 N AKARD, ST 1919 DALLAS, TX 75201		A. Signature X <i>Olivia McLeod</i>	☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			

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

3

LIFT HERE



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7110 6605 9590 0012 4734

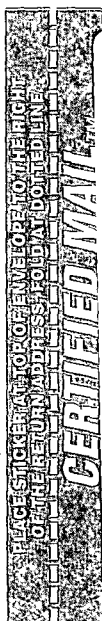
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



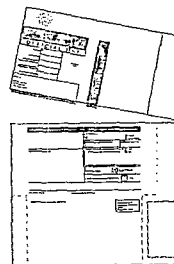
7110 6605 9590 0012 4734

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

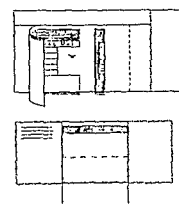
Batch #: 2192
Article #: 71106605959000124734
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4734	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 04 2010
LELAND STANFORD JUNIOR UNIVERSITY C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3

LIFT HERE



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7110 6605 9590 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	

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

Postage To
Postage To
Postage To

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4758

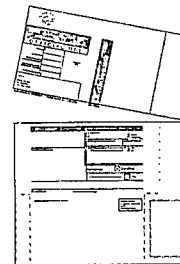
LEOLA S. LUCHETTI
8591 HIGHWAY 285 SOUTH
ALAMOSA, CO 81101

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

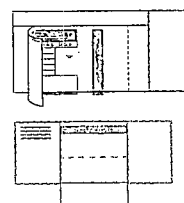
Reorder Form LCD-800 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4758	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LEOLA S. LUCHETTI 8591 HIGHWAY 285 SOUTH ALAMOSA, CO 81101	
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 4758	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LEOLA S. LUCHETTI 8591 HIGHWAY 285 SOUTH ALAMOSA, CO 81101	
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 #:



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7110 6605 9590 0013 3033

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

ent To **LEOLA S LUCHETTI**
85910 HWY 285 S
ALAMOSA, CO 81101

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

Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number

7110 6605 9590 0013 3033

1. Article Addressed to:

LEOLA S LUCHETTI
85910 HWY 285 S
ALAMOSA, CO 81101

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

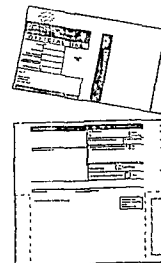
B. Received by (Printed Name) C. Date of Delivery

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

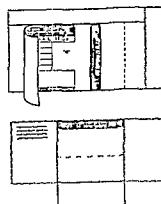
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 3033

1. Article Addressed to:

LEOLA S LUCHETTI
85910 HWY 285 S
ALAMOSA, CO 81101

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Leola Luchetti* ☐ Addressee

B. Received by (Printed Name), C. Date of Delivery
Leola S Luchetti

D. Is 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 #: 71106605959000133033
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 4741

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

Ant To

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

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

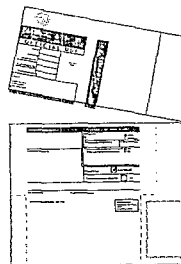
LEO J MOMSEN
2377 HICKORY
SAN DIEGO, CA 92103

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

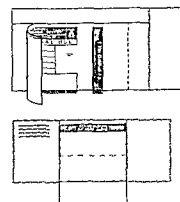
Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0012 4741	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LEO J MOMSEN 2377 HICKORY SAN DIEGO, CA 92103	
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 4741	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LEO J MOMSEN 2377 HICKORY SAN DIEGO, CA 92103	
Code: Allocation Project - D.Howell	

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



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	

ant To

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

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



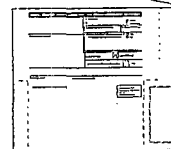
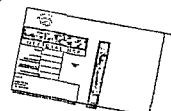
7110 6605 9590 0012 4765

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

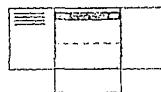
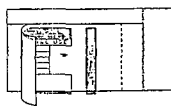
Batch #: 2192
Article #: 71106605959000124765
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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



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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	

sent 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 #:

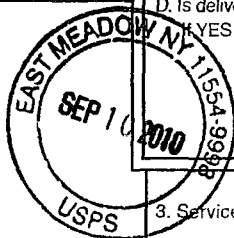
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4772	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LESLIE OSHEA PO BOX 409 EAST MEADOW, NY 11554	

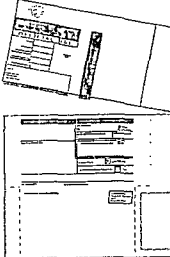
Code: Allocation Project - D.Howell

2. Article Number 7110 6605 9590 0012 4772	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Leslie O'Shea</i> B. Received by (Printed Name) <i>Leslie O'Shea</i> C. Date of Delivery <i>9/10/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LESLIE OSHEA PO BOX 409 EAST MEADOW, NY 11554	

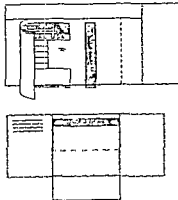
Code: Allocation Project - D.Howell



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

3

LIFT HERE



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7110 6605 9590 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	

Send To
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

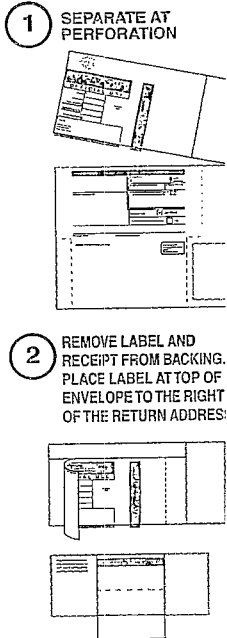
LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4789		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
LEWIS T BARRINGER JR 2422 WINDROW DRIVE PRINCETON, NJ 8540		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

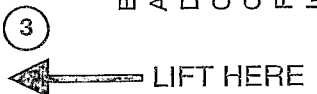
Code: Allocation Project - D.Howell



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4789		A. Signature X <i>Lynnda Low</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>LYNDA LOW</i>	C. Date of Delivery <i>9-8-10</i>
LEWIS T BARRINGER JR 2422 WINDROW DRIVE PRINCETON, NJ 8540		D. Is 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 #: 71106605959000124789
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 4802

Postage	\$		Postmark Here
	\$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	

sent To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4802

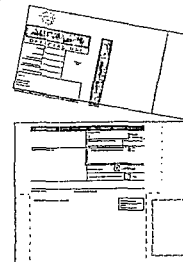
LINDA ANNE BELL
PO BOX 1027
CASTLE ROCK, CO 80104-1027

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

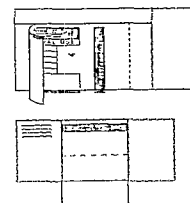
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4802	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDA ANNE BELL PO BOX 1027 CASTLE ROCK, CO 80104-1027	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4802	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDA ANNE BELL PO BOX 1027 CASTLE ROCK, CO 80104-1027	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3

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7110 6605 9590 0012 4796

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

ent To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4796

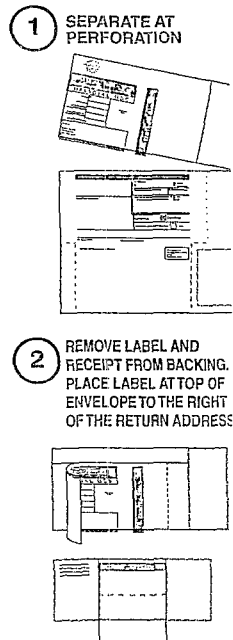
LILLY L NEWKIRK
218 W HILLCREST AVE
INDIANOLA, IA 50125-3708

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-8442 rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4796	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LILLY L NEWKIRK 218 W HILLCREST AVE INDIANOLA, IA 50125-3708	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell



2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4796	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LILLY L NEWKIRK 218 W HILLCREST AVE INDIANOLA, IA 50125-3708	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-3-10
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0012 4819

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

nt To

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

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4819

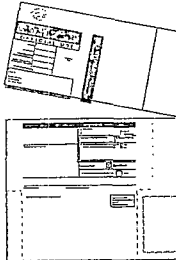
LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

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

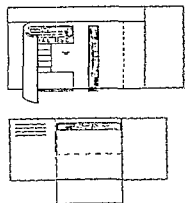
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4819	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDA CALVERT 2404 W CERRO RD ARTESIA, NM 88210	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4819	A. Signature X <i>Donal R...</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDA CALVERT 2404 W CERRO RD ARTESIA, NM 88210	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

3

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

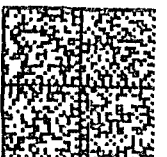
 **ConocoPhillips**

7220 6605 9590 0012 4833

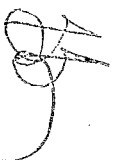
LINDA JEANNE LUNDELL LINDSEY
P O BOX 631565



UNCLAIMED



UNITED STATES POST
02 1R
000655758
MAILED FRO



SEP 03 2010

SEP 13 2010





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7110 6605 9590 0012 4826

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

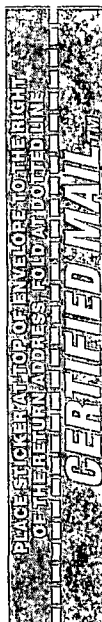
nt To

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

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

Form 3800, August 2009, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4826

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

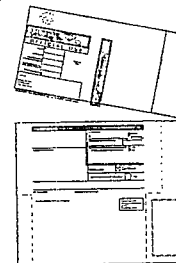
Batch #: 2192
Article #: 71106605959000124826
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-800 Rev. 01/07

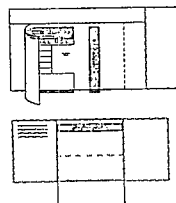
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4826	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA JANE WILLIAMS LIV TR DTD 8/26 802 BAIRD CIRCLE AZTEC, NM 87410	D. Is delivery address different from item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

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 4826	A. Signature X <i>Linda J. Williams</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA JANE WILLIAMS LIV TR DTD 8/26 802 BAIRD CIRCLE AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	8/26/10
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

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



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

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

LINDA L WHITE
24197 IVES AVE
GLENWOOD, IA 51534

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4840

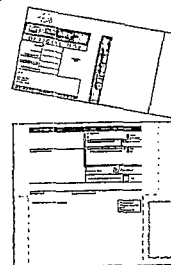
LINDA L WHITE
24197 IVES AVE
GLENWOOD, IA 51534

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

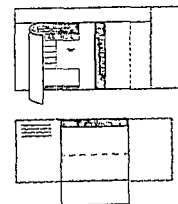
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4840	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA L WHITE 24197 IVES AVE GLENWOOD, IA 51534	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4840	A. Signature X <i>Linda White</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Linda White</i>	C. Date of Delivery <i>9-1-10</i>
LINDA L WHITE 24197 IVES AVE GLENWOOD, IA 51534	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



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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	

ent To
LINDA LEE LAYLAND HADLEY
1207 CRESTVIEW DR

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

CLEBURNE, TX 76033

Form 3800, August 2006 See Reverse for Instructions

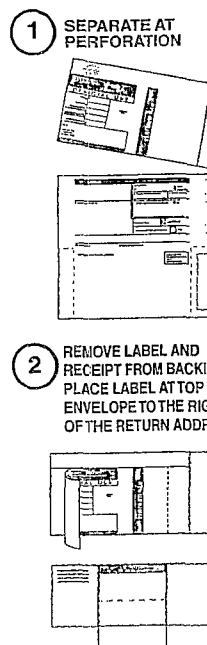
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3743

LINDA LEE LAYLAND HADLEY
1207 CRESTVIEW DR
CLEBURNE, TX 76033

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

2. Article Number 7110 6605 9590 0013 3743	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LINDA LEE LAYLAND HADLEY 1207 CRESTVIEW DR CLEBURNE, TX 76033	



2. Article Number 7110 6605 9590 0013 3743	COMPLETE THIS SECTION ON DELIVERY A. Signature X Linda L. Hadley ☐ Agent ☐ Addressee B. Received by (Printed Name) Linda L Hadley C. Date of Delivery 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
1. Article Addressed to: 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 #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 4857

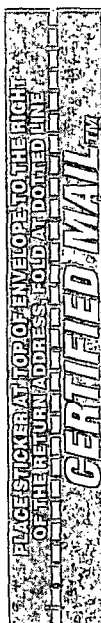
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

LINDA M SMITH
16880 US HWY 550
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4857

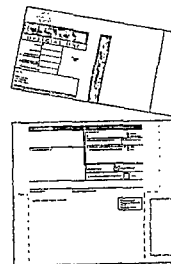
LINDA M SMITH
16880 US HWY 550
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000124857
Date/Time: 8/31/2010 12:27:42 PM
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Code2:
File #:
Internal File #:
Internal Code #:

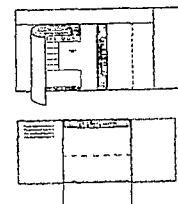
Reorder Form LCD-81 01/07

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

Batch #: 2193
Article #: 71106605959000124857
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
(Certified Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0012 4864

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



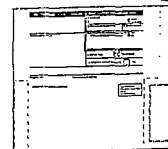
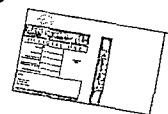
7110 6605 9590 0012 4864

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

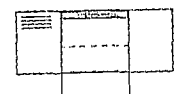
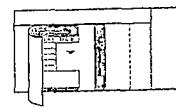
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Article #: 71106605959000124864
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 4864	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	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 4864	COMPLETE THIS SECTION ON DELIVERY A. Signature X Linda Marie McCartney B. Received by (Printed Name) C. Date of Delivery 19-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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

3



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

ent To
LINDA MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



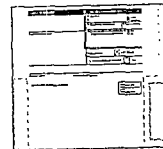
7110 6605 9590 0012 4871

LINDA MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

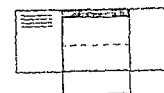
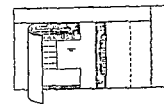
Batch #: 2193
Article #: 71106605959000124871
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 4871	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LINDA MARTINEZ 6822 TIMBERHILL SAN ANTONIO, TX 78238 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 4871	COMPLETE THIS SECTION ON DELIVERY A. Signature X LMC ☐ Agent ☐ Addressee 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
1. Article Addressed to: LINDA MARTINEZ 6822 TIMBERHILL SAN ANTONIO, TX 78238 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000124871
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	

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4888

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

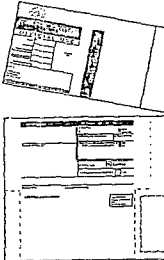
Batch #: 2193
Article #: 71106605959000124888
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

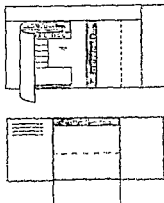
2. Article Number 7110 6605 9590 0012 4888	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

2. Article Number 7110 6605 9590 0012 4888	COMPLETE THIS SECTION ON DELIVERY A. Signature X Linda Strobel B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes 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 #: 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	

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

LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4895

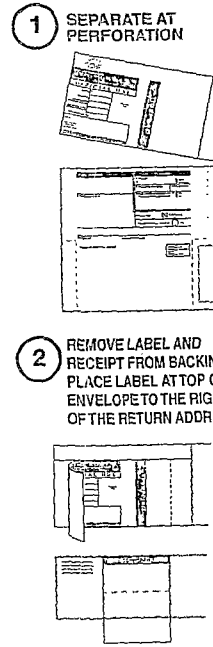
LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001

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

PS Form 3800, August 2006 See Reverse for Instructions

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

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



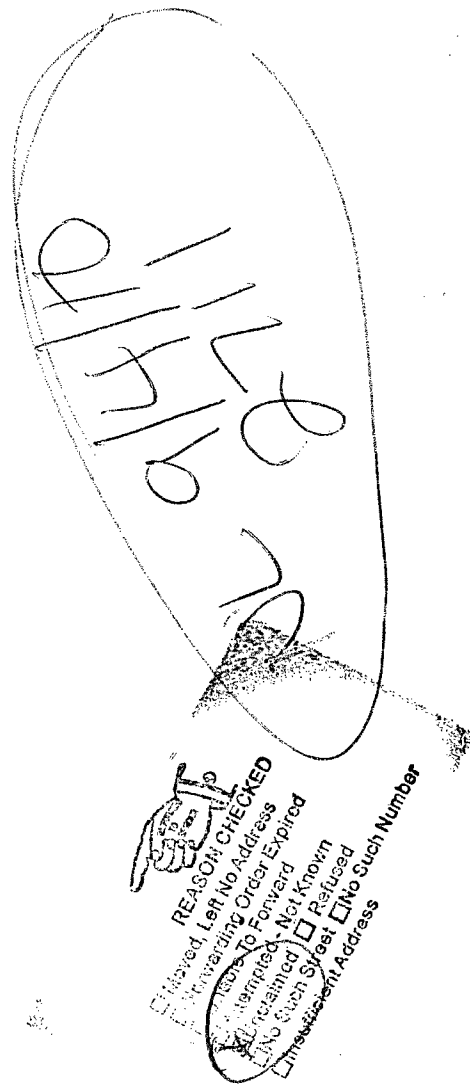
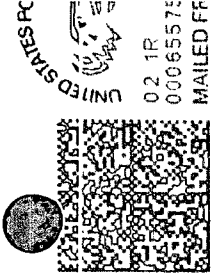
Batch #: 2193
Article #: 71106605959000124895
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

GENUINE PHILIPS

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

ConocoPhillips

7110 6605 9590 0012 4918



REASON CHECKED
☐ Moved, Left No Address
☐ Forwarding Order Expired
☐ No Such Number
☐ No Such Street
☐ Refused
☐ No Such Address

9/13

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 information visit our website at www.usps.com
7110 6605 9590 0012 4918

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
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-8 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

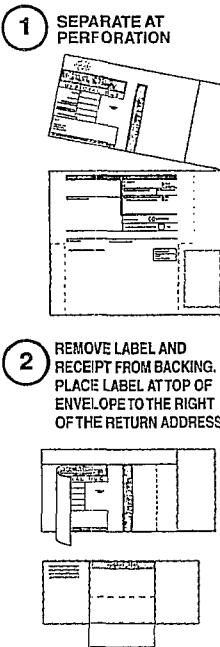
A. Signature ☒ Agent
X ☐ Addressee

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



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 #: 2193
Article #: 71106605959000124918
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 more information visit our website at www.usps.com
7110 6605 9590 0012 4925

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: LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

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

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4925

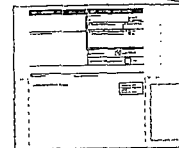
LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

Batch #: 2193
Article #: 71106605959000124925
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

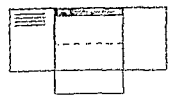
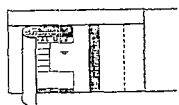
Reorder Form LCD-81 Rev. 01/07

2. Article Number 7110 6605 9590 0012 4925	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LORA ALVERSON BENTLEY 32536 HILL ST EUSTIS, FL 32736 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 #: 2193
Article #: 71106605959000124925
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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	COMPLETE THIS SECTION ON DELIVERY A. Signature LORA ALVERSON BENTLEY ☐ Agent ☐ Addressee B. Received by (Printed Name) LORA ALVERSON BENTLEY C. Date of Delivery SEP 9 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
---	--	--

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	

Deliver To
LORIE GORDON
7 STERLING AVE
CHERRY HILLS VILLAGE, CO 80113
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4932

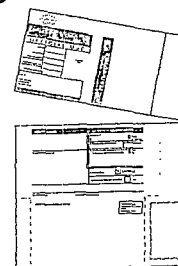
LORIE GORDON
7 STERLING AVE
CHERRY HILLS VILLAGE, CO 80113

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

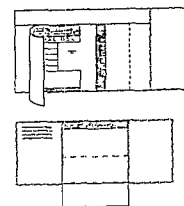
Reorder Form LCD-817 Rev. 01/07

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

Batch #: 2193
Article #: 71106605959000124932
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 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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4949

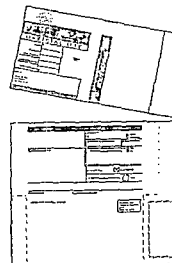
LORNA R HARVEY
2948 N VIEW DR
GRAND JUNCTION, CO 81504

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

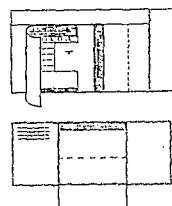
Reorder Form LCD-8101/07

2. Article Number 7110 6605 9590 0012 4949	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LORNA R HARVEY 2948 N VIEW DR GRAND JUNCTION, CO 81504 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 4949	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Lorna Harvey</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>L Harvey</i> C. Date of Delivery <i>9-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LORNA R HARVEY 2948 N VIEW DR GRAND JUNCTION, CO 81504 Code: Allocation Project - D.Howell	

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
(No 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

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

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

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

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

Code: Allocation Project - D.Howell



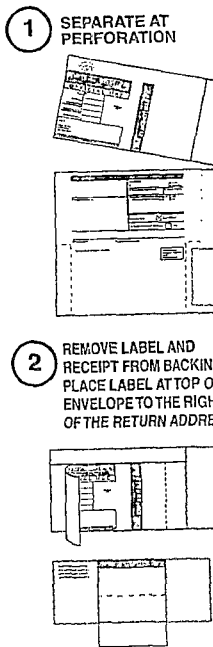
7110 6605 9590 0012 4956

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 #:

2. Article Number 7110 6605 9590 0012 4956	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

2. Article Number 7110 6605 9590 0012 4956	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Nicole Gervais</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Nicole Gervais</i> C. Date of Delivery <i>09/08/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---



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



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

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

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

Form 3800, August 2006, PSN 7530-01-000-9048 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4963

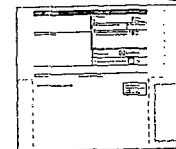
LORRINE G LUCERO
4890 PRADERA ST
SPARKS, NV 89436

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

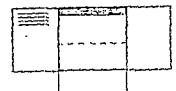
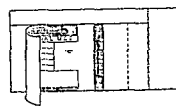
Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0012 4963	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LORRINE G LUCERO 4890 PRADERA ST SPARKS, NV 89436 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 4963	COMPLETE THIS SECTION ON DELIVERY A. Signature X T. Alizmech ☐ Agent ☐ Addressee B. Received by (Printed Name) T. Alizmech C. Date of Delivery 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LORRINE G LUCERO 4890 PRADERA ST SPARKS, NV 89436 Code: Allocation Project - D.Howell	

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

3



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7110 6605 9590 0012 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 Edition. See Reverse for Instructions

Code: Allocation Project - D. Howell



7110 6605 9590 0012 4970

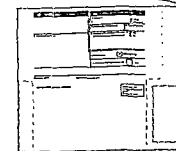
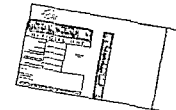
LOU ANN PATTERSON
1807 BRISCOE
ARTESIA, NM 88210-2223

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

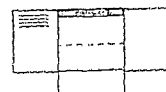
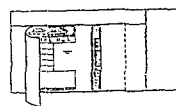
Reorder Form LCD-81 v. 01/07

2. Article Number 7110 6605 9590 0012 4970	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LOU ANN PATTERSON 1807 BRISCOE ARTESIA, NM 88210-2223 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 4970	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tracy Patterson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Tracy Patterson</i> <i>9-2</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LOU ANN PATTERSON 1807 BRISCOE ARTESIA, NM 88210-2223 Code: Allocation Project - D. Howell	

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



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7110 6605 9590 0012 4987

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



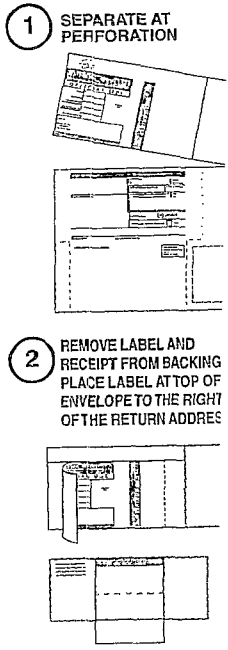
7110 6605 9590 0012 4987

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

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

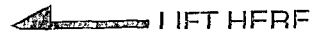
Reorder Form LCD-81 Rev. 01/07

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



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

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





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7110 6605 9590 0012 4994

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

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PO Box No.
City, State, Zip+4

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4994

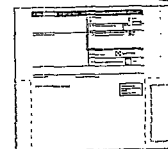
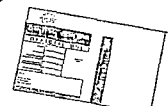
LOWE ROYALTY PARTNERS LP
P O BOX 4887 DEPT 4
HOUSTON, TX 77210-4887

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

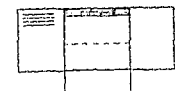
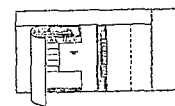
Reorder Form LCD-81 v. 01/07

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

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



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

sent To
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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

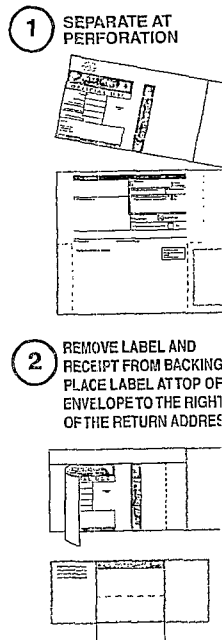
A. Signature ☒ Agent ☐ Addressee
X

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



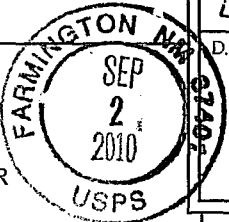
2. Article Number

7110 6605 9590 0012 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 ☐ Agent ☐ Addressee
X *Lowell Parrish*

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 #:



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

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City, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5014

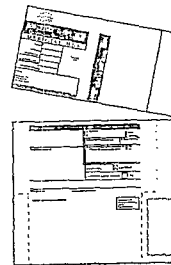
LUCIA ANN RAWSON BRANDT
3734 WICKERSHAM LN
HOUSTON, TX 77027-4014

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

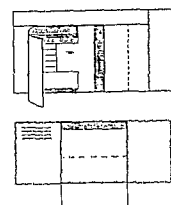
Reorder Form LCD-001 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5014	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5014	COMPLETE THIS SECTION ON DELIVERY A. Signature X L Brandt ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery L BRANDT 9-22-0 D. Is 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
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Batch #: 2193
Article #: 71106605959000125014
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 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
reet, Apt. No.;
PO Box No.
ity, 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

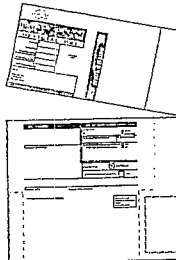
LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125069
Date/Time: 8/31/2010 12:27:43 PM
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Code2:
File #:
Internal File #:
Internal Code #:

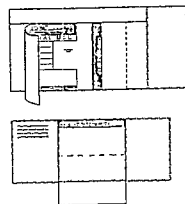
Reorder Form LCD-001 rev. 01/07

2. Article Number 7110 6605 9590 0012 5069	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5069	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Carlos Gonzales 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 Code: Allocation Project - D.Howell
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Batch #: 2193
Article #: 71106605959000125069
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5021

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

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

LUCILLE MILLER
6530 HOPEDALE CT
SAN DIEGO, CA 92120

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5021

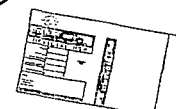
LUCILLE MILLER
6530 HOPEDALE CT
SAN DIEGO, CA 92120

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

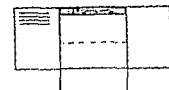
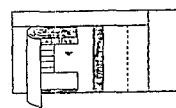
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5021	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LUCILLE MILLER 6530 HOPEDALE CT SAN DIEGO, CA 92120	
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 5021	COMPLETE THIS SECTION ON DELIVERY A. Signature X Lucille A. Miller ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LUCILLE MILLER 6530 HOPEDALE CT SAN DIEGO, CA 92120	
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 #:



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7110 6605 9590 0012 5038

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

sent 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 #:

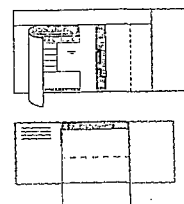
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5038	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LUCINDA DAVENPORT 2750 PARMAN RD DANSVILLE, MI 48819 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



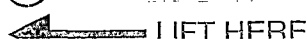
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 5038	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LUCINDA DAVENPORT 2750 PARMAN RD DANSVILLE, MI 48819 Code: Allocation Project - D.Howell	

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

3





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7110 6605 9590 0012 5052

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

ent To
LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



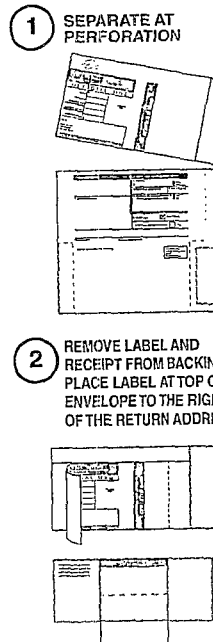
7110 6605 9590 0012 5052

LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

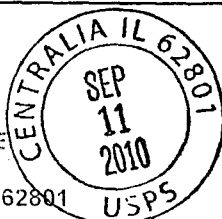
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Article #: 71106605959000125052
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 5052	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LUELLEN AGEE 407 LEAFLAND CENTRALIA, IL 62801	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5052	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Luellen Agee</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No LUELLEN AGEE BY - DAVE AGEE 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: LUELLEN AGEE 407 LEAFLAND CENTRALIA, IL 62801	
Code: Allocation Project - D.Howell	



Batch #: 2193
Article #: 71106605959000125052
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 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



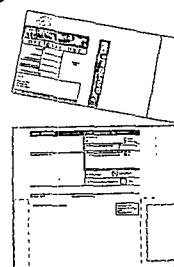
7110 6605 9590 0012 5076

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

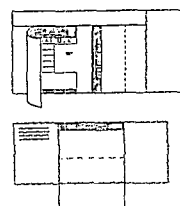
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Article #: 71106605959000125076
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5076	A. Signature X ☐ Agent ☐ 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? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5076	A. Signature X ☐ Agent ☒ 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? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



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7110 6605 9590 0012 5083

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

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

LYNDA WILSON
 1119 N 9TH
 TEMPLE, TX 76501

PS Form 3800, August 2008 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5083

LYNDA WILSON
 1119 N 9TH
 TEMPLE, TX 76501

Batch #: 2193
 Article #: 71106605959000125083
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

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

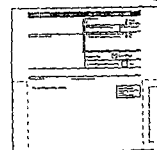
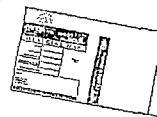
B. Received by (Printed Name) C. Date of Delivery

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

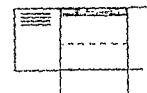
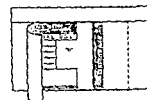
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 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

Batch #: 2193
 Article #: 71106605959000125083
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:

3



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7110 6605 9590 0012 5090

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

Delivered 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

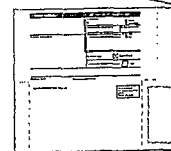
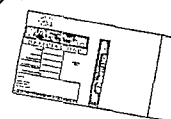
LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

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

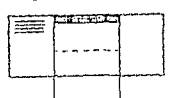
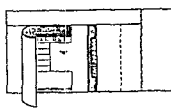
Reorder Form LCD-8 Rev. 01/07

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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5090	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LYNN E DESPER 380 LOS RANCHOS RD ALBUQUERQUE, NM 87107	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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



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7110 6605 9590 0012 5106

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

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 (Rev. 6-1-06) See Reverse for Instructions

Code: Allocation Project - D.Howell



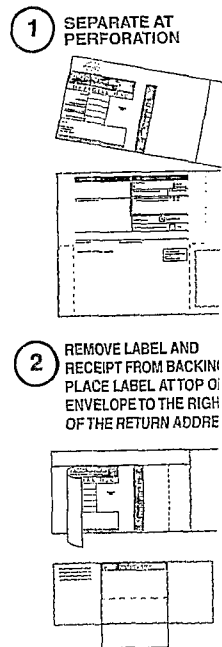
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LYNN M SHAW
1490 MEMORY LN
KALISPELL, MT 59901-5108

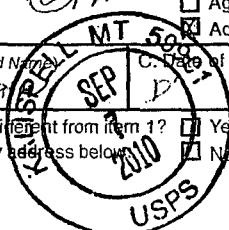
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Article #: 71106605959000125106
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5106	A. Signature X <i>Lynn M Shaw</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Lynn M Shaw</i> <i>SEP 1 2010</i>
LYNN M SHAW 1490 MEMORY LN KALISPELL, MT 59901-5108	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



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

