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7110 6605 9590 0012 7391

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

R D STUART TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7391

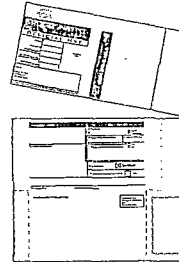
R D STUART TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2195
Article #: 71106605959000127391
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

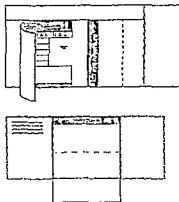
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7391	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
R D STUART TRUST PO BOX 840738 DALLAS, TX 75284-0738	D. Is 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 7391	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery SEP 07 2010
R D STUART TRUST PO BOX 840738 DALLAS, TX 75284-0738	D. Is 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 #: 2195
Article #: 71106605959000127391
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7407

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

ent To

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

R E BEAMON III
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7407

R E BEAMON III
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

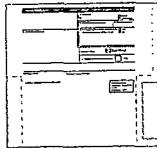
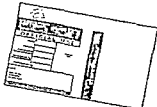
Batch #: 2195
Article #: 71106605959000127407
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-Rev. 01/07

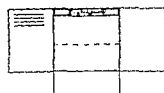
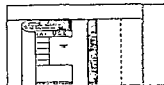
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7407		
1. Article Addressed to:		
R E BEAMON III 2603 AUGUSTA STE 1050 HOUSTON, TX 77057		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7407		
1. Article Addressed to:		
R E BEAMON III 2603 AUGUSTA STE 1050 HOUSTON, TX 77057		
	A. Signature X <i>M. Weber</i>	☒ Agent ☐ Addressee
	B. Received by (Printed Name) <i>M. Weber</i>	C. Date of Delivery <i>9/1/10</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 #: 2195
Article #: 71106605959000127407
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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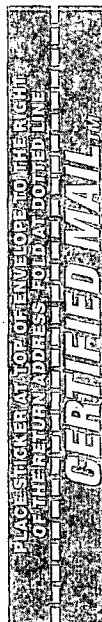
7110 6605 9590 0012 7414

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	

Post To
R H FEUILLE
c/o Scott & Hulse
11th Floor TX COMMERCE BDLG.
EL PASO, TX 79901

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



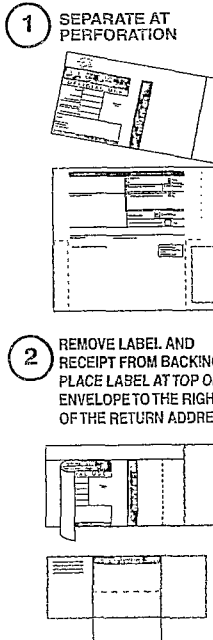
7110 6605 9590 0012 7414

R H FEUILLE
c/o Scott & Hulse
11th Floor TX COMMERCE BDLG.
EL PASO, TX 79901

Batch #: 2195
Article #: 71106605959000127414
Date/Time: 8/31/2010 12:42:26 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 7414	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: R H FEUILLE c/o Scott & Hulse 11th Floor TX COMMERCE BDLG. EL PASO, TX 79901 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 7414	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) LAURO BARRERA C. Date of Delivery 9-6-10 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: R H FEUILLE c/o Scott & Hulse 11th Floor TX COMMERCE BDLG. EL PASO, TX 79901 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127414
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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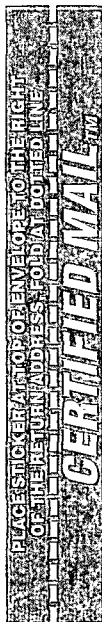
7110 6605 9590 0012 7438

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	

ent To
R. A. JENNINGS, AGENT
SAN JUAN ROYALTY JV-90
PO BOX 3759
MIDLAND, TX 79702

Form 3800, August 2005, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7438

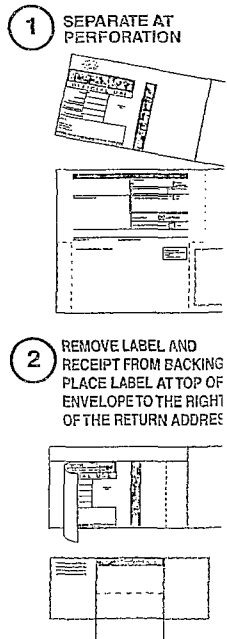
R. A. JENNINGS, AGENT
SAN JUAN ROYALTY JV-90
PO BOX 3759
MIDLAND, TX 79702

Batch #: 2195
Article #: 71106605959000127438
Date/Time: 8/31/2010 12:42:26 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 7438	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
R. A. JENNINGS, AGENT SAN JUAN ROYALTY JV-90 PO BOX 3759 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	

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7438	A. Signature X <i>Kathryn Chant</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Kathryn Chant</i>	C. Date of Delivery <i>9/7/10</i>
R. A. JENNINGS, AGENT SAN JUAN ROYALTY JV-90 PO BOX 3759 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	

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127438
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3958

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

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3958

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

Batch #: 2273
Article #: 71106605959000133958
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3958

1. Article Addressed to:

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7110 6605 9590 0013 3958

1. Article Addressed to:

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

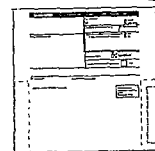
3. Service Type

☒ Certified

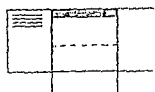
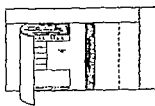
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2273
Article #: 71106605959000133958
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 7445

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

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

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7445

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

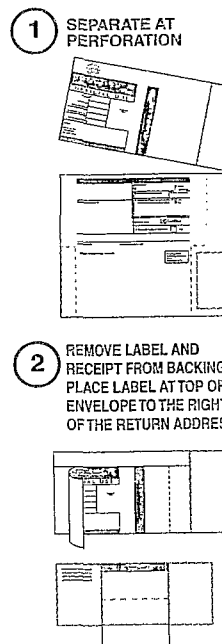
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Article #: 71106605959000127445
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 7445	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:

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

Code: Allocation Project - D.Howell



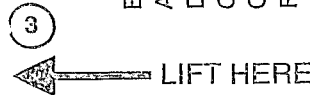
2. Article Number 7110 6605 9590 0012 7445	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) Kella R. Hinkle C. Date of Delivery 9-8-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127445
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 7452

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

RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



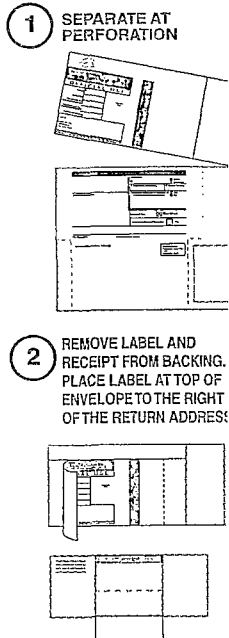
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RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

Batch #: 2195
Article #: 71106605959000127452
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7452	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RALPH ALLEN VANDEWART III PO BOX 159 FLYING H, NM 88339-0159	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 7452	A. Signature X <i>Ralph A. Vandewart</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Ralph A. Vandewart 9-7-10</i>
RALPH ALLEN VANDEWART III PO BOX 159 FLYING H, NM 88339-0159	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 #: 2195
Article #: 71106605959000127452
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7469

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

RALPH W GILMORE
177 STATE HWY 94
ALED0, IL 61231

PS Form 3800, August 2006 (Rev. 11-03) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7469

RALPH W GILMORE
177 STATE HWY 94
ALED0, IL 61231

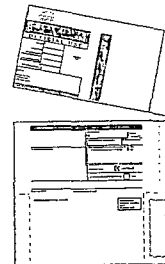
Batch #: 2195
Article #: 71106605959000127469
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

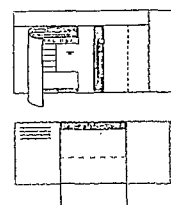
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7469		
1. Article Addressed to:	A. Signature ☒ Agent X ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ 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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7469		
1. Article Addressed to:	A. Signature ☐ Agent X <i>Ralph W Gilmore</i> ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	<i>Ralph W Gilmore</i>	<i>9-4-10</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 #: 2195
Article #: 71106605959000127469
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(The Mail Only. No Insurance Coverage Provided.)
For information on this service, visit us online at www.usps.com

7110 6605 9590 0012 7476

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	

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

RANDOLPH BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



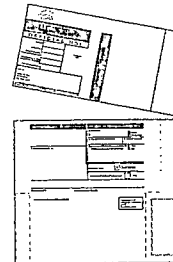
7110 6605 9590 0012 7476

RANDOLPH BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

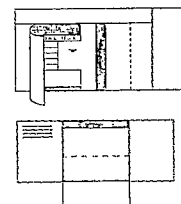
Batch #: 2195
Article #: 71106605959000127476
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7476	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RANDOLPH BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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 7476	A. Signature X Cheryl Good ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Cheryl Good 9/3/10
RANDOLPH BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127476
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 7483

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	

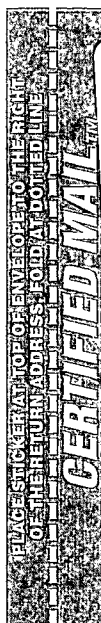
sent To

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

RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7483

RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127483
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7483

1. Article Addressed to:

RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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

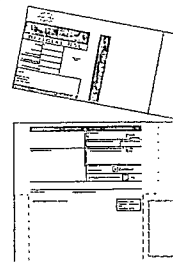
3. Service Type

☒ Certified

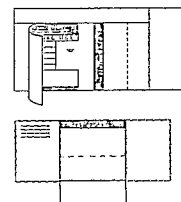
4. Restricted Delivery? (Extra Fee)

☐ 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 7483

1. Article Addressed to:

RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Treva Smyser

C. Date of Delivery

9-7-10

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2195
Article #: 71106605959000127483
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7490

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	

ent To

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

RAY HAMMOND REVOCABLE TRUST
C/O MORGAN STANLEY
6701 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7490

RAY HAMMOND REVOCABLE TRUST
C/O MORGAN STANLEY
6701 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Batch #: 2195
Article #: 71106605959000127490
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

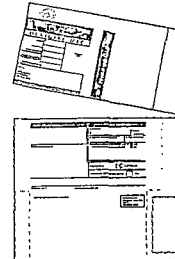
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7490	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: RAY HAMMOND REVOCABLE TRUST C/O MORGAN STANLEY 6701 UPTOWN BLVD NE ALBUQUERQUE, NM 87110	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address 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

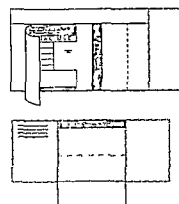
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7490	A. Signature X <i>Bruce Boyer</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: RAY HAMMOND REVOCABLE TRUST C/O MORGAN STANLEY 6701 UPTOWN BLVD NE ALBUQUERQUE, NM 87110	B. Received by (Printed Name) <i>Bruce Boyer</i>	C. Date of Delivery <i>9/1/10</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

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 #: 2195
Article #: 71106605959000127490
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7506

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	\$	\$6.45	

sent To

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

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7506

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

Batch #: 2195
Article #: 71106605959000127506
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7506

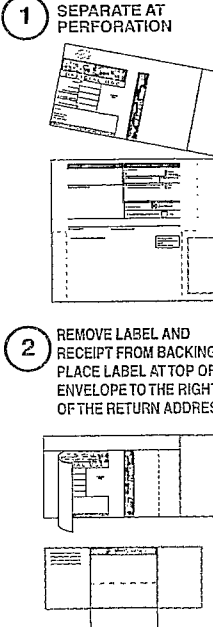
1. Article Addressed to:

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

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 7506

1. Article Addressed to:

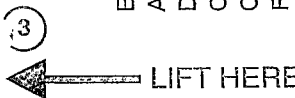
RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Raymond C Harris</i>		☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery <i>8/31/10</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		

Batch #: 2195
Article #: 71106605959000127506
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 7513

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	

ent To

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

RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7513

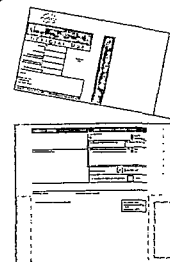
RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

Batch #: 2195
Article #: 71106605959000127513
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

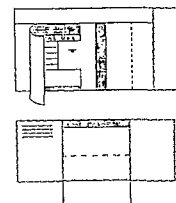
Reorder Form LCD-8 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7513	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RAYMOND K PALMER 1013 FAIRWEATHER DR SACRAMENTO, CA 95833	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 7513	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RAYMOND K PALMER 1013 FAIRWEATHER DR SACRAMENTO, CA 95833	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 #: 2195
Article #: 71106605959000127513
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7520

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

RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7520

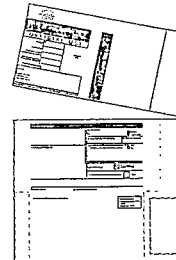
RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

Batch #: 2195
Article #: 71106605959000127520
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

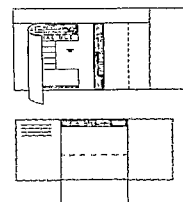
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7520	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RAYMOND L GALLEGOS 2061 OLGA ST OXNARD, CA 93036-2712	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 7520	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/7/10
RAYMOND L GALLEGOS 2061 OLGA ST OXNARD, CA 93036-2712	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 #: 2195
Article #: 71106605959000127520
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PROVER

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7110 6605 9590 0012 7537

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

RAYMOND SMYSER
 15001 OLYMPIC RD
 SHERIDAN, MO 64486-8203

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7537

RAYMOND SMYSER
 15001 OLYMPIC RD
 SHERIDAN, MO 64486-8203

Batch #: 2195
 Article #: 71106605959000127537
 Date/Time: 8/31/2010 12:42:27 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

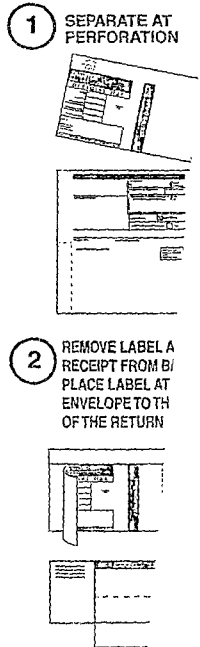
Reorder Form LCD-811H rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7537		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	
1. Article Addressed to: RAYMOND SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7537		A. Signature X <i>Raymond Smyser</i> ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) <i>Raymond Smyser</i>	C. Date of Delivery <i>9-7-10</i>
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
1. Article Addressed to: RAYMOND SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell



Batch #: 2195
 Article #: 71106605959000127537
 Date/Time: 8/31/2010 12:42:27 PM
 Code: Allocation Project - D.Howell



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7110 6605 9590 0012 7544

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

Postmark
Here

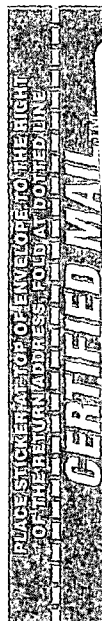
sent To

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

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7544

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Batch #: 2195
Article #: 71106605959000127544
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7544

1. Article Addressed to:

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT
PERFORATION

2 REMOVE LABEL AND
RECEIPT FROM BACK
PLACE LABEL AT THE
ENVELOPE TO THE
OF THE RETURN A

2. Article Number

7110 6605 9590 0012 7544

1. Article Addressed to:

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Melanie McClain

☐ 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 #: 2195
Article #: 71106605959000127544
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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Delivery Information On our website at www.usps.com

7110 6605 9590 0012 7551

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
 REECE B ANDERSON
 1411 BRIARMEAD DR
 HOUSTON, TX 77057

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7551

REECE B ANDERSON
 1411 BRIARMEAD DR
 HOUSTON, TX 77057

Batch #: 2195
 Article #: 71106605959000127551
 Date/Time: 8/31/2010 12:42:27 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal Code #:

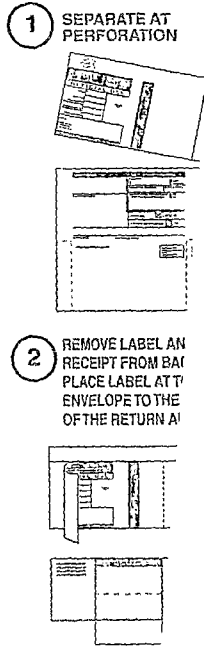
Reorder Form LCD-811 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7551		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
REECE B ANDERSON 1411 BRIARMEAD DR HOUSTON, TX 77057		D. Is 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 7551		A. Signature X <i>Reece B Anderson</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Reece B Anderson</i>	C. Date of Delivery <i>9/8/10</i>
REECE B ANDERSON 1411 BRIARMEAD DR HOUSTON, TX 77057		D. Is 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 #: 2195
 Article #: 71106605959000127551
 Date/Time: 8/31/2010 12:42:27 PM
 Code: Allocation Project - D.Howell
 Code2:

PROVED

Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
Delivery Information Visit Our Website at www.usps.com

7110 6605 9590 0012 7568

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

REESE ELLEN TAYLOR
551 W CORDOVA RD # 804
SANTA FE, NM 87505

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 7568

REESE ELLEN TAYLOR
551 W CORDOVA RD # 804
SANTA FE, NM 87505

Batch #: 2195
Article #: 71106605959000127568
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD-811R rev. 01/07

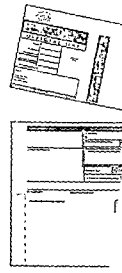
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7568	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
REESE ELLEN TAYLOR 551 W CORDOVA RD # 804 SANTA FE, NM 87505	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

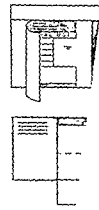
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7568	A. Signature X <i>A. Sandoval</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>A. Sandoval</i> <i>8/31-3-10</i>
REESE ELLEN TAYLOR 551 W CORDOVA RD # 804 SANTA FE, NM 87505	D. Is 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 RECEIPT FROM PLACE LABEL ENVELOPE OF THE RETL



Batch #: 2195
Article #: 71106605959000127568
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell



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

7110 6605 9590 0013 3965

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

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

REGENT OIL & GAS CO LP
PO BOX 25204
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

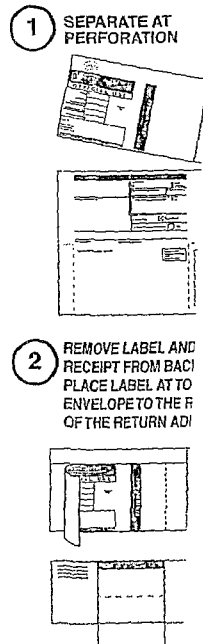


7110 6605 9590 0013 3965

REGENT OIL & GAS CO LP
PO BOX 25204
DALLAS, TX 75225

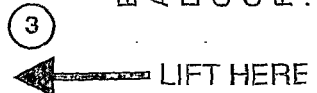
Batch #: 2273
Article #: 71106605959000133965
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3965	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
REGENT OIL & GAS CO LP PO BOX 25204 DALLAS, TX 75225	D. Is 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 3965	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
REGENT OIL & GAS CO LP PO BOX 25204 DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133965
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 7575

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	

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

RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7575

RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

Batch #: 2195
Article #: 71106605959000127575
Date/Time: 8/31/2010 12:42:27 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 7575	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: RESOURCE DEVELOPMENT TECHNOLOGY LLC P O BOX 1020 MORRISON, CO 80465	

Code: Allocation Project - D.Howell

PS Form 3811

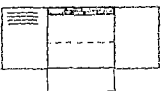
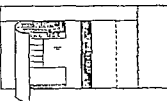
2. Article Number 7110 6605 9590 0012 7575	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Greg Thompson</i> B. Received by (Printed Name) <i>Greg Thompson</i> C. Date of Delivery <i>9/7/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: RESOURCE DEVELOPMENT TECHNOLOGY LLC P O BOX 1020 MORRISON, CO 80465	

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 #: 2195
Article #: 71106605959000127575
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7582

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

RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7582

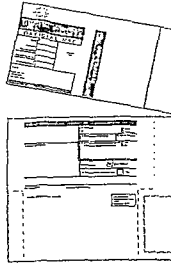
RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

Batch #: 2195
Article #: 71106605959000127582
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

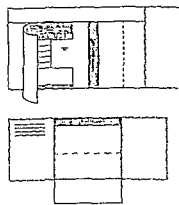
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7582	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RHEA DAWN WILBORN 955 NINETEENTH 1/2 RD FRUITA, CO 81521-9378	D. Is 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 7582	A. Signature X <i>Rhea Wilborn</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9.4.10
RHEA DAWN WILBORN 955 NINETEENTH 1/2 RD FRUITA, CO 81521-9378	D. Is 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 #: 2195
Article #: 71106605959000127582
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7605

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+4RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

Form 3800, August 2006 PSN 550 Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7605

RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759Batch #: 2195
Article #: 71106605959000127605
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7605

1. Article Addressed to:

RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

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



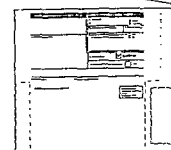
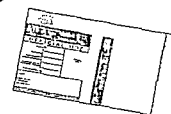
Certified

4. Restricted Delivery? (Extra Fee)

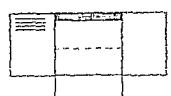
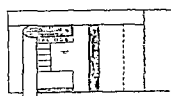


Yes

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 7605

1. Article Addressed to:

RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

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 #: 2195
Article #: 71106605959000127605
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3

LIFT HERE



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7110 6605 9590 0012 7612

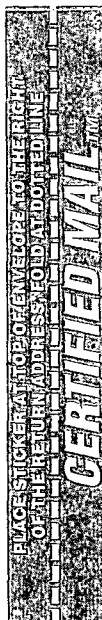
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



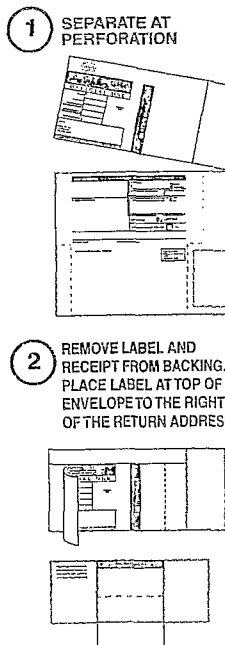
7110 6605 9590 0012 7612

RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

Batch #: 2195
Article #: 71106605959000127612
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

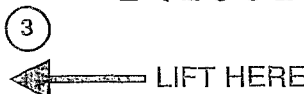
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7612	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD A MACINTOSH 9929 PINE KNOLL LN SAN DIEGO, CA 92124-1809	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 7612	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD A MACINTOSH 9929 PINE KNOLL LN SAN DIEGO, CA 92124-1809	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 #: 2195
Article #: 71106605959000127612
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 7629

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

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7629

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

Batch #: 2195
Article #: 71106605959000127629
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 7629

1. Article Addressed to:

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

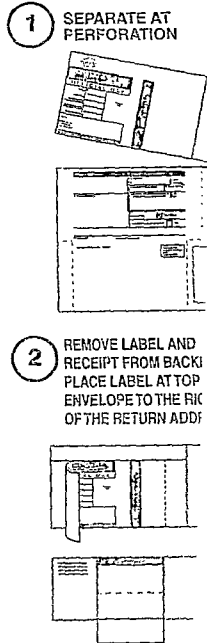
A. Signature ☒ Agent ☒ Addressee
X

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 7629

1. Article Addressed to:

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Richard E. Arnold*

B. Received by (Printed Name) C. Date of Delivery
Richard E. Arnold *9/9/10*

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 #: 2195
Article #: 71106605959000127629
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



7110 6605 9590 0012 7599

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	

ent To

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

RICHARD A GROENENDYKE JR
2545 E 30TH ST
TULSA, OK 74114

Form 3800, August 2006, 11 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7599

RICHARD A GROENENDYKE JR
2545 E 30TH ST
TULSA, OK 74114

Batch #: 2195
Article #: 71106605959000127599
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7599		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
RICHARD A GROENENDYKE JR 2545 E 30TH ST TULSA, OK 74114		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type		☒ Certified	
4. Restricted Delivery? (Extra Fee)		☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2195
Article #: 71106605959000127599
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0013 3972

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
RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Form 3800, August 2006 See Reverse for Instructions

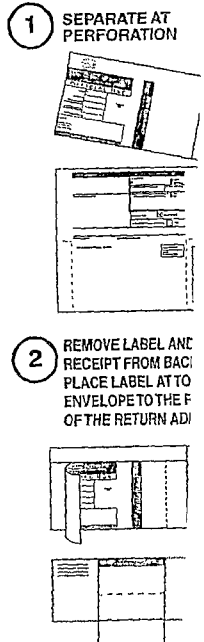


7110 6605 9590 0013 3972

RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

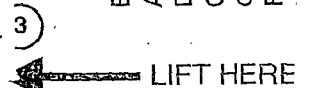
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Article #: 71106605959000133972
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3972	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RHB ENTERPRISES LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3972	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RHB ENTERPRISES LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133972
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 7636

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

RICHARD D FREDERKING FAMILY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7636

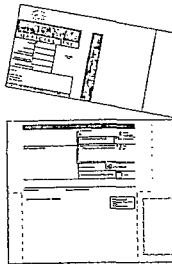
RICHARD D FREDERKING FAMILY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2195
Article #: 71106605959000127636
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

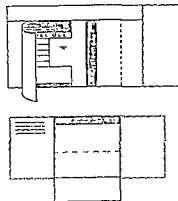
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7636	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD D FREDERKING FAMILY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 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 7636	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD D FREDERKING FAMILY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is 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 #: 2195
Article #: 71106605959000127636
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 7650

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

RICHARD H GODFREY JR
PO BOX 18208
OKLAHOMA CITY, OK 73154-0208

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7650

RICHARD H GODFREY JR
PO BOX 18208
OKLAHOMA CITY, OK 73154-0208

Batch #: 2195
Article #: 71106605959000127650
Date/Time: 8/31/2010 12:42:27 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 7650		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: RICHARD H GODFREY JR PO BOX 18208 OKLAHOMA CITY, OK 73154-0208		A. Signature X	☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
Code: Allocation Project - D.Howell		D. Is 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

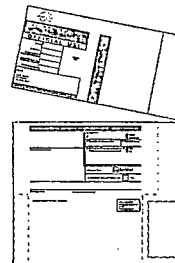
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
Article #: 71106605959000127650
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

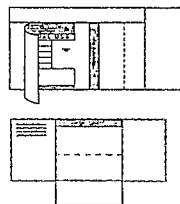


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1 SEPARATE AT PERFORATION



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 7643

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

RICHARD GODFREY
P O BOX 18661
OKLAHOMA CITY, OK 73154-0661

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7643

RICHARD GODFREY
P O BOX 18661
OKLAHOMA CITY, OK 73154-0661

Batch #: 2195
Article #: 71106605959000127643
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7643	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD GODFREY P O BOX 18661 OKLAHOMA CITY, OK 73154-0661	D. Is 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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Domestic Return Receipt

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Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2195
Article #: 71106605959000127643
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

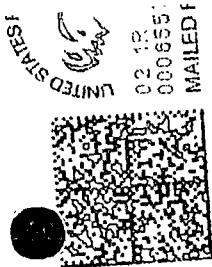
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LIFT HERE

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

ConocoPhillips

7110 6605 9590 0012 7599



Richard Greenendyke Sr.

9-4 #1430
R-2

REFUSED
UNCLAIMED X



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7110 6605 9590 0012 7667

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

RICHARD H HUGHES
 RICHARD HUGHES REVOCALBE TRUST
 311 CALLE LOMA NORTE
 SANTA FE, NM 87501

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7667

RICHARD H HUGHES
 RICHARD HUGHES REVOCALBE TRUST
 311 CALLE LOMA NORTE
 SANTA FE, NM 87501

Batch #: 2195
 Article #: 71106605959000127667
 Date/Time: 8/31/2010 12:42:28 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7667		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
RICHARD H HUGHES RICHARD HUGHES REVOCALBE TRUST 311 CALLE LOMA NORTE SANTA FE, NM 87501		D. Is 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

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7667		A. Signature X <i>Mario Wenter</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) MARIO WENTER	C. Date of Delivery 9/3/10
RICHARD H HUGHES RICHARD HUGHES REVOCALBE TRUST 311 CALLE LOMA NORTE SANTA FE, NM 87501		D. Is 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

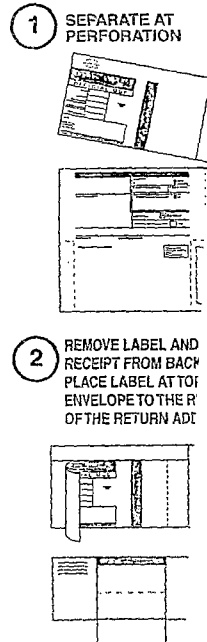
PS Form 3811

Domestic Return Receipt

Batch #: 2195
 Article #: 71106605959000127667
 Date/Time: 8/31/2010 12:42:28 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:

3

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7110 6605 9590 0012 7674

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	

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

RICHARD H LANDSHEFT JR
2313 JIM DENT
EL PASO, TX 79936-2802

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7674

RICHARD H LANDSHEFT JR
2313 JIM DENT
EL PASO, TX 79936-2802

Batch #: 2195
Article #: 71106605959000127674
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7674		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	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
RICHARD H LANDSHEFT JR 2313 JIM DENT EL PASO, TX 79936-2802			

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 #: 2195
Article #: 71106605959000127674
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 7681

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

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7681

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

Batch #: 2195
Article #: 71106605959000127681
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8
v. 01/07

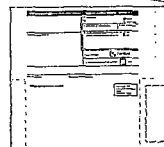
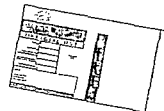
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7681	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD PARKER LANGFORD 6513 TARASCAS DR EL PASO, TX 79912	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

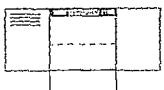
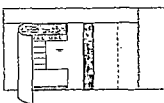
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7681	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD PARKER LANGFORD 6513 TARASCAS DR EL PASO, TX 79912	D. Is delivery address different from item 1? ☐ Yes If 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 #: 2195
Article #: 71106605959000127681
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 7698

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
Richard S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

Form 3800, August 2009 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7698

RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

Batch #: 2195
Article #: 71106605959000127698
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

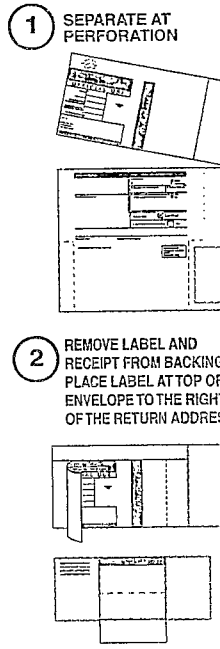
Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0012 7698	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:

RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 7698	COMPLETE THIS SECTION ON DELIVERY A. Signature X Denise Kellez 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:

RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127698
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7704

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

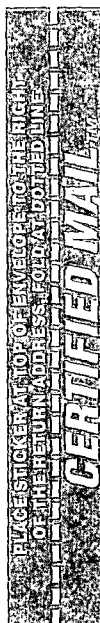
ent To

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

RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7704

RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

Batch #: 2195
Article #: 71106605959000127704
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

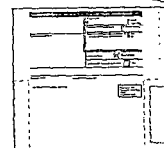
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7704	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD TULLY D/B/A P O BOX 268 FARMINGTON, NM 87499-0268	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

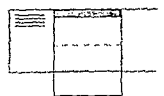
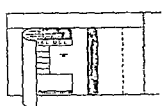
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7704	A. Signature X <i>Carrie Dibble</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Carrie Dibble</i> <i>8/31/10</i>
RICHARD TULLY D/B/A P O BOX 268 FARMINGTON, NM 87499-0268	D. Is 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. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2195
Article #: 71106605959000127704
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0012 7711

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
Richard W Turner III REVOCABLE TRU
Richard W Turner Trustee
PO BOX 2442
DURANGO, CO 81302

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



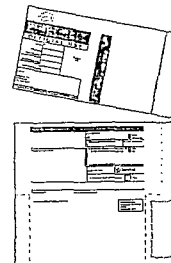
7110 6605 9590 0012 7711

RICHARD W TURNER III REVOCABLE TRUS
RICHARD W TURNER TRUSTEE
PO BOX 2442
DURANGO, CO 81302

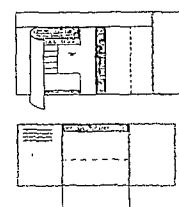
Batch #: 2195
Article #: 71106605959000127711
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 7711	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: RICHARD W TURNER III REVOCABLE TRUS RICHARD W TURNER TRUSTEE PO BOX 2442 DURANGO, CO 81302	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

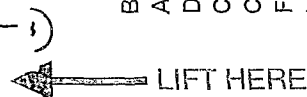


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 7711	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: RICHARD W TURNER III REVOCABLE TRUS RICHARD W TURNER TRUSTEE PO BOX 2442 DURANGO, CO 81302	
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127711
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 7728

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

RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7728

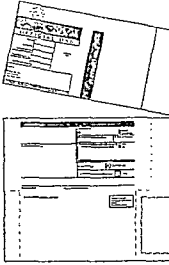
RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127728
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

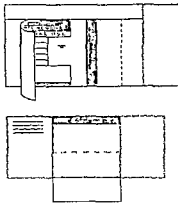
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7728	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICK SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	D. Is 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 7728	A. Signature X <i>Rick Smyser</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Rick Smyser</i>
RICK SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No <i>14655 Hwy F Sheridan Mo 64486</i>
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127728
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7735

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

Postmark
Here

Code: Allocation Project - D.Howell

ent To
RIO ARIBAGAS LTD
C/O EDDYE DREYER MGMT CO AGENT
4925 GREENVILLE AVE SUITE 900
DALLAS, TX 75206

Form 3800, August 2006. See Reverse for Instructions



7110 6605 9590 0012 7735

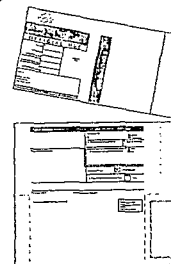
RIO ARIBAGAS LTD
C/O EDDYE DREYER MGMT CO AGENT
4925 GREENVILLE AVE SUITE 900
DALLAS, TX 75206

Batch #: 2195
Article #: 71106605959000127735
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

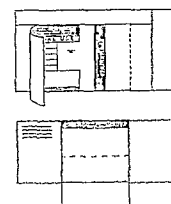
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7735	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RIO ARIBAGAS LTD C/O EDDYE DREYER MGMT CO AGENT 4925 GREENVILLE AVE SUITE 900 DALLAS, TX 75206	D. Is 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 7735	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RIO ARIBAGAS LTD C/O EDDYE DREYER MGMT CO AGENT 4925 GREENVILLE AVE SUITE 900 DALLAS, TX 75206	D. Is 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 #: 2195
Article #: 71106605959000127735
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7742

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

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

RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7742

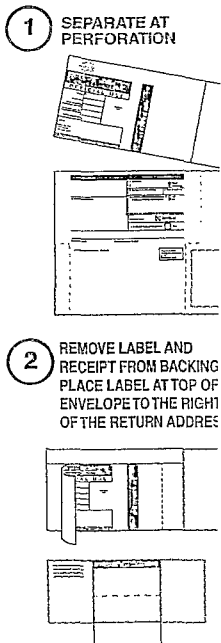
RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

Batch #: 2195
Article #: 71106605959000127742
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7742	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RIPLEY LIVING TR PO BOX 5011 SANTA FE, NM 87502	D. Is 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 7742	A. Signature X Joseph Craig Ripley ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RIPLEY LIVING TR PO BOX 5011 SANTA FE, NM 87502	D. Is 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 #: 2195
Article #: 71106605959000127742
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7759

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

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

RITA M ADKINS
PO BOX 21268
ALBUQUERQUE, NM 87154-1268

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7759

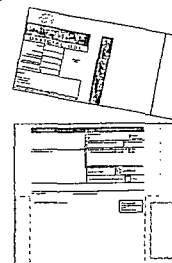
RITA M ADKINS
PO BOX 21268
ALBUQUERQUE, NM 87154-1268

Batch #: 2195
Article #: 71106605959000127759
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

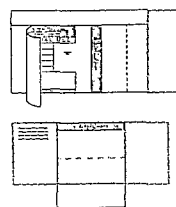
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7759	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RITA M ADKINS PO BOX 21268 ALBUQUERQUE, NM 87154-1268	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 7759	A. Signature X <i>Rita Adkins</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RITA M ADKINS PO BOX 21268 ALBUQUERQUE, NM 87154-1268	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 #: 2195
Article #: 71106605959000127759
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7766

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	

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

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7766

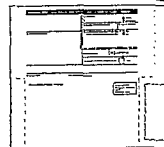
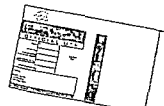
RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

Batch #: 2195
Article #: 71106605959000127766
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

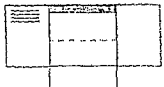
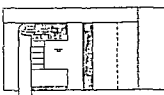
Reorder Form LOD rev. 01/07

2. Article Number 7110 6605 9590 0012 7766	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: RITA ROACH 4878 GALINA DR LAS CRUCES, NM 88012 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 7766	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Agent</i> 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: RITA ROACH 4878 GALINA DR LAS CRUCES, NM 88012 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127766
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7773

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	

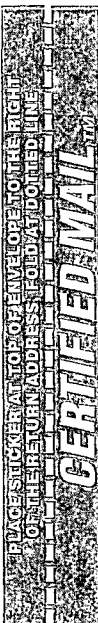
ent To

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

RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

Form 3811, August 2008 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7773

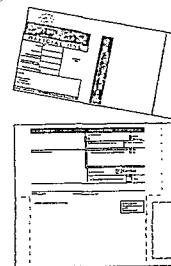
RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

Batch #: 2195
Article #: 71106605959000127773
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

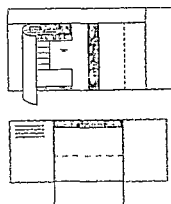
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7773	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RKC INC 7500 E ARAPAHOE ROAD, SUITE 380 CENTENNIAL, CO 80112-6116	D. Is 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 7773	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/4/10
RKC INC 7500 E ARAPAHOE ROAD, SUITE 380 CENTENNIAL, CO 80112-6116	D. Is 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 #: 2195
Article #: 71106605959000127773
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7780

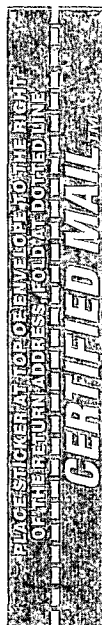
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7780

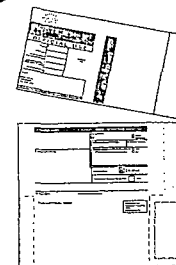
ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127780
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

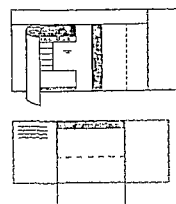
Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7780	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROB SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	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 7780	A. Signature X <i>ASmyser</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Amanda Smyser</i> <i>9-7-10</i>
ROB SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	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 #: 2195
Article #: 71106605959000127780
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 7797

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	

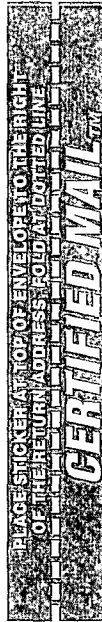
ent To

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

ROBERT & THELMA SMITH REV TRUST
PO BOX 1034
PAGOSA SPRINGS, CO 81147

PS Form 3800, August 2005 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7797

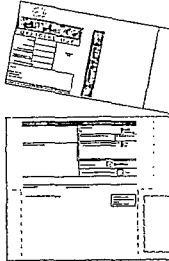
ROBERT & THELMA SMITH REV TRUST
PO BOX 1034
PAGOSA SPRINGS, CO 81147

Batch #: 2195
Article #: 71106605959000127797
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

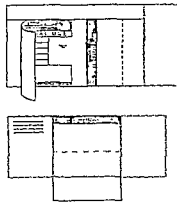
Reorder Form LCD-8, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7797	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT & THELMA SMITH REV TRUST PO BOX 1034 PAGOSA SPRINGS, CO 81147	D. Is 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 7797	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT & THELMA SMITH REV TRUST PO BOX 1034 PAGOSA SPRINGS, CO 81147	D. Is 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 #: 2195
Article #: 71106605959000127797
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7803

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

Postmark
Here

ent To

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

ROBERT B FARNHAM FAMILY TRUST
1470 THOMAS AVE
SAINT PAUL, MN 55104

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7803

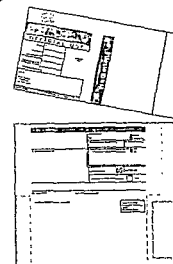
ROBERT B FARNHAM FAMILY TRUST
1470 THOMAS AVE
SAINT PAUL, MN 55104

Batch #: 2195
Article #: 71106605959000127803
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

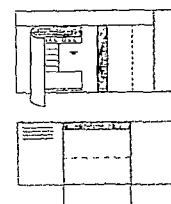
Reorder Form LCD-8
v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7803	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT B FARNHAM FAMILY TRUST 1470 THOMAS AVE SAINT PAUL, MN 55104	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 7803	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Dorb</i> <i>9-10</i>
ROBERT B FARNHAM FAMILY TRUST 1470 THOMAS AVE SAINT PAUL, MN 55104	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 #: 2195
Article #: 71106605959000127803
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7810

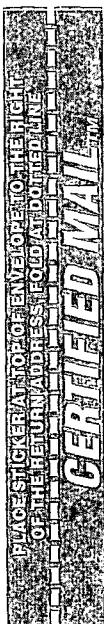
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



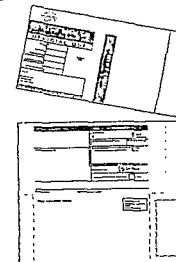
7110 6605 9590 0012 7810

ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

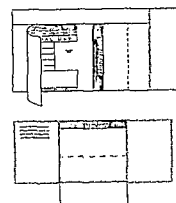
Batch #: 2195
Article #: 71106605959000127810
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 7810	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: ROBERT C GRIFFITH 340 COUNTY ROAD 239 DURANGO, CO 81301 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 7810	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: ROBERT C GRIFFITH 340 COUNTY ROAD 239 DURANGO, CO 81301 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127810
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7827

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	

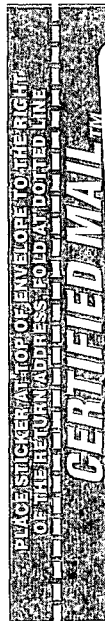
Send To

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

ROBERT D FITTING TRUST
P O BOX 50582
MIDLAND, TX 79710-0582

Form 3800, August 2005. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7827

ROBERT D FITTING TRUST
P O BOX 50582
MIDLAND, TX 79710-0582

Batch #: 2195
Article #: 71106605959000127827
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8
Rev. 01/07

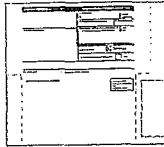
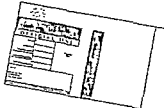
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7827	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT D FITTING TRUST P O BOX 50582 MIDLAND, TX 79710-0582	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

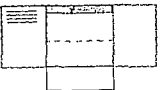
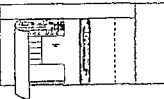
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7827	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT D FITTING TRUST P O BOX 50582 MIDLAND, TX 79710-0582	D. Is delivery address different from item 1? ☐ Yes If 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 #: 2195
Article #: 71106605959000127827
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7834

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

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7834

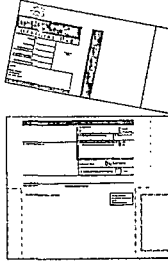
ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

Batch #: 2195
Article #: 71106605959000127834
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

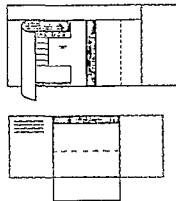
Reorder Form LCD-01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7834	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT DICKEY 2885 MONTE VISTA ROAD SW DEMING, NM 88030	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 7834	A. Signature X <i>Robert Dickey</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Robert Dickey 9/3/10</i>
ROBERT DICKEY 2885 MONTE VISTA ROAD SW DEMING, NM 88030	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 #: 2195
Article #: 71106605959000127834
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7841

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

ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

Code: Allocation Project - D.Howell



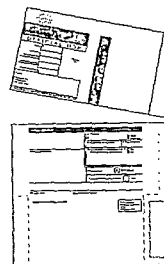
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ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

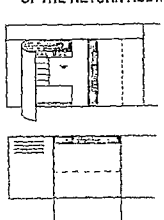
Batch #: 2195
Article #: 71106605959000127841
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7841	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT DOUGLAS STUART TRUST PO BOX 2980 MC -3-WM MILWAUKEE, WI 53201-2980	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7841	A. Signature X <i>CSL624</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>9/4/10</i>
ROBERT DOUGLAS STUART TRUST PO BOX 2980 MC -3-WM MILWAUKEE, WI 53201-2980	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 #: 2195
Article #: 71106605959000127841
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 8947

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

ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



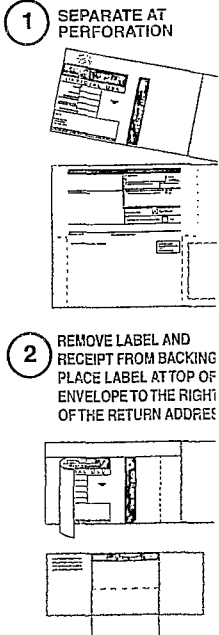
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ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

Batch #: 2199
Article #: 71106605959000128947
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

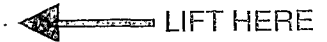
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 8947	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT E BEAMON 2603 AUGUSTA, SUITE 1050 HOUSTON, TX 77057	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 8947	A. Signature X <i>M Weber</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT E BEAMON 2603 AUGUSTA, SUITE 1050 HOUSTON, TX 77057	<i>M Weber</i> <i>9/1/10</i>
Code: Allocation Project - D.Howell	D. Is 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 #: 2199
Article #: 71106605959000128947
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3989

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

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

ROBERT EDMUND & GAY S BEAMON LIV TR
 2603 AUGUSTA
 STE #1050
 HOUSTON, TX 77057

PS Form 3800, August 2006 See Reverse for Instructions

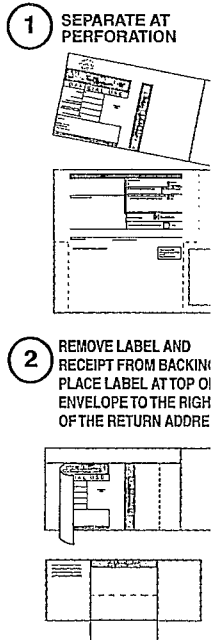


7110 6605 9590 0013 3989

ROBERT EDMUND & GAY S BEAMON LIV TR
 2603 AUGUSTA
 STE #1050
 HOUSTON, TX 77057

Batch #: 2273
 Article #: 71106605959000133989
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3989	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to: ROBERT EDMUND & GAY S BEAMON LIV TR 2603 AUGUSTA STE #1050 HOUSTON, TX 77057	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		



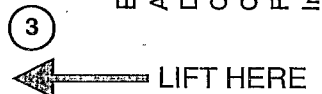
PS Form 3811 Domestic Return Receipt

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 #: 2273
 Article #: 71106605959000133989
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-1 rev. 01/07



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Domestic Mail Only; No Insurance Coverage Provided
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7110 6605 9590 0013 3996

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

ROBERT H BENART JR
930 CATTAIL CREEK RD
DILLWYN, VA 23936

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3996

ROBERT H BENART JR
930 CATTAIL CREEK RD
DILLWYN, VA 23936

Batch #: 2273
Article #: 71106605959000133996
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2 Article Number

7110 6605 9590 0013 3996

1. Article Addressed to:

ROBERT H BENART JR
930 CATTAIL CREEK RD
DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2 Article Number

7110 6605 9590 0013 3996

1. Article Addressed to:

ROBERT H BENART JR
930 CATTAIL CREEK RD
DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

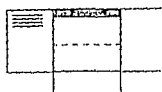
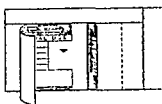
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2273
Article #: 71106605959000133996
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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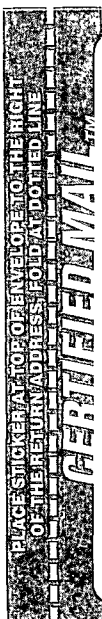
7110 6605 9590 0012 8954

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
Robert L Bayless
PO BOX 461002
DENVER, CO 80246

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 8954

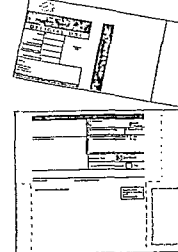
ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

Batch #: 2199
Article #: 71106605959000128954
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

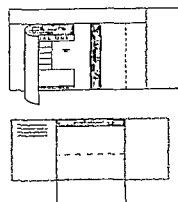
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 8954	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 8954	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2199
Article #: 71106605959000128954
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 8961

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

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

Postmark Here

Code: Allocation Project - D.Howell

Robert L Spencer
134 REYNARD DR
TUPELO, MS 38801-8685

Form 3800, August 2006 (See Reverse for Instructions)



7110 6605 9590 0012 8961

ROBERT L SPENCER
134 REYNARD DR
TUPELO, MS 38801-8685

Batch #: 2199
Article #: 71106605959000128961
Date/Time: 8/31/2010 1:09:46 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 8961

1. Article Addressed to:

ROBERT L SPENCER
134 REYNARD DR
TUPELO, MS 38801-8685

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

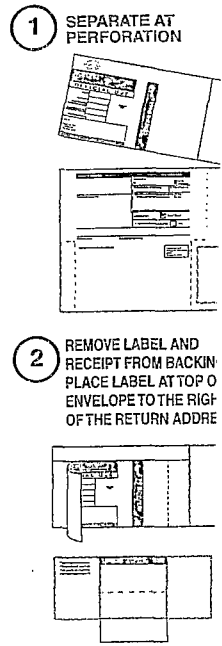
A. Signature
X ☐ Agent
☐ Addressee

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 8961

1. Article Addressed to:

ROBERT L SPENCER
134 REYNARD DR
TUPELO, MS 38801-8685

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *R L Spencer* ☐ 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 #: 2199
Article #: 71106605959000128961
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 8978

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.
ity, State, Zip+4

ROBERT NICK RAWSON
1531 MARSHALL ST #4
HOUSTON, TX 77006

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 8978

ROBERT NICK RAWSON
1531 MARSHALL ST #4
HOUSTON, TX 77006

Batch #: 2199
Article #: 7110605959000128978
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 8978		A. Signature	
		☒ Agent ☐ Addressee	
		B. Received by (Printed Name)	
		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
ROBERT NICK RAWSON 1531 MARSHALL ST #4 HOUSTON, TX 77006			
3. Service Type		☒ Certified	
4. Restricted Delivery? (Extra Fee)		☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

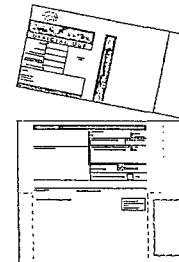
Batch #: 2199
Article #: 7110605959000128978
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

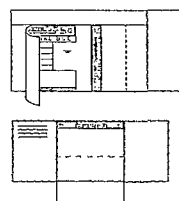


LIFT HERE

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 8985

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

ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 8985

ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

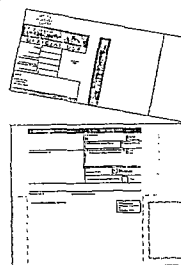
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Article #: 71106605959000128985
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

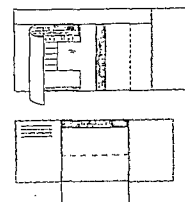
2. Article Number 7110 6605 9590 0012 8985	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBERT NORMAN DUMBLE JR ESTATE PO BOX 420837 HOUSTON, TX 77242-0837	

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 8985	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>F. Faulstich</i> B. Received by (Printed Name) <i>F. FAULSTICH</i> C. Date of Delivery <i>9-8-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBERT NORMAN DUMBLE JR ESTATE PO BOX 420837 HOUSTON, TX 77242-0837	

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000128985
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 8992

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

ROBERT P EARNEST & ANNA DOKUS EARNE
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 8992

ROBERT P EARNEST & ANNA DOKUS EARNE
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

Batch #: 2199
Article #: 71106605959000128992
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

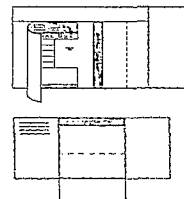
Reorder Form LCD-812 Rev. 01/07

2. Article Number 7110 6605 9590 0012 8992	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: ROBERT P EARNEST & ANNA DOKUS EARNE C/O ROBERT P EARNEST PO BOX 91036 SAN DIEGO, CA 92169	
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 8992	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: <i>Rebecca Rios c/o Robert Earnest</i> ROBERT P EARNEST & ANNA DOKUS EARNE C/O ROBERT P EARNEST PO BOX 91036 SAN DIEGO, CA 92169 <i>Rebecca Rios</i>	
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000128992
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9012

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.
ity, State, Zip+4

ROBERT PAYNE LANCASTER
4209 MCFARLIN
DALLAS, TX 75205

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9012

ROBERT PAYNE LANCASTER
4209 MCFARLIN
DALLAS, TX 75205

Batch #: 2199
Article #: 71106605959000129012
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9012	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT PAYNE LANCASTER 4209 MCFARLIN DALLAS, TX 75205	D. Is 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

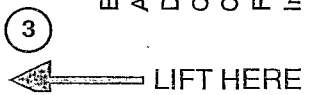
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2199
Article #: 71106605959000129012
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9005

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

ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



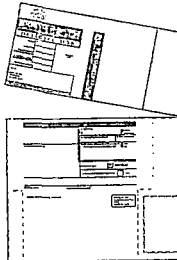
7110 6605 9590 0012 9005

ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

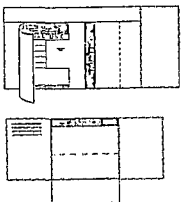
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Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9005	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT P. SOENS 808 ENDERBY DR ALEXANDRIA, VA 22302-2224	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 9005	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT P. SOENS 808 ENDERBY DR ALEXANDRIA, VA 22302-2224	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 #: 2199
Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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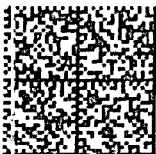
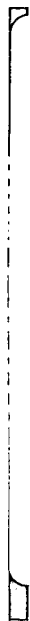
San Juan
PO Box 4289
Farmington NM 87499-4289

 **ConocoPhillips**

7110 6605 9590 0012 9029

ROBERT
3900 RUN
AUSTIN, TX 781

Robert Run



UNITED STATES
02 1R
000655
MAILED



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 9029

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

ROBERT SEAN RILEY
3900 RUN OF THE OAKS, APT A
AUSTIN, TX 78704

PS Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9029

ROBERT SEAN RILEY
3900 RUN OF THE OAKS, APT A
AUSTIN, TX 78704

Batch #: 2199
Article #: 71106605959000129029
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2: Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9029		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ROBERT SEAN RILEY 3900 RUN OF THE OAKS, APT A AUSTIN, TX 78704		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

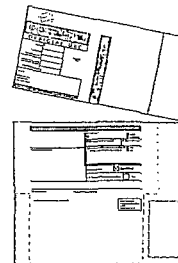
Lisa Hunter, Land Department
SJBUC ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2199
Article #: 71106605959000129029
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

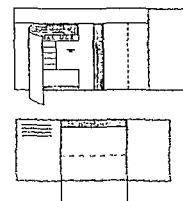
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 9036

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

ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

Form 3800, August 2006, 7-1. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9036

ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

Batch #: 2199
Article #: 71106605959000129036
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 9036

1. Article Addressed to:

ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

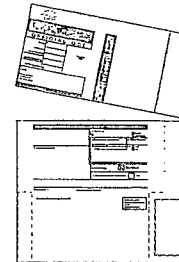
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2199
Article #: 71106605959000129036
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

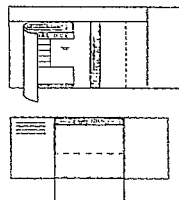
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 9043

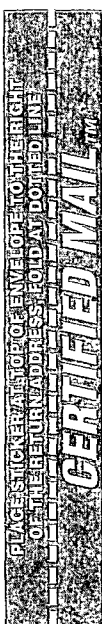
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

ROBERT T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9043

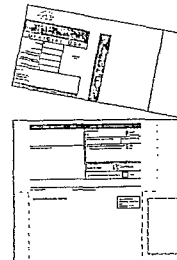
ROBERT T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

Batch #: 2199
Article #: 71106605959000129043
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

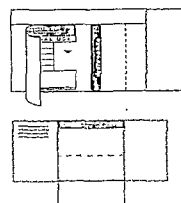
Reorder Form LCD-811-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9043	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROBERT T ISHAM TRUST 335 HOT SPRINGS RD SANTA BARBARA, CA 93108	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

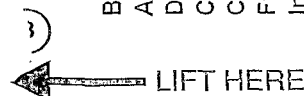


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS!



2. Article	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9043	B. Received by (Printed Name)	C. Date of Delivery 9/9/10
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
ROBERT T ISHAM TRUST 335 HOT SPRINGS RD SANTA BARBARA, CA 93108	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2199
Article #: 71106605959000129043
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



Philips

7110 6605 9590 0012 9050

MAILED FROM ZIP CODE 87402

UNCLAIMED



RETURN TO
ROBERT T STOLWORTHY JR
5500 SUMMER WIND LN
BIRMINGHAM, NM 87401

my wife



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

7110 6605 9590 0012 9050

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

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

ROBERT T STOLWORTHY JR
4600 SUMMER WIND LN
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9050

ROBERT T STOLWORTHY JR
4600 SUMMER WIND LN
FARMINGTON, NM 87401

Batch #: 2199
Article #: 71106605959000129050
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9050		A. Signature ☐ Agent X ☐ Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
ROBERT T STOLWORTHY JR 4600 SUMMER WIND LN FARMINGTON, NM 87401		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2199
Article #: 71106605959000129050
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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For information visit our website at www.usps.com

7110 6605 9590 0012 9067

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
Robert UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
PO BOX 1959
MIDLAND, TX 79702-1959

PS Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9067

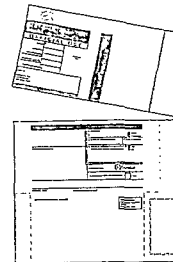
ROBERT UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
PO BOX 1959
MIDLAND, TX 79702-1959

Batch #: 2199
Article #: 71106605959000129067
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

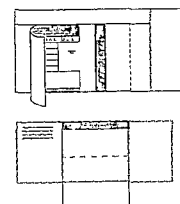
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9067	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: ROBERT UMBACH CANCER FOUNDATION ATTN: CHARLES WALLACE PO BOX 1959 MIDLAND, TX 79702-1959 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

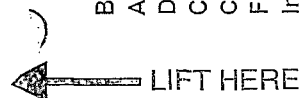


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 9067	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jack</i> B. Received by (Printed Name) C. Date of Delivery <i>6. Becker</i> <i>9/19/10</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: ROBERT UMBACH CANCER FOUNDATION ATTN: CHARLES WALLACE PO BOX 1959 MIDLAND, TX 79702-1959 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129067
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9074

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

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

ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

Form 3800, August 2006 (Rev. 10-1-06) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9074

ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

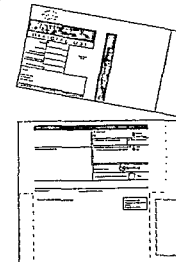
Batch #: 2199
Article #: 71106605959000129074
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 (Rev. 01/07)

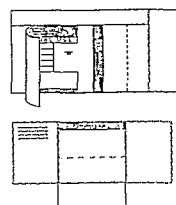
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9074	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROBERT W SMITH & THELMA M SMITH REV THELMA M SMITH CO TRUSTEES PO BOX 1034 PAGOSA SPRINGS, CO 81147-1034	D. Is delivery 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



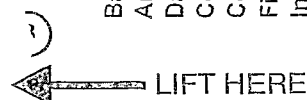
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9074	A. Signature X T. Allen	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) T. Allen	C. Date of Delivery 9/8/10
ROBERT W SMITH & THELMA M SMITH REV THELMA M SMITH CO TRUSTEES PO BOX 1034 PAGOSA SPRINGS, CO 81147-1034	D. Is 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 #: 2199
Article #: 71106605959000129074
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9081

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

ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



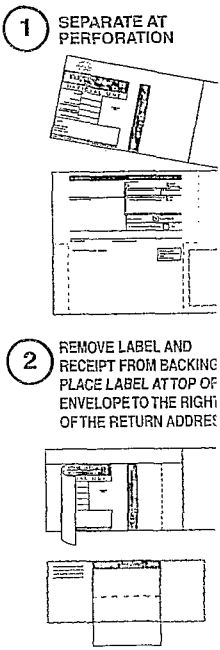
7110 6605 9590 0012 9081

ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

Batch #: 2199
Article #: 71106605959000129081
Date/Time: 8/31/2010 1:09:47 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 9081	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT WALTER LUNDELL 2450 FONDREN, STE 304 HOUSTON, TX 77063-2318	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 9081	A. Signature X <i>Walt Lundell</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Walt Lundell</i> <i>8/31/10</i>
ROBERT WALTER LUNDELL 2450 FONDREN, STE 304 HOUSTON, TX 77063-2318	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 #: 2199
Article #: 71106605959000129081
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 3705

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 **ROBERT W WESTFALL**
1329 SIGMA CHI RD NE

ALBUQUERQUE, NM 87106

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

PS Form 3810, August 2006 See Reverse for Instructions

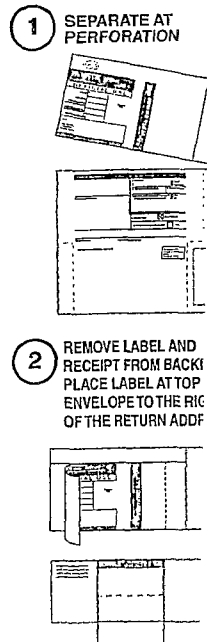


7110 6605 9590 0013 3705

ROBERT W WESTFALL
1329 SIGMA CHI RD NE
ALBUQUERQUE, NM 87106

Batch #: 2272
Article #: 71106605959000133705
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3705	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT W WESTFALL 1329 SIGMA CHI RD NE ALBUQUERQUE, NM 87106	D. Is 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 3705	A. Signature X <i>Robert Westfall</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT W WESTFALL 1329 SIGMA CHI RD NE ALBUQUERQUE, NM 87106	Robert Westfall 9-16-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133705
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 9104

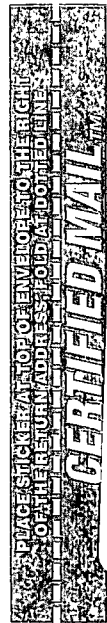
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9104

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Batch #: 2199
Article #: 71106605959000129104
Date/Time: 8/31/2010 1:09:47 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 9104

1. Article Addressed to:

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

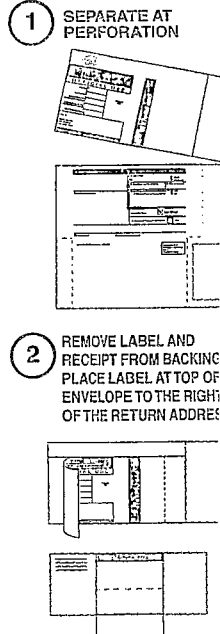
A. Signature ☒ Agent ☐ Addressee
X

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 9104

1. Article Addressed to:

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

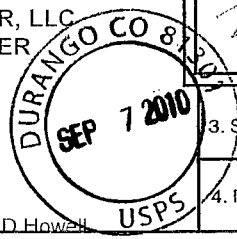
A. Signature ☐ Agent ☐ Addressee
X *[Signature]*

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2199
Article #: 71106605959000129104
Date/Time: 8/31/2010 1:09:47 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 9111

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

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

RODERICK A IRONSIDE
CROASDAILE VILLAGE
70 DAVSSON DR
DURHAM, NC 27705

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 (See Reverse for Instructions)



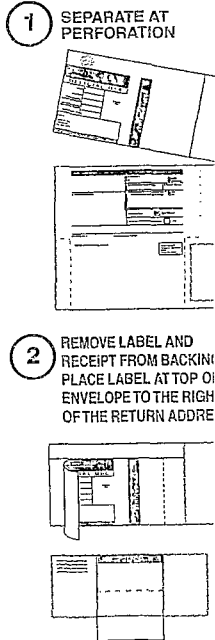
7110 6605 9590 0012 9111

RODERICK A IRONSIDE
CROASDAILE VILLAGE
70 DAVSSON DR
DURHAM, NC 27705

Batch #: 2199
Article #: 71106605959000129111
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number 7110 6605 9590 0012 9111	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 9111	COMPLETE THIS SECTION ON DELIVERY A. Signature x RA Ironside ☐ Agent ☒ Addressee B. Received by (Printed Name) RA IRONSIDE C. Date of Delivery 9/3/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2199
Article #: 71106605959000129111
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 9128

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

ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell

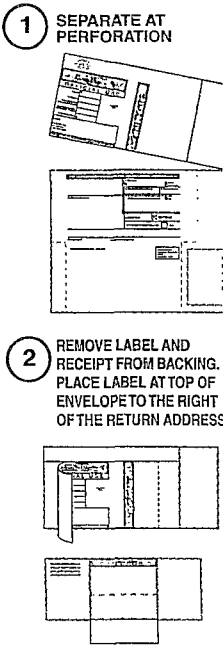


7110 6605 9590 0012 9128

ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

Batch #: 2199
Article #: 71106605959000129128
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9128	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: ROGER B NIELSEN 1200 DANBURY DRIVE MANSFIELD, TX 76063 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 #: 2199
Article #: 71106605959000129128
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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For more information visit our website at www.usps.com
7110 6605 9590 0012 9135

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

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

ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9135

ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2199
Article #: 71106605959000129135
Date/Time: 8/31/2010 1:09:47 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 9135

1. Article Addressed to:
ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

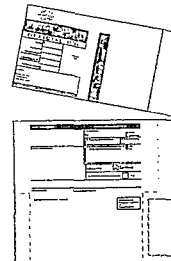
B. Received by (Printed Name) C. Date of Delivery

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

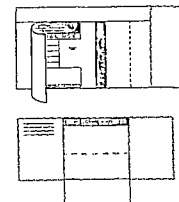
3. Service Type ☒ Certified

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 9135

1. Article Addressed to:
ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Walter B. Shaw* ☐ Agent
☐ Addressee

B. Received by (Printed Name) 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

Batch #: 2199
Article #: 71106605959000129135
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9159

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

ROGERS FAMILY LIMITED PARTNERSHIP
3630 RIVER OAKS CT
TYLER, TX 75707

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



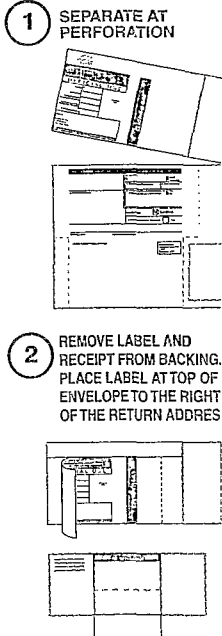
7110 6605 9590 0012 9159

ROGERS FAMILY LIMITED PARTNERSHIP
3630 RIVER OAKS CT
TYLER, TX 75707

Batch #: 2199
Article #: 71106605959000129159
Date/Time: 8/31/2010 1:09:48 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 9159	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROGERS FAMILY LIMITED PARTNERSHIP 3630 RIVER OAKS CT TYLER, TX 75707	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 9159	A. Signature X <i>Kenneth W. Eveland</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Kenneth W. Eveland</i> <i>9/9/10</i>
ROGERS FAMILY LIMITED PARTNERSHIP 3630 RIVER OAKS CT TYLER, TX 75707	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 #: 2199
Article #: 71106605959000129159
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9166

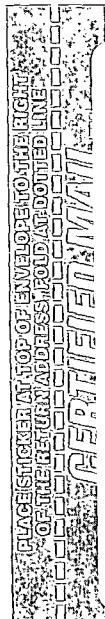
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9166

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

Batch #: 2199
Article #: 71106605959000129166
Date/Time: 8/31/2010 1:09:48 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 9166

1. Article Addressed to:

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

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

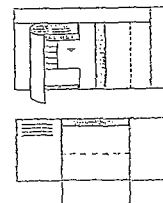
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9166

1. Article Addressed to:

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *David Rogers* ☐ 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 #: 2199
Article #: 71106605959000129166
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3156	
Postage	
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00
Postmark Here	
ent To	
\$5.54	
ROGERS FAM TR PO BOX 12825	
EL PASO, TX 79913	
Form 3800, August 2006 See Reverse for Instructions	

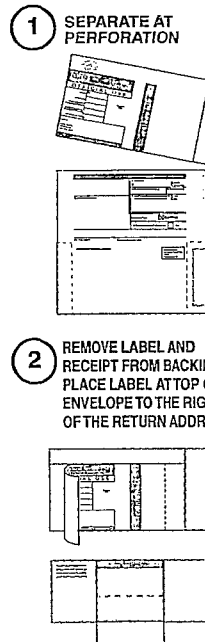


7110 6605 9590 0013 3156

ROGERS FAM TR
PO BOX 12825
EL PASO, TX 79913

Batch #: 2269
Article #: 71106605959000133156
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	
7110 6605 9590 0013 3156	
1. Article Addressed to:	
ROGERS FAM TR PO BOX 12825 EL PASO, TX 79913	
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



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USPS
Permit No. G-10

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



Batch #: 2269
Article #: 71106605959000133156
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0012 9173

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

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

ROGERS GIBBARD TRUST
PO BOX 624
SULPHUR, OK 73086-0624

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



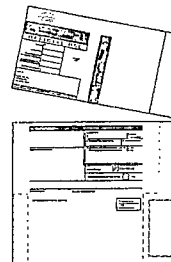
7110 6605 9590 0012 9173

ROGERS GIBBARD TRUST
PO BOX 624
SULPHUR, OK 73086-0624

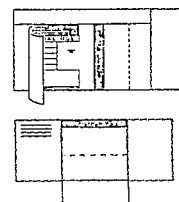
Batch #: 2199
Article #: 71106605959000129173
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9173	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROGERS GIBBARD TRUST PO BOX 624 SULPHUR, OK 73086-0624	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



Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9173	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-7-10
ROGERS GIBBARD TRUST PO BOX 624 SULPHUR, OK 73086-0624	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 #: 2199
Article #: 71106605959000129173
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9142

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

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

ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



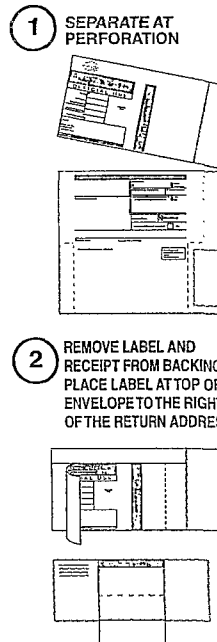
7110 6605 9590 0012 9142

ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

Batch #: 2199
Article #: 71106605959000129142
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	7110 6605 9590 0012 9142
1. Article Addressed to:	ROGER J LOWE 762 CORONA ST DENVER, CO 80218
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 #: 2199
Article #: 71106605959000129142
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9180

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

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

ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



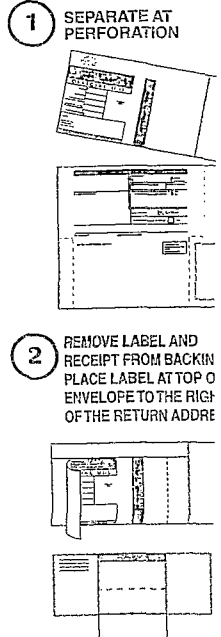
7110 6605 9590 0012 9180

ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

Batch #: 2199
Article #: 71106605959000129180
Date/Time: 8/31/2010 1:09:48 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 9180	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROMAN CATHOLIC CHURCH DIOCESE OF GA P O BOX 1338 GALLUP, NM 87305-1338	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 9180	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROMAN CATHOLIC CHURCH DIOCESE OF GA P O BOX 1338 GALLUP, NM 87305-1338	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 #: 2199
Article #: 71106605959000129180
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9197

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

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

ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



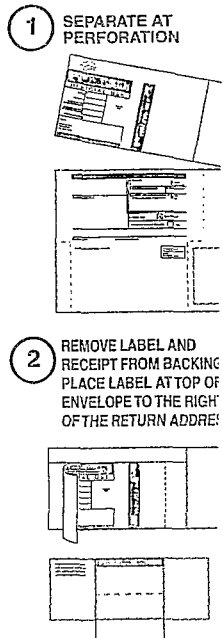
7110 6605 9590 0012 9197

ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

Batch #: 2199
Article #: 71106605959000129197
Date/Time: 8/31/2010 1:09:48 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 9197	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROMERO FAMILY LIMITED PARTNERSHIP C/O BANK OF AMERICA NA PO BOX 840845 DALLAS, TX 75283	D. Is 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 9197	A. Signature X <i>Al Wash...</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 04 2010
ROMERO FAMILY LIMITED PARTNERSHIP C/O BANK OF AMERICA NA PO BOX 840845 DALLAS, TX 75283	D. Is 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 #: 2199
Article #: 71106605959000129197
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

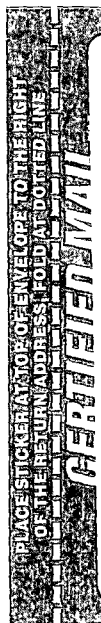
7110 6605 9590 0012 9203

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

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

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell



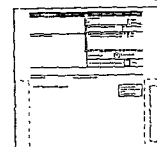
7110 6605 9590 0012 9203

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

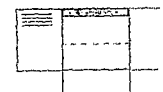
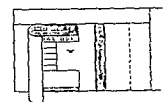
Batch #: 2199
Article #: 71106605959000129203
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9203	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD E NORDHAUS 6301 UPTOWN BLVD NE ALBUQUERQUE, NM 87110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9203	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD E NORDHAUS 6301 UPTOWN BLVD NE ALBUQUERQUE, NM 87110	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 #: 2199
Article #: 71106605959000129203
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0012 9210

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	

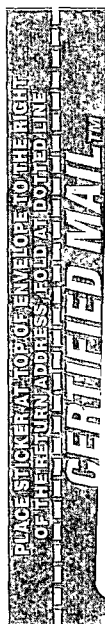
Sent To

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

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9210

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

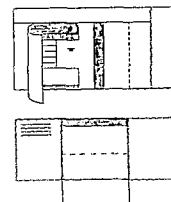
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Article #: 71106605959000129210
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9210	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD K GRIFFITH 1836 W LAKE AVE LITTLETON, CO 80120	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9210	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD K GRIFFITH 1836 W LAKE AVE LITTLETON, CO 80120	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 #: 2199
Article #: 71106605959000129210
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 9227

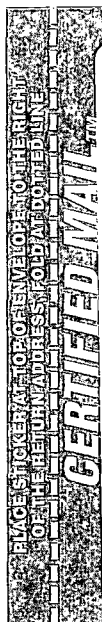
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (endorsement Required)	\$2.80		
Restricted Delivery Fee (endorsement Required)	\$2.30		
	\$0.00		
Total Postage & Fees	\$	\$6.15	

ent To

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

RONALD LEE JACKS
1713 NE CLUBHOUSE DR, APT 301
NORTH KANSAS CITY, MO 64116

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9227

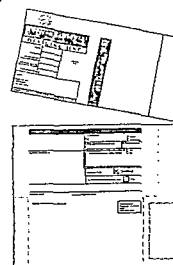
RONALD LEE JACKS
1713 NE CLUBHOUSE DR, APT 301
NORTH KANSAS CITY, MO 64116

Batch #: 2199
Article #: 71106605959000129227
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

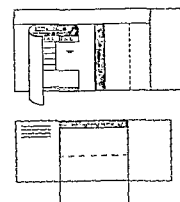
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9227	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD LEE JACKS 1713 NE CLUBHOUSE DR, APT 301 NORTH KANSAS CITY, MO 64116	D. Is 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 9227	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RONALD LEE JACKS 1713 NE CLUBHOUSE DR, APT 301 NORTH KANSAS CITY, MO 64116	D. Is 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 #: 2199
Article #: 71106605959000129227
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9234

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

Postmark
Here

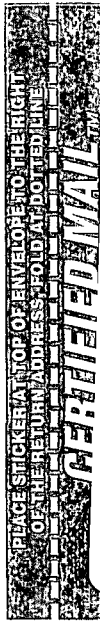
sent To

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

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

Form 3800, August 2006 PSN 7520-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



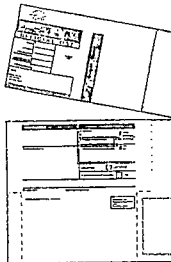
7110 6605 9590 0012 9234

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

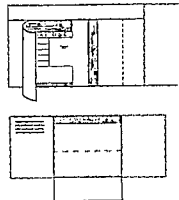
Batch #: 2199
Article #: 71106605959000129234
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9234	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROSALIE ARNOLD 10945 CYPRESS AVE RIVERSIDE, CA 92505	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 9234	A. Signature X <i>Rosalie Arnold</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Rosalie Arnold</i>
ROSALIE ARNOLD 10945 CYPRESS AVE RIVERSIDE, CA 92505	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 #: 2199
Article #: 71106605959000129234
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0013 4009

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

ROSALIE MARTINEZ
719 E CLEARWATER DR
LAYTON, UT 84041

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 4009

ROSALIE MARTINEZ
719 E CLEARWATER DR
LAYTON, UT 84041

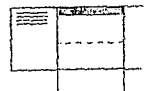
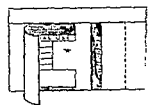
Batch #: 2273
Article #: 71106605959000134009
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 4009	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROSALIE MARTINEZ 719 E CLEARWATER DR LAYTON, UT 84041	D. Is 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 BAC PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 4009	A. Signature X <i>Rosalie Martinez</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROSALIE MARTINEZ 719 E CLEARWATER DR LAYTON, UT 84041	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2273
Article #: 71106605959000134009
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:



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7110 6605 9590 0012 9241

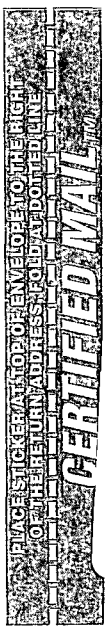
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

ROSEMARY WARNER HALL
7736 E 30TH PL
TULSA, OK 74129

PS Form 3800, August 2005 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



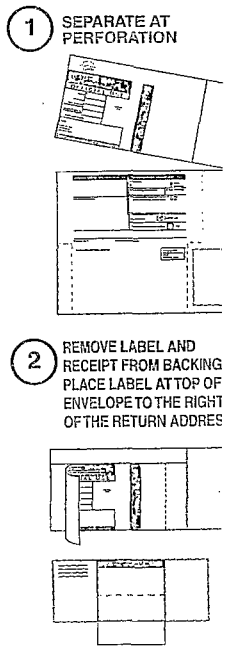
7110 6605 9590 0012 9241

ROSEMARY WARNER HALL
7736 E 30TH PL
TULSA, OK 74129

Batch #: 2199
Article #: 71106605959000129241
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 Rev. 01/07

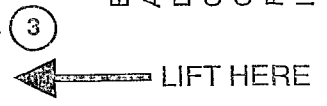
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9241	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROSEMARY WARNER HALL 7736 E 30TH PL TULSA, OK 74129	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 9241	A. Signature X Rosemary Warner ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/3/10
ROSEMARY WARNER HALL 7736 E 30TH PL TULSA, OK 74129	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 #: 2199
Article #: 71106605959000129241
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

6442 71106605959000129241





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7110 6605 9590 0012 9258

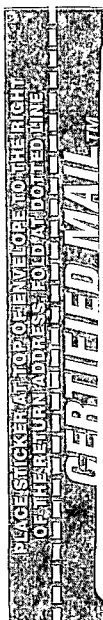
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

ROWENA DALE LAABS
PO BOX 83
TULAROSA, NM 88352-0083

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9258

ROWENA DALE LAABS
PO BOX 83
TULAROSA, NM 88352-0083

Batch #: 2199
Article #: 71106605959000129258
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

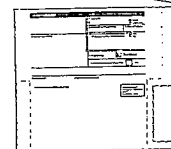
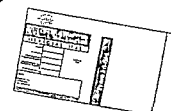
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9258	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROWENA DALE LAABS PO BOX 83 TULAROSA, NM 88352-0083	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

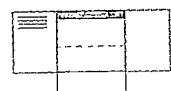
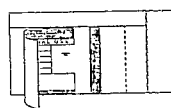
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9258	A. Signature X <i>Rowena D. Laabs</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Rowena D. Laabs</i> <i>9/2/10</i>
ROWENA DALE LAABS PO BOX 83 TULAROSA, NM 88352-0083	D. Is 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 #: 2199
Article #: 71106605959000129258
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 9265

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

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

RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9265

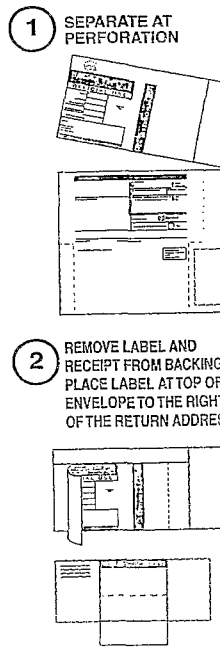
RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

Batch #: 2199
Article #: 71106605959000129265
Date/Time: 8/31/2010 1:09:48 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 9265	A. Signature X	
	☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
1. Article Addressed to:		
RUBY JAQUEZ COAL SEAM PROPERTIES LL 10 ROAD 2980 AZTEC, NM 87410	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

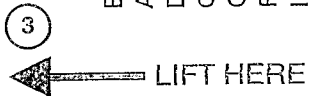
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9265	A. Signature X. Christina Montoya	
	☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 9.2.2010
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
1. Article Addressed to:		
RUBY JAQUEZ COAL SEAM PROPERTIES LL 10 ROAD 2980 AZTEC, NM 87410	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129265
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 9272

Postage	\$		Postmark Here
Certified Fee	\$4.05		
Return Receipt Fee (endorsement Required)	\$2.80		
Restricted Delivery Fee (endorsement Required)	\$2.30		
Total Postage & Fees	\$6.15		

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

RUEBEN F MOMSEN ESTATE
C/O GUS MOMSEN III
PO BOX DRAWER 948
BAYARD, NM 88023

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9272

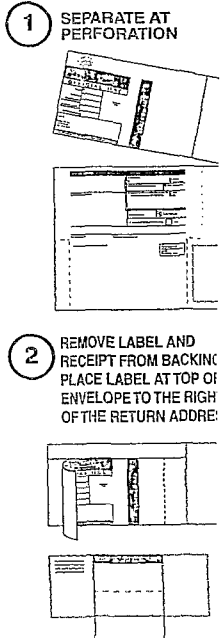
RUEBEN F MOMSEN ESTATE
C/O GUS MOMSEN III
PO BOX DRAWER 948
BAYARD, NM 88023

Batch #: 2199
Article #: 71106605959000129272
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9272	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RUEBEN F MOMSEN ESTATE C/O GUS MOMSEN III PO BOX DRAWER 948 BAYARD, NM 88023	D. Is 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 9272	A. Signature <i>Peter Mousien</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>PETER MOUSIEN</i>	C. Date of Delivery <i>9/3/10</i>
RUEBEN F MOMSEN ESTATE C/O GUS MOMSEN III PO BOX DRAWER 948 BAYARD, NM 88023	D. Is 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 #: 2199
Article #: 71106605959000129272
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9289

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
RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9289

RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

Batch #: 2199
Article #: 71106605959000129289
Date/Time: 8/31/2010 1:09:48 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 9289

1. Article Addressed to:

RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

X

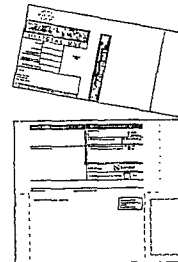
B. Received by (Printed Name) C. Date of Delivery

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

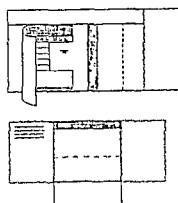
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9289

1. Article Addressed to:

RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

X *[Signature]*

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

[Signature] 9-2

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129289
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9296

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	

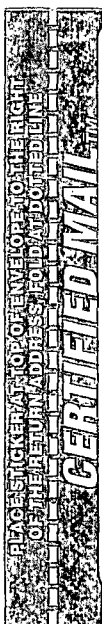
sent To

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

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9296

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

Batch #: 2199
Article #: 71106605959000129296
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 9296

1. Article Addressed to:

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

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 9296

1. Article Addressed to:

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

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

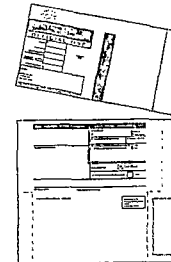
4. Restricted Delivery? (Extra Fee)

☐

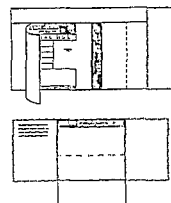
Yes

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



Batch #: 2199
Article #: 71106605959000129296
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9302

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.
ity, State, Zip+4

RUSSELL E STEELE
3704 NE 87TH STREET
SEATTLE, WA 98115

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9302

RUSSELL E STEELE
3704 NE 87TH STREET
SEATTLE, WA 98115

Batch #: 2199
Article #: 71106605959000129302
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number
7009 2820 0001 5954 6053
7110 6605 9590 0012 9302

1. Article Addressed to:

RUSSELL E STEELE
3704 NE 87TH STREET
SEATTLE, WA 98115

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

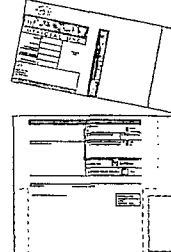
B. Received by (Printed Name) C. Date of Delivery

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

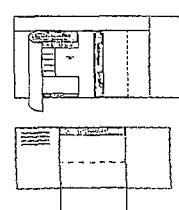
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Russell E. Steele
2704 NE 87th St.
Seattle, WA 98115

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Russell Steele*

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

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

3. Service Type ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7009 2820 0001 5954 6053

PS Form 3811, August 2001 Domestic Return Receipt Allocation-D. Howell

102595-01-M-0381

Batch #: 2199
Article #: 71106605959000129302
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

11ET HERE



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7110 6605 9590 0012 9319

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

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

RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

Code: Allocation Project - D.Howell



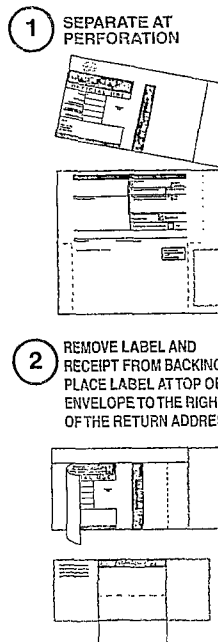
7110 6605 9590 0012 9319

RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

Batch #: 2199
Article #: 71106605959000129319
Date/Time: 8/31/2010 1:09:49 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 9319	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUTH B REID 3791 VZ CR 4302 BEN WHEELER, TX 75754	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 9319	A. Signature X Ruth Reid ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUTH B REID 3791 VZ CR 4302 BEN WHEELER, TX 75754	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 #: 2199
Article #: 71106605959000129319
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9326

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
RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9326

RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

Batch #: 2199
Article #: 71106605959000129326
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number
7110 6605 9590 0012 9326

1. Article Addressed to:
RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

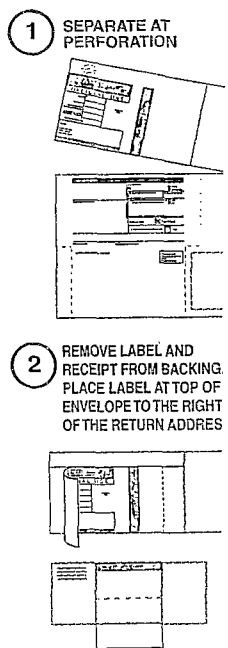
A. Signature ☐ Agent ☒ Addressee
X

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 9326

1. Article Addressed to:
RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Ruth Wester

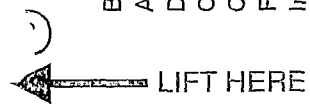
B. Received by (Printed Name) C. Date of Delivery
RUTH WESTER 9/3/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129326
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 9333

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

Post To
RUTH ZIMMERMAN TRUST
842 MUIRLANDS VISTA WY
LA JOLLA, CA 92037

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



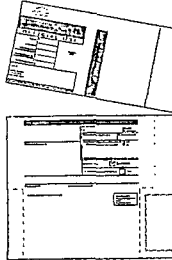
7110 6605 9590 0012 9333

RUTH ZIMMERMAN TRUST
842 MUIRLANDS VISTA WY
LA JOLLA, CA 92037

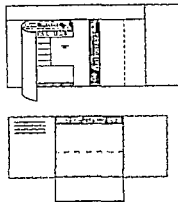
Batch #: 2199
Article #: 71106605959000129333
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9333 1. Article Addressed to: RUTH ZIMMERMAN TRUST 842 MUIRLANDS VISTA WY LA JOLLA, CA 92037 Code: Allocation Project - D.Howell	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 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 9333 1. Article Addressed to: RUTH ZIMMERMAN TRUST 842 MUIRLANDS VISTA WY LA JOLLA, CA 92037 Code: Allocation Project - D.Howell	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Robert J. Hunt</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery SEP 04 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
---	---

Batch #: 2199
Article #: 71106605959000129333
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 9340

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	

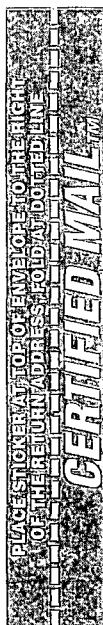
sent To

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

RUTHE LYNN VANDEWART
1538 CATRON SE
ALBUQUERQUE, NM 87123-4259

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9340

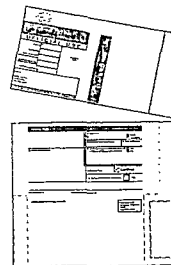
RUTHE LYNN VANDEWART
1538 CATRON SE
ALBUQUERQUE, NM 87123-4259

Batch #: 2199
Article #: 71106605959000129340
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

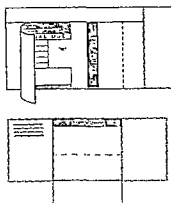
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9340	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUTHE LYNN VANDEWART 1538 CATRON SE ALBUQUERQUE, NM 87123-4259	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 9340	A. Signature X <i>Edwin J. ARSIS</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Edwin J. ARSIS</i> <i>3 Sep 10</i>
RUTHE LYNN VANDEWART 1538 CATRON SE ALBUQUERQUE, NM 87123-4259	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 #: 2199
Article #: 71106605959000129340
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: