



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
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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	

Post 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 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



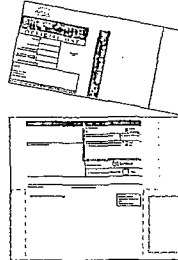
7110 6605 9590 0012 7391

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

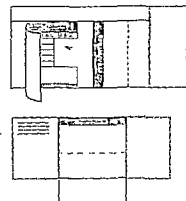
Batch #: 2195
Article #: 71106605959000127391
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

street, Apt. No.;
r PO Box No.
ity, 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

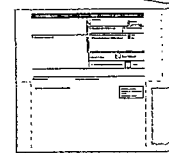
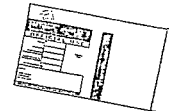
R E BEAMON III
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

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

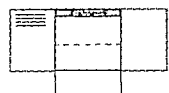
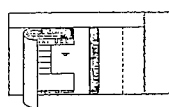
Reorder Form LCD- ev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7407	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
R E BEAMON III 2603 AUGUSTA STE 1050 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		

1 SEPARATE AT PERFORATION



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



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

3

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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	

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



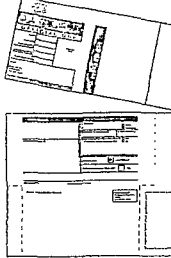
7110 6605 9590 0012 7414

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

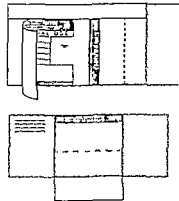
Batch #: 2195
Article #: 71106605959000127414
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7414	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R H FEUILLE c/o Scott & Hulse 11th Floor TX COMMERCE BDLG. EL PASO, TX 79901	D. Is 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 7414	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R H FEUILLE c/o Scott & Hulse 11th Floor TX COMMERCE BDLG. EL PASO, TX 79901	D. Is 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 #: 71106605959000127414
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7421

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

ent To

street, Apt. No.,
r PO Box No.
ity, State, Zip+4R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
WICHITA FALLS, TX 76308

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

Code: Allocation Project - D.Howell

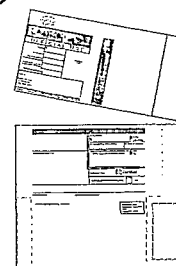


7110 6605 9590 0012 7421

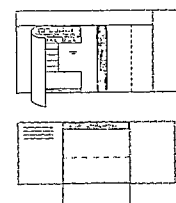
R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
WICHITA FALLS, TX 76308Batch #: 2195
Article #: 71106605959000127421
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7421	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R L BOLIN PROPERTIES LTD 4245 KEMP BLVD, STE 316 WICHITA FALLS, TX 76308	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 7421	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R L BOLIN PROPERTIES LTD 4245 KEMP BLVD, STE 316 WICHITA FALLS, TX 76308	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 #: 71106605959000127421
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 7438

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
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



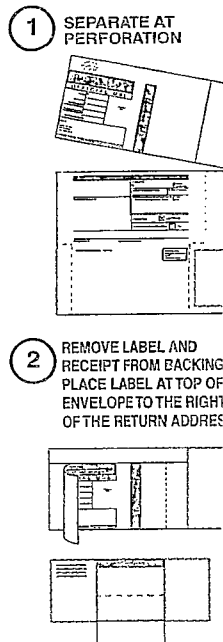
7110 6605 9590 0012 7438

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 7110 6605 9590 0012 7438	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. A. JENNINGS, AGENT SAN JUAN ROYALTY JV-90 PO BOX 3759 MIDLAND, TX 79702 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 7438	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kathryn Chant</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Kathryn Chant</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: R. A. JENNINGS, AGENT SAN JUAN ROYALTY JV-90 PO BOX 3759 MIDLAND, TX 79702 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

Form 3800, August 2006 See Reverse for Instructions

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

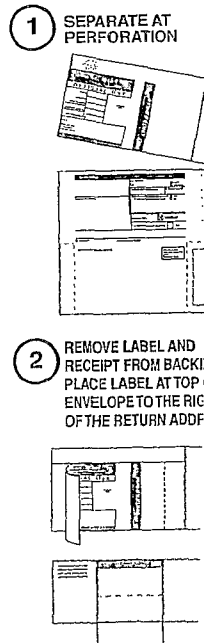
CERTIFIED MAIL™

7110 6605 9590 0013 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3958	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RABSM LLC DEPT 1300 PO BOX 22155 TULSA, OK 74121-2155	D. Is 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 3958	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RABSM LLC DEPT 1300 PO BOX 22155 TULSA, OK 74121-2155	D. Is 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 #: 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	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (Endorsement Required)	\$2.80		
Restricted Delivery Fee (Endorsement Required)	\$2.30		
Total Postage & Fees	\$0.00		
	\$	\$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 3811, August 2005 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

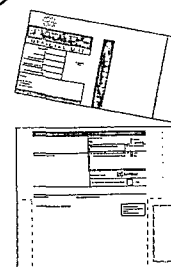
Batch #: 2195
Article #: 71106605959000127445
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

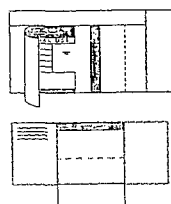
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7445	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7452

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-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 7452

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

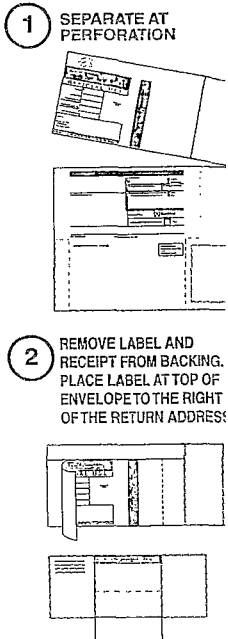
A. Signature ☐ Agent ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 7452

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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	\$		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.,
or PO Box No.
City, State, Zip+4

RALPH W GILMORE
177 STATE HWY 94
ALED0, IL 61231

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7469

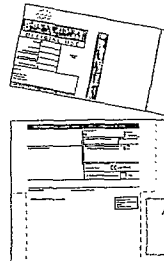
RALPH W GILMORE
177 STATE HWY 94
ALED0, IL 61231

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

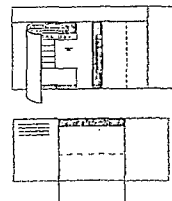
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7469	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RALPH W GILMORE 177 STATE HWY 94 ALED0, IL 61231	D. Is delivery address different from item 1? ☐ Yes If YES enter 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	A. Signature X <i>M. D. Gilmore</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. D. Gilmore</i> <i>9-4-10</i>
RALPH W GILMORE 177 STATE HWY 94 ALED0, IL 61231	D. Is 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 #:

3

LIFT HERE



U.S. Postal Service
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(No Insurance Coverage Provided)
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7110 6605 9590 0012 7476

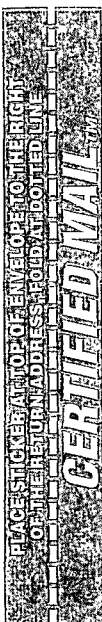
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7476

1. Article Addressed to:

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

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



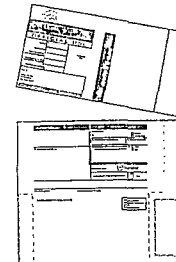
Certified

4. Restricted Delivery? (Extra Fee)

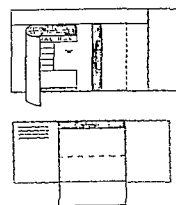


Yes

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 7476

1. Article Addressed to:

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

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 #: 71106605959000127476
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 7483

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

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

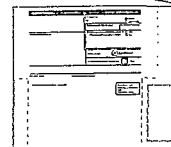
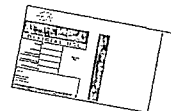
RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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

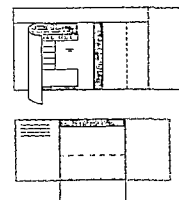
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7483	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RANDY 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 7483	A. Signature X <i>Ireva Smyser</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Ireva Smyser</i> <i>9-7-10</i>
RANDY 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 #: 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	\$	\$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

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

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

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-1 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7490

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7490

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Bruce Howden 9/19/10

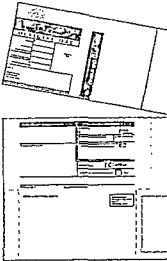
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

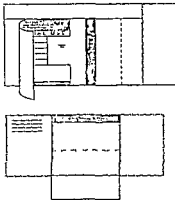
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 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
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 C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

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 #:

Reorder Form LCD-8 Rev. 01/07

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

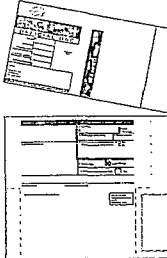
4. Restricted Delivery? (Extra Fee)

☐

Yes

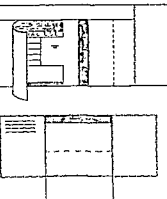
1

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 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

Batch #: 2195
Article #: 71106605959000127506
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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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.,
PO Box No.,
City, 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

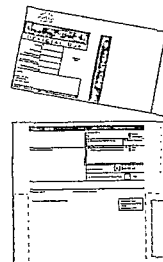
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7513	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to: RAYMOND K PALMER 1013 FAIRWEATHER DR SACRAMENTO, CA 95833	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

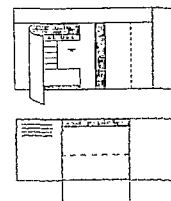
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7513	A. Signature X <i>Melissa Palmer</i>	☐ Agent ☐ Addressee
1. Article Addressed to: RAYMOND K PALMER 1013 FAIRWEATHER DR SACRAMENTO, CA 95833	B. Received by (Printed Name) <i>Melissa Palmer</i>	C. Date of Delivery SEP 2 2010
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

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 #: 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	

ent To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7520

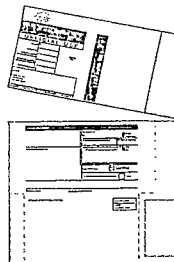
RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

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

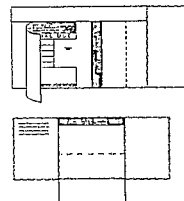
Reorder Form LCD-8 Rev. 01/07

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 <i>[Signature]</i> ☐ 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 #:

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7110 6605 9590 0012 7537

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

RAYMOND SMYSER
 15001 OLYMPIC RD
 SHERIDAN, MO 64486-8203

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

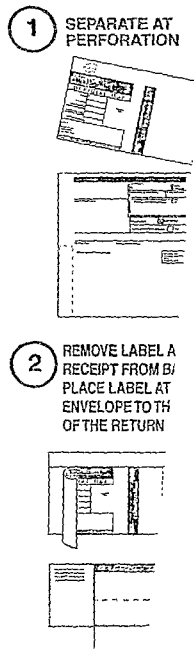
7110 6605 9590 0012 7537

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 Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7537		A. Signature ☐ Agent ☒ Addressee	
		X	
1. Article Addressed to:		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	
RAYMOND SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203		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 7537		A. Signature ☐ Agent ☒ Addressee	
		X <i>Raymond Smyser</i>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
		Raymond Smyser 9-7-10	
RAYMOND 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			

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



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CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0012 7544

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

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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7544		A. Signature X	
1. Article Addressed to:		☐ Agent ☐ Addressee	
REBECCA MCCLAIN 16797 US 550 AZTEC, NM 87410		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 PLACE LABEL ATTACH ENVELOPE TO THE OF THE RETURN A

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7544		A. Signature X Melane McClain	
1. Article Addressed to:		☐ Agent ☐ Addressee	
REBECCA MCCLAIN 16797 US 550 AZTEC, NM 87410		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 #: 2195
 Article #: 71106605959000127544
 Date/Time: 8/31/2010 12:42:27 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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	

Ant To
rest, Apt. No.;
PO Box No.
y, State, Zip+4

REECE B ANDERSON
1411 BRIARMEAD DR
HOUSTON, TX 77057

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 File #:

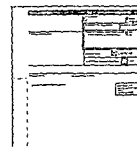
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7551	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
REECE B ANDERSON 1411 BRIARMEAD DR HOUSTON, TX 77057	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

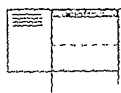
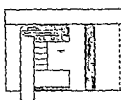
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7551	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
REECE B ANDERSON 1411 BRIARMEAD DR HOUSTON, TX 77057	Reece B. Anderson 9/8/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

3

Order Form LCU-811A rev. 01/07

Code: Allocation Project - D.Howell

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

27310 6605 9590 0012 7568

REESE ELLEN TAYLOR
5551 W CORDOVA RD # 804
SANTA FE, NM 87505

Batch #: 2195
Article #: 7110660595000127568
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

- 1 SEPARATE AT PERFORATION

- 2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TOP OF THE RETAILER'S RECEIPT


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



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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
REGENT OIL & GAS CO LP
PO BOX 25204

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

DALLAS, TX 75225

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3965

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

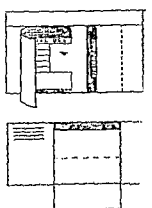
Batch #: 2273
Article #: 71106605959000133965
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 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 #:

3

LIFT HERE



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7110 6605 9590 0012 7575

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7575

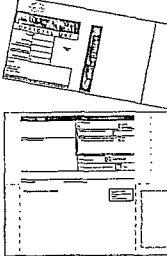
RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

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

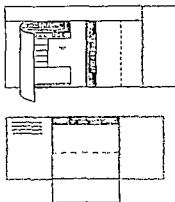
Reorder Form LCD-8
Rev. 01/07

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	

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 7575	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> B. Received by (Printed Name) <i>Greg T. Dombly</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	

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

sent To

reet, Apt. No.;
PO Box No.
ty, 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

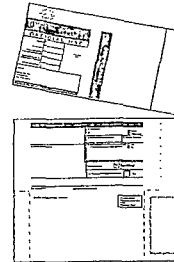
RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

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

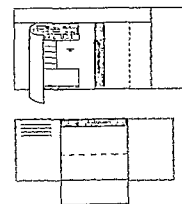
Reorder Form LCD-8-01/07

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 #:





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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+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7605

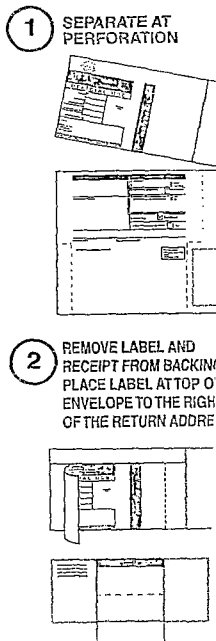
RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

Batch #: 2195
Article #: 71106605959000127605
Date/Time: 8/31/2010 12:42:27 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 7605	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD A JENNINGS TRUSTEE PO BOX 3759 MIDLAND, TX 79702-3759	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

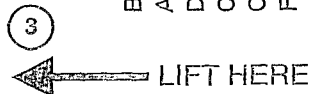
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7605	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD A JENNINGS TRUSTEE PO BOX 3759 MIDLAND, TX 79702-3759	D. Is 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 #: 71106605959000127605
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 7612

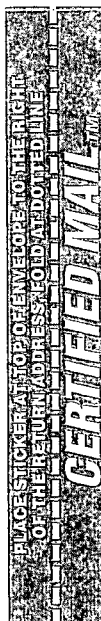
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3811, 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

7110 6605 9590 0012 7612

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

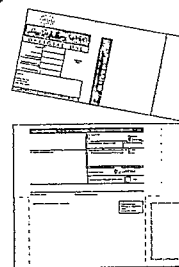
COMPLETE THIS SECTION ON DELIVERY

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

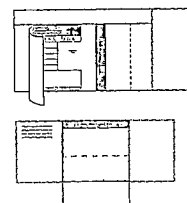
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7612

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



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	

sent To

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

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell



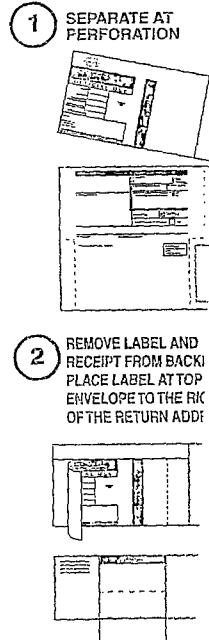
7110 6605 9590 0012 7629

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7629	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD ARNOLD BOX 2372 BLOOMFIELD, NM 87413	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 7629	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD ARNOLD BOX 2372 BLOOMFIELD, NM 87413	<i>RICHARD E. ARNOLD</i> 9/9/10
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 #: 2195
Article #: 71106605959000127629
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 7599

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

Form 3800, August 2006. 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

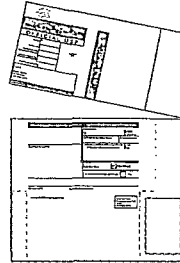
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

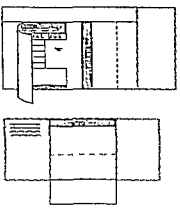
3

LIFT HERE

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
(No 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

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

Form 3800, August 2006 See Reverse for Instructions



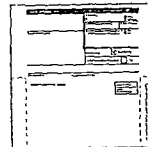
7110 6605 9590 0013 3972

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

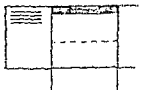
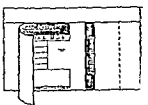
Batch #: 2273
Article #: 71106605959000133972
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3972	A. Signature X ☐ Agent ☐ 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

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3972	A. Signature X <i>Cheryl Good</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Cheryl Good</i> <i>9/14/10</i>
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	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



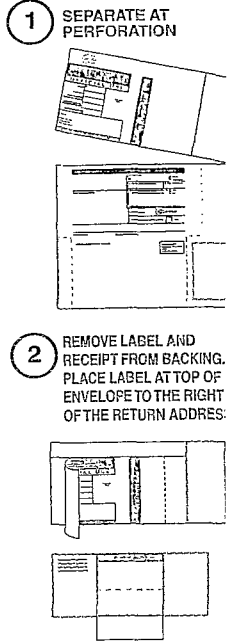
7110 6605 9590 0012 7636

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 #:

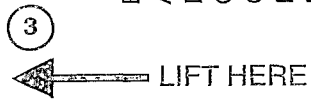
Reorder Form LCD-8 Rev. 01/07

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		



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		

Batch #: 2195
Article #: 71106605959000127636
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 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	

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

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

PS Form 3800, August 2005 PSN 7530-01-000-9000 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 #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7650		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 GODFREY JR PO BOX 18208 OKLAHOMA CITY, OK 73154-0208			

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

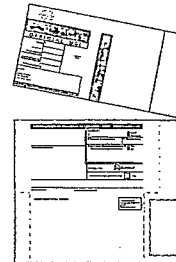
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
Article #: 71106605959000127650
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

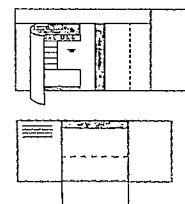
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LIFT HERE

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 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	

sent To
Street, 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 ☒ 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

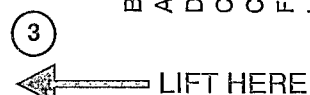
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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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 #:



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

 **ConocoPhillips**

7110 6605 9590 0012 7599

Richard Greenendyke Sr.

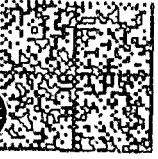
REFUSED



UNCLAIMED X

9-4-1430
R-1430
(P)

UNITED STATES
02 12
000655
MAILED F





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7110 6605 9590 0012 7667

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

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 ☐ Agent X ☐ 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

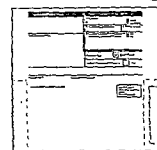
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7667		A. Signature ☐ Agent X <i>Mario Watter</i> ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
RICHARD H HUGHES RICHARD HUGHES REVOCALBE TRUST 311 CALLE LOMA NORTE SANTA FE, NM 87501		<i>MARIO WATTER</i>	<i>9/3/10</i>
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type	☒ Certified
		4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

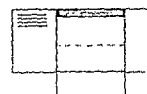
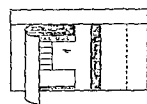
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



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

3

LIFT HERE



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7110 6605 9590 0012 7674

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

Form 3800, August 2006, PSN 7530-01-000-9000 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7674		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
RICHARD H LANDSHEFT JR 2313 JIM DENT EL PASO, TX 79936-2802		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



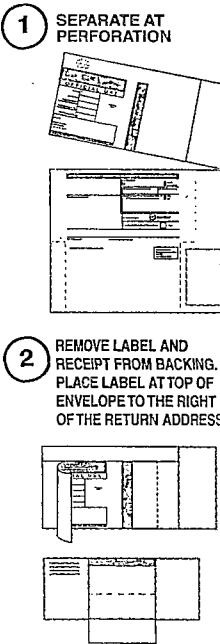
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
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	

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

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

Code: Allocation Project - D.Howell



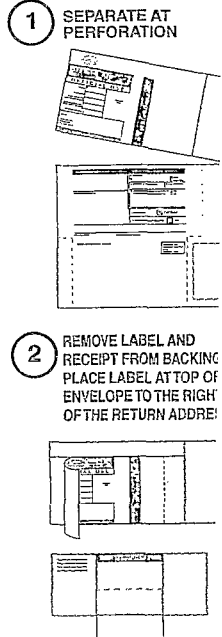
7110 6605 9590 0012 7681

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 7110 6605 9590 0012 7681	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: RICHARD PARKER LANGFORD 6513 TARASCAS DR EL PASO, TX 79912 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 7681	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Richard Parker Langford</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Richard Parker Langford</i> C. Date of Delivery <i>9/1/13</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: RICHARD PARKER LANGFORD 6513 TARASCAS DR EL PASO, TX 79912 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127681
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 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	

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

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

Form 3811, August 2005 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 #:

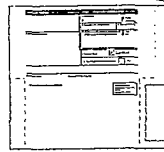
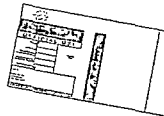
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7698	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD S NORDHAUS ACCT 6078 2206 6301 UPTOWN RD NE ALBUQUERQUE, NM 87110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

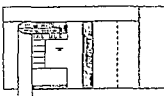
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7698	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD S NORDHAUS ACCT 6078 2206 6301 UPTOWN RD NE ALBUQUERQUE, NM 87110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

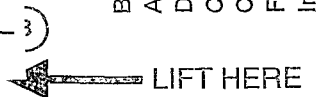
1 SEPARATE AT PERFORATION



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



Batch #: 2195
Article #: 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	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$0.00	
		\$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

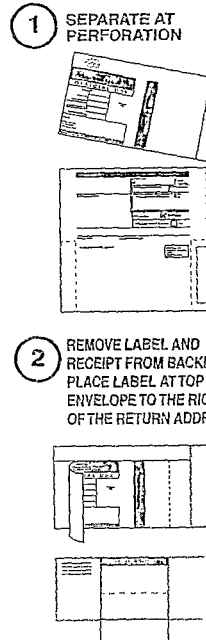


7110 6605 9590 0012 7704

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
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 7704	A. Signature X <i>Connie Dibble</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Connie Dibble</i> <i>SEP 3 2010</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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7711

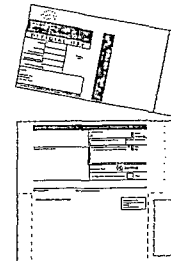
RICHARD W TURNER III REVOCABLE TRUS
RICHARD W TURNER TRUSTEE
PO BOX 2442
DURANGO, CO 81302

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

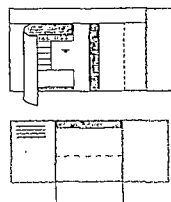
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7711	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD W TURNER III REVOCABLE TRUS RICHARD W TURNER TRUSTEE PO BOX 2442 DURANGO, CO 81302	D. Is 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

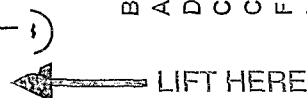


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7711	A. Signature X <i>Richard W. Turner</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Richard W. Turner</i> <i>9/8/10</i>
RICHARD W TURNER III REVOCABLE TRUS RICHARD W TURNER TRUSTEE PO BOX 2442 DURANGO, CO 81302	D. Is 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 #: 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	\$	
	\$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

RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Form 3811, August 2009 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 #:

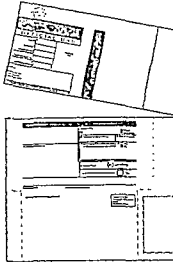
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7728	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICK SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	D. Is delivery address different from item 1? ☐ Yes If YES enter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

Code: Allocation Project - D.Howell

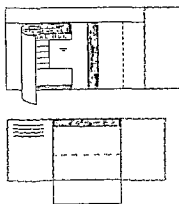
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7728	A. Signature X <i>Rick Smyser</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICK SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	D. Is delivery address different from item 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

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 #: 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

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

Form 3800, August 2006, 4-1. See Reverse for Instructions

Code: Allocation Project - D.Howell



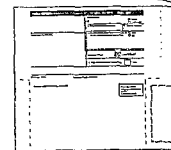
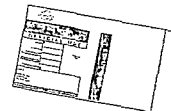
7110 6605 9590 0012 7735

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

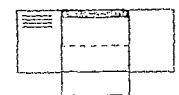
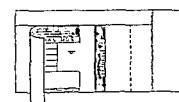
Batch #: 2195
Article #: 71106605959000127735
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 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	\$		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	

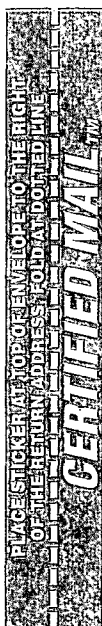
ent To

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

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

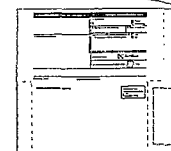
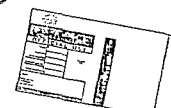
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Article #: 71106605959000127742
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

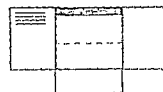
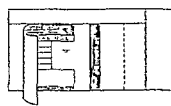
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7742	A. Signature	☐ Agent ☐ Addressee
	X	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7742	A. Signature	☐ Agent ☐ Addressee
	X Joseph Louis Ripley	
	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 #: 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
reet, Apt. No.,
r PO Box No.
ity, State, Zip+4

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

Form 3800, August 2006 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



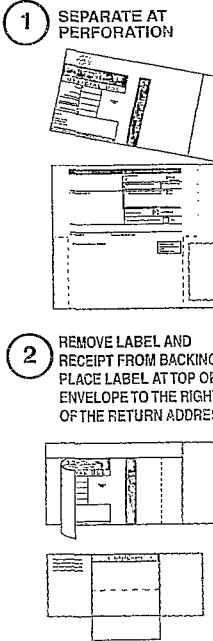
7110 6605 9590 0012 7759

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 #:

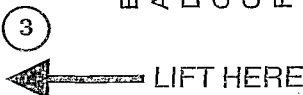
Reorder Form LCD Rev. 01/07

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



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	\$	\$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.;
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 LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 7766

1. Article Addressed to:

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

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:

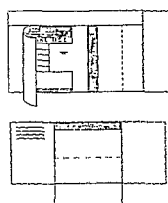
3. Service Type ☒ Certified

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 7766

1. Article Addressed to:

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X *John E. Hatten*

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

Agent

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 #: 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

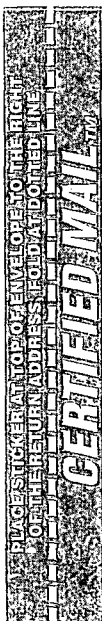
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To

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

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

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-8-01/07

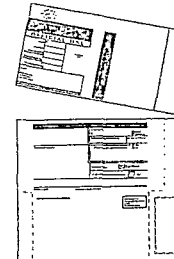
2. Article Number 7110 6605 9590 0012 7773	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Code: Allocation Project - D.Howell

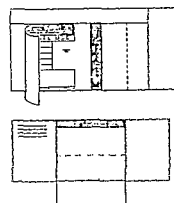
2. Article Number 7110 6605 9590 0012 7773	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/4/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

Batch #: 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

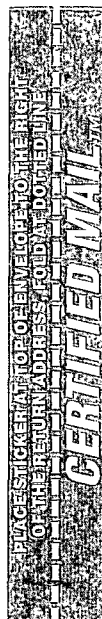
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



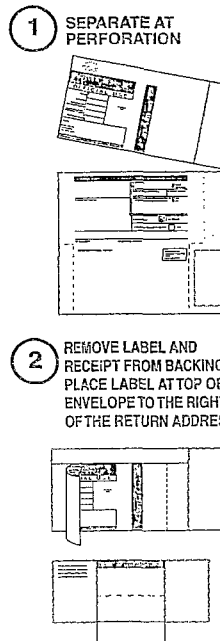
7110 6605 9590 0012 7780

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-100 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7780	A. Signature X <i>A. Smys</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Amanda Smys</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 #:



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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.
ity, 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



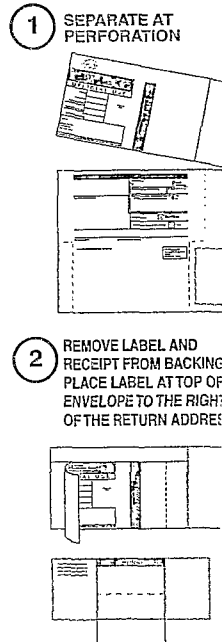
7110 6605 9590 0012 7797

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		



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	\$		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

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
01/07

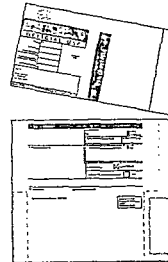
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7803	A. Signature	☐ Agent ☒ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

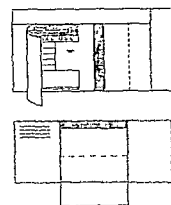
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7803	A. Signature	☒ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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	\$		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

ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



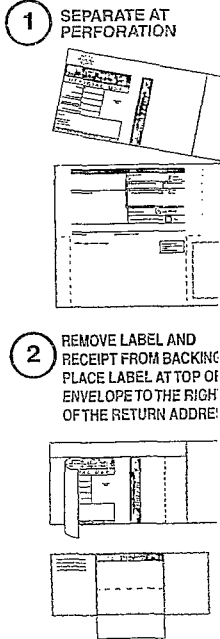
7110 6605 9590 0012 7810

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 #:

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7810	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT C GRIFFITH 340 COUNTY ROAD 239 DURANGO, CO 81301	D. Is 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 7810	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT C GRIFFITH 340 COUNTY ROAD 239 DURANGO, CO 81301	D. Is 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 #: 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	

sent 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
v. 01/07

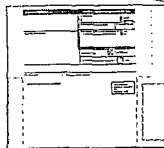
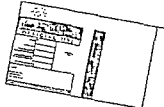
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7827	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT D FITTING TRUST P O BOX 50582 MIDLAND, TX 79710-0582	D. Is delivery address different from item 1? ☐ Yes If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

Code: Allocation Project - D.Howell

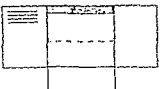
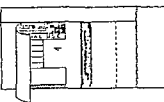
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7827	A. Signature X <i>there stamp</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>IRENE M. Hunt</i> <i>8-1-10</i>
ROBERT D FITTING TRUST P O BOX 50582 MIDLAND, TX 79710-0582	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	

Post 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



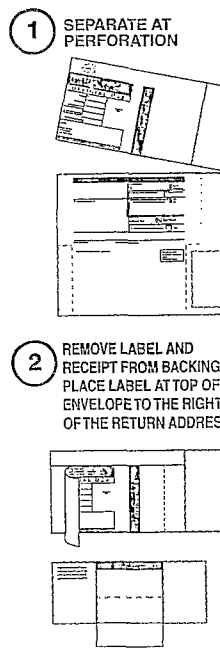
7110 6605 9590 0012 7834

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-8 Rev. 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



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</i> <i>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 #:



7110 6605 9590 0012 7841

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

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

Code: Allocation Project - D.Howell

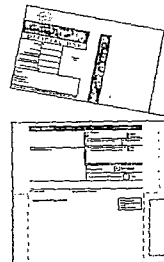


7110 6605 9590 0012 7841

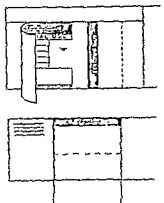
ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980Batch #: 2195
Article #: 71106605959000127841
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 OF ENVELOPE. 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



7110 6605 9590 0012 8947

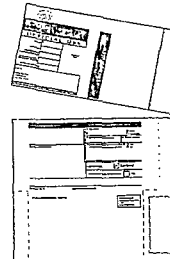
ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

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

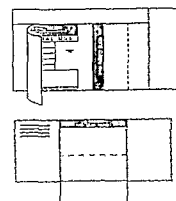
Reorder Form LCD-8 Rev. 01/07

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	
	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 8947	A. Signature X <i>M Weber</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>M Weber</i>	C. Date of Delivery <i>9/1/10</i>
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	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

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	\$	\$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

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

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 X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT EDMUND & GAY S BEAMON LIV TR 2603 AUGUSTA STE #1050 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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



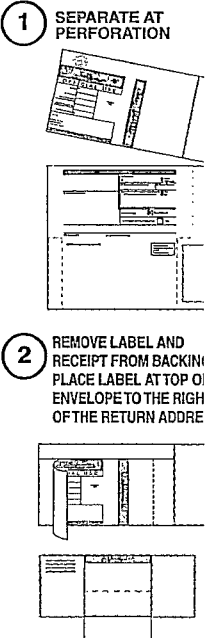
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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 #:

3

LIFT HERE



Reorder Form LCD-1 rev. 01/07



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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	

Delivered To
Robert H Benart Jr
930 Cattail Creek Rd
Dillwyn, VA 23936

PS Form 3811, August 2006 See Reverse for Instructions



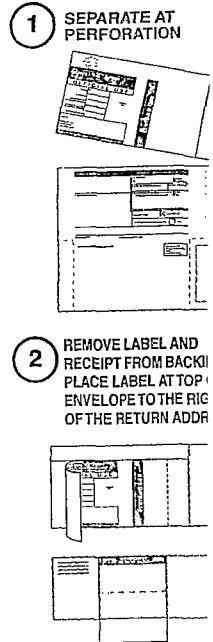
7110 6605 9590 0013 3996

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	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 H BENART JR 930 CATTAIL CREEK RD DILLWYN, VA 23936	

2. Article Number 7110 6605 9590 0013 3996	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kimberlee J Benart</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Kimberlee J Benart</i> C. Date of Delivery <i>9-20-10</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 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 #:



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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	

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

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

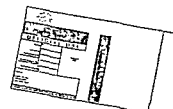
ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

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

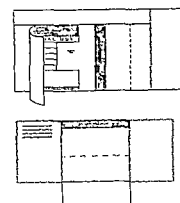
Reorder Form LCD-8 v. 01/07

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
1. Article Addressed to: ROBERT L BAYLESS PO BOX 461002 DENVER, CO 80246	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 8954	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>JPMorgan</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>JPMorgan</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 L BAYLESS PO BOX 461002 DENVER, CO 80246	
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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

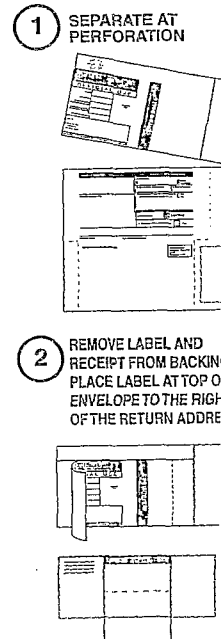


7110 6605 9590 0012 8961

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 #:

2. Article Number 7110 6605 9590 0012 8961	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 L SPENCER 134 REYNARD DR TUPELO, MS 38801-8685 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 8961	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>R L Spencer</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 L SPENCER 134 REYNARD DR TUPELO, MS 38801-8685 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000128961
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 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 ☒ X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ROBERT NICK RAWSON 1531 MARSHALL ST #4 HOUSTON, TX 77006		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



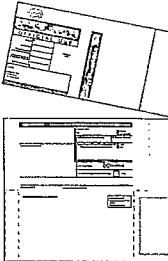
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

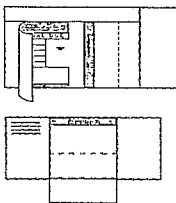
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Article #: 7110605959000128978
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 8985

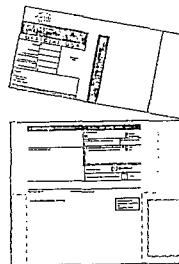
ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

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

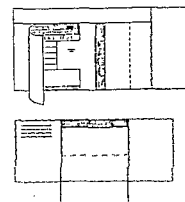
Reorder Form LCD-8 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 8985	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROBERT NORMAN DUMBLE JR ESTATE PO BOX 420837 HOUSTON, TX 77242-0837	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 8985	A. Signature X <i>F. Faulstich</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) F. FAULSTICH	C. Date of Delivery 9-8-10
ROBERT NORMAN DUMBLE JR ESTATE PO BOX 420837 HOUSTON, TX 77242-0837	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 #: 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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-813, rev. 01/07

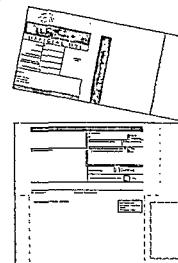
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 8992	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT P EARNEST & ANNA DOKUS EARNE C/O ROBERT P EARNEST PO BOX 91036 SAN DIEGO, CA 92169	D. Is delivery address different 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

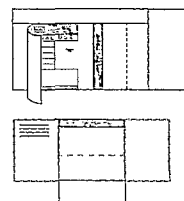
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 8992	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<i>Rebecca Rios c/o Robert Earnest</i> ROBERT P EARNEST & ANNA DOKUS EARNE C/O ROBERT P EARNEST PO BOX 91036 SAN DIEGO, CA 92169 <i>Rebecca Rios</i>	D. Is 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 #: 71106605959000128992
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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	

Post To
Robert Payne Lancaster
4209 MCFARLIN
DALLAS, TX 75205

Form 3800, 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

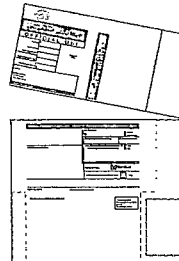
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

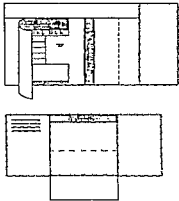
3

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
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7110 6605 9590 0012 9005

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

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

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9005

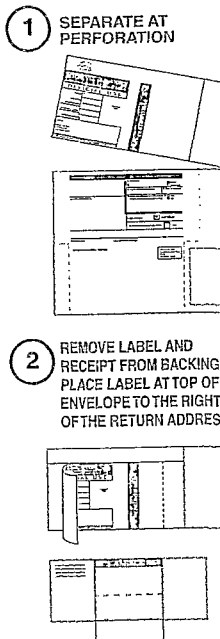
ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

Batch #: 2199
Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-800-01/07

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

Code: Allocation Project - D.Howell

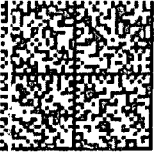
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Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

San Juan
PO Box 4289
Farmington NM 87499-4289

 **Conocophillips**

7110 6605 9590 0012 9029

UNITED STATES
02 1R
000655
MAILED



Robert Riley

ROBERT
3900 RUN
AUSTIN, TX 787





7110 6605 9590 0012 9029

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

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

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

Form 3800, 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 X ☐ Agent ☐ 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
SJBUConocoPhillips
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



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

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 T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

Form 3800, August 2006 (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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9036		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ROBERT T EGGLESTON PO BOX 4174 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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

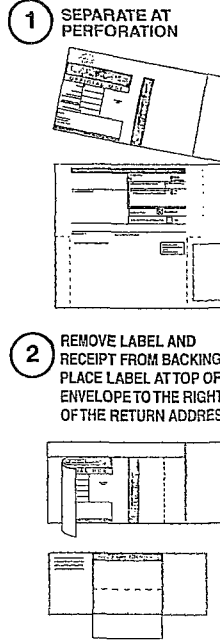


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

3
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Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To
Robert T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9043

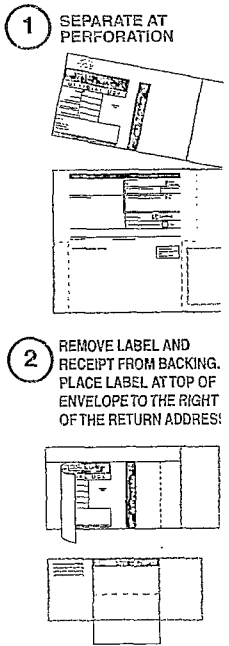
ROBERT T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

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-81 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9043		A. Signature X ☐ 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 T ISHAM TRUST 335 HOT SPRINGS RD SANTA BARBARA, CA 93108		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

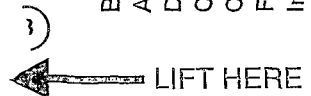
Code: Allocation Project - D.Howell



2. Article		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9043		A. Signature X ☐ 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 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 #:

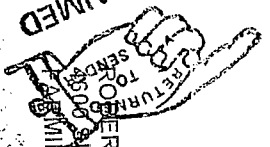


Philips

7110 6605 9590 0012 9050

MAILED FROM ZIP CODE 87402

UNCLAIMED



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

Handwritten signature
[Signature]



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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	

sent 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 X ☐ 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 T STOLWORTHY JR 4600 SUMMER WIND LN FARMINGTON, NM 87401		3. Service Type ☒ Certified	
Code: Allocation Project - D.Howell		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

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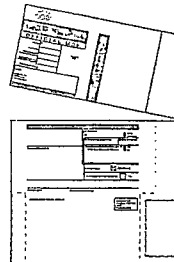
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

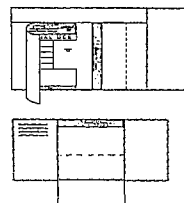
3

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





7110 6605 9590 0012 9067

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

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PO Box No.
City, State, Zip+4

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

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



7110 6605 9590 0012 9067

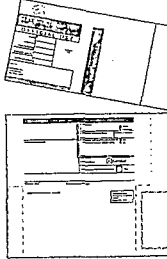
ROBERT UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
PO BOX 1959
MIDLAND, TX 79702-1959

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

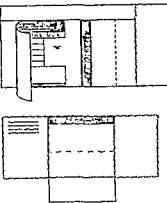
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9067	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROBERT UMBACH CANCER FOUNDATION ATTN: CHARLES WALLACE PO BOX 1959 MIDLAND, TX 79702-1959	D. Is 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

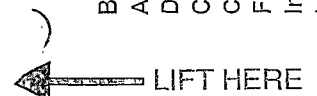


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9067	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>9/1/10</i>
ROBERT UMBACH CANCER FOUNDATION ATTN: CHARLES WALLACE PO BOX 1959 MIDLAND, TX 79702-1959	D. Is 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 #: 71106605959000129067
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 9074

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

ent To

street, Apt. No.;
r PO Box No.
ity, State, Zip+4ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

PS Form 3800, August 2005 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 81147-1034Batch #: 2199
Article #: 71106605959000129074
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

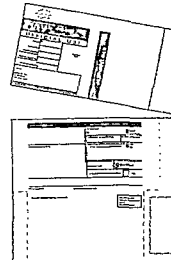
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9074	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT W SMITH & THELMA M SMITH REV THELMA M SMITH CO TRUSTEES PO BOX 1034 PAGOSA SPRINGS, CO 81147-1034	D. Is delivery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

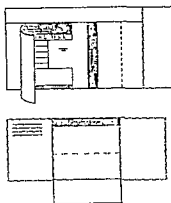
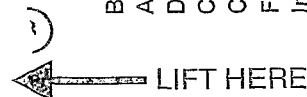
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9074	A. Signature X <i>T. Allen</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>T. ALLEN</i> <i>9/8/10</i>
ROBERT W SMITH & THELMA M SMITH REV THELMA M SMITH CO TRUSTEES PO BOX 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

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	

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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



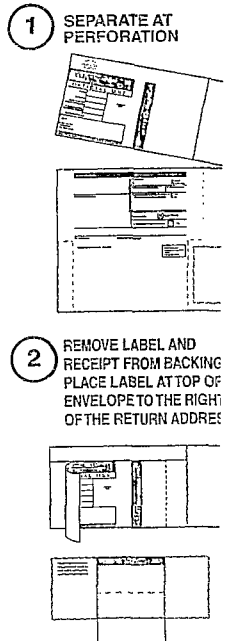
7110 6605 9590 0012 9081

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 7110 6605 9590 0012 9081	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 WALTER LUNDELL 2450 FONDREN, STE 304 HOUSTON, TX 77063-2318 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9081	COMPLETE THIS SECTION ON DELIVERY A. Signature x <i>Walt Lundell</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Walt Lundell</i> 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
1. Article Addressed to: ROBERT WALTER LUNDELL 2450 FONDREN, STE 304 HOUSTON, TX 77063-2318 Code: Allocation Project - D.Howell	

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 0012 9098

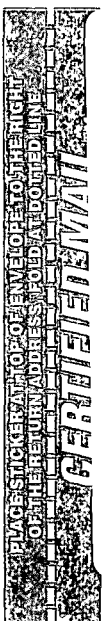
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

ROBERTA W BROWN
3600 LOVERS LN
DALLAS, TX 75225-7423

Form 3800, August 2016 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9098

ROBERTA W BROWN
3600 LOVERS LN
DALLAS, TX 75225-7423

Batch #: 2199
Article #: 71106605959000129098
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number
7110 6605 9590 0012 9098

1. Article Addressed to:

ROBERTA W BROWN
3600 LOVERS LN
DALLAS, TX 75225-7423

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

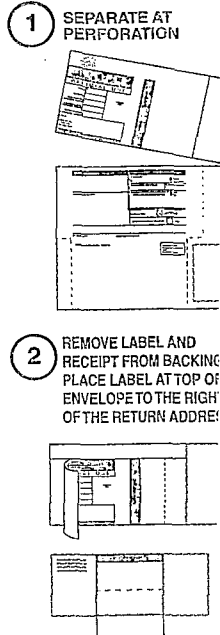
A. Signature
X ☐ Agent
☐ Addressee

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 9098

1. Article Addressed to:

ROBERTA W BROWN
3600 LOVERS LN
DALLAS, TX 75225-7423

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Roberta W Brown* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Roberta W Brown *8/31/10*

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129098
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
street, Apt. No.,
r PO Box No.
ity, State, Zip+4

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

Form 3800, 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

7110 6605 9590 0013 3705

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7110 6605 9590 0013 3705

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ Addressee

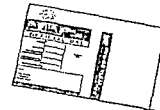
B. Received by (Printed Name) C. Date of Delivery

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

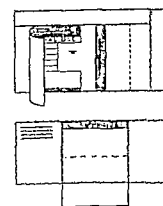
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



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 3811, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell

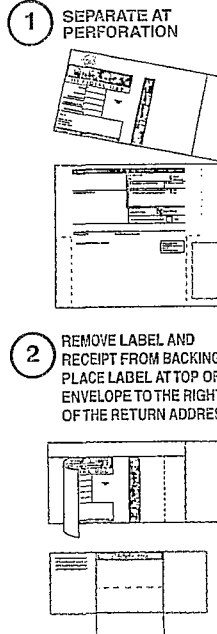


7110 6605 9590 0012 9104

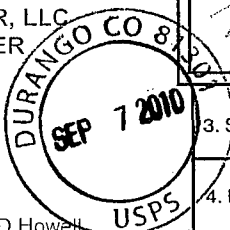
ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Batch #: 2199
Article #: 71106605959000129104
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9104	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: ROBIN AND ROD TURNER, LLC ROD L TURNER, MANAGER PO BOX 3219 DURANGO, CO 81302 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9104	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 <i>ROBIN AND ROD TURNER, LLC ROD L TURNER, MANAGER</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBIN AND ROD TURNER, LLC ROD L TURNER, MANAGER PO BOX 3219 DURANGO, CO 81302 Code: Allocation Project - D.Howell	



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**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



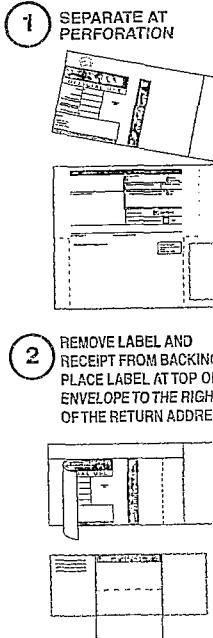
7110 6605 9590 0012 9111

**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) C. Date of Delivery RA IRONSIDE 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 #:



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

ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

Form 3800, August 2006, 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9128		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
ROGER B NIELSEN 1200 DANBURY DRIVE MANSFIELD, TX 76063		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



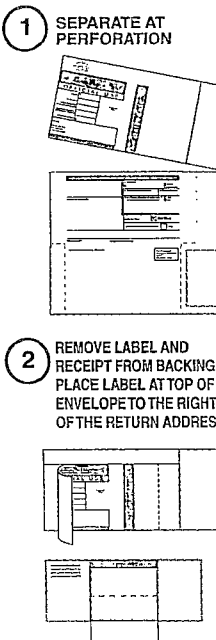
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

3

LIFT HERE





U.S. Postal Service
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7110 6605 9590 0012 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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9135

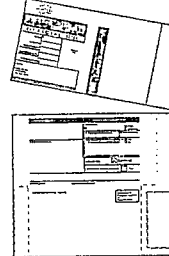
ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

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

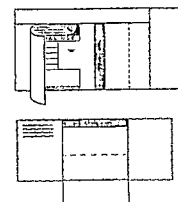
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9135	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROGER D SHAW JR TRUST THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	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 9135	A. Signature X <i>Gregory B Shaw</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-4-10
ROGER D SHAW JR TRUST THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	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 #: 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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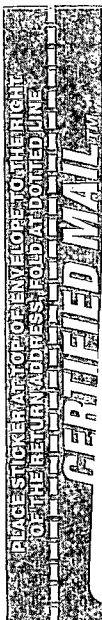
7110 6605 9590 0012 9159

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	

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

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

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 01/07

2. Article Number

7110 6605 9590 0012 9159

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

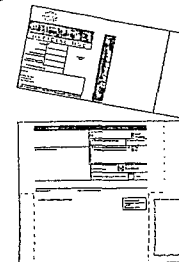
B. Received by (Printed Name) C. Date of Delivery

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

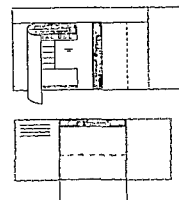
3. Service Type ☒ **Certified**

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 9159

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Kenneth W. Eveland* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Kenneth W. Eveland *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 #: 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.
ity, State, Zip+4

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

Code: Allocation Project - D.Howell

Form 3800, August 2006. See Reverse for Instructions



7110 6605 9590 0012 9166

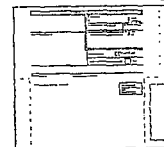
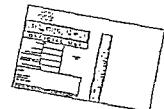
ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

Batch #: 2199
Article #: 71106605959000129166
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

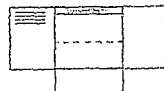
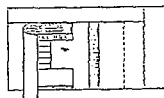
Reorder Form LCD-8
Rev. 01/07

2. Article Number 7110 6605 9590 0012 9166		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: ROGERS FAMILY TRUST PO BOX 12825 EL PASO, TX 79913 Code: Allocation Project - D.Howell		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 BACKIN PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 9166		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: ROGERS FAMILY TRUST PO BOX 12825 EL PASO, TX 79913 Code: Allocation Project - D.Howell		A. Signature X <i>David Rogers</i> ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery 9/28/10	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2199
Article #: 71106605959000129166
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 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
Total \$5.54	
ent To ROGERS FAM TR PO BOX 12825 EL PASO, TX 79913	
Form 3800, August 2006 See Reverse for Instructions	

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

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



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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.
ity, 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

7110 6605 9590 0012 9173

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

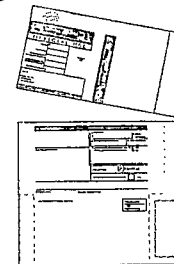
B. Received by (Printed Name) C. Date of Delivery

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

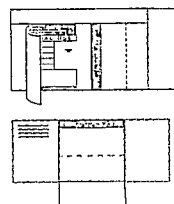
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



Article Number

7110 6605 9590 0012 9173

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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, PSN 7530-01-000-9000 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9142	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROGER J LOWE 762 CORONA ST DENVER, CO 80218	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

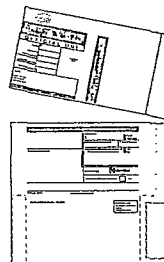
Batch #: 2199
Article #: 71106605959000129142
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

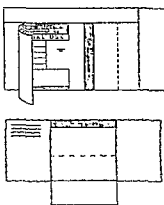


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1 SEPARATE AT PERFORATION



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 9180

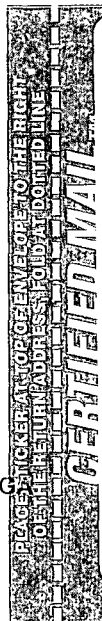
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

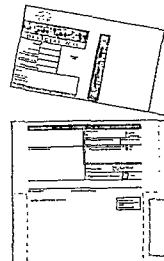
ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

Batch #: 2199
Article #: 71106605959000129180
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

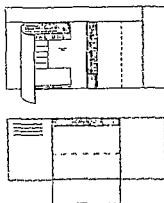
Reorder Form LCD-8 01/07

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

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 9180	A. Signature X <i>Denise S. Lujan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Denise S. Lujan</i> <i>SEP 1 2010</i>
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 #:

3



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7110 6605 9590 0012 9197

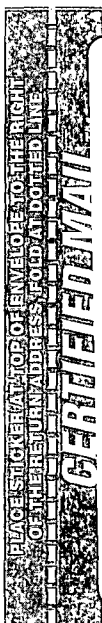
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

Form 3800, August 2006 1-2 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

7110 6605 9590 0012 9197

1. Article Addressed to:

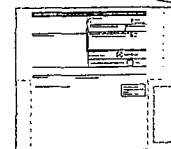
ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

Code: Allocation Project - D.Howell

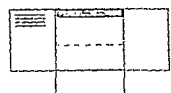
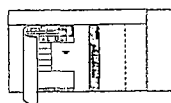
COMPLETE THIS SECTION ON DELIVERY

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 9197

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Al Wash...</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 #: 71106605959000129197
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9203

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

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

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Form 3800, August 2006 See Reverse for Instructions



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 #:

Reorder Form LCD-8 v. 01/07

2. Article Number
7110 6605 9590 0012 9203
1. Article Addressed to:
RONALD E NORDHAUS 6301 UPTOWN BLVD NE ALBUQUERQUE, NM 87110

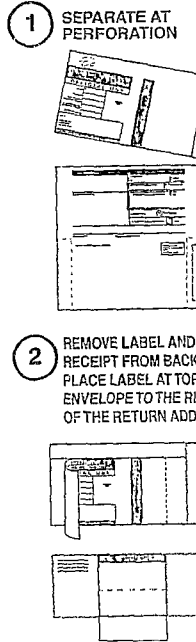
COMPLETE THIS SECTION ON DELIVERY	
A. Signature ☐ Agent ☒ Addressee	
X	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☒ No	
If YES enter delivery address below:	
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 9203
1. Article Addressed to:
RONALD E NORDHAUS 6301 UPTOWN BLVD NE ALBUQUERQUE, NM 87110

COMPLETE THIS SECTION ON DELIVERY	
A. Signature ☐ Agent ☒ Addressee	
X	
B. Received by (Printed Name)	C. Date of Delivery
NEA H M ONE	9/13/10
D. Is delivery address different from item 1? ☐ Yes ☒ No	
If YES enter delivery address below:	
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell



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



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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	

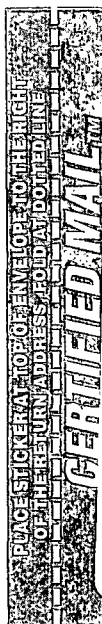
sent To

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

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9210

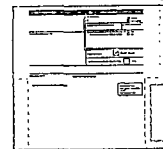
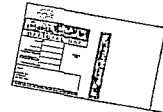
RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

Batch #: 2199
Article #: 71106605959000129210
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

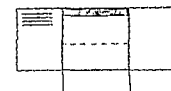
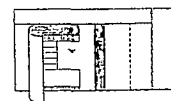
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 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. 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 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

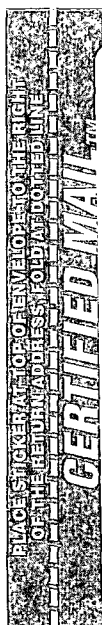
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (endorsement Required)	\$2.80		
Restricted Delivery Fee (endorsement Required)	\$2.30		
	\$0.00		
Total Postage & Fees	\$	\$6.15	

sent To

Street, Apt. No.,
PO Box No.
City, 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
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 9227

1. Article Addressed to:

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

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 9227

1. Article Addressed to:

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

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

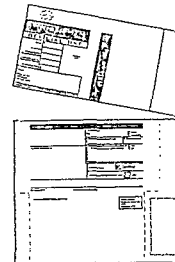
3. Service Type

☒ Certified

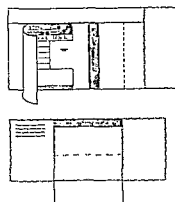
4. Restricted Delivery? (Extra Fee)

☐ 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



3

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	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

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

7110 6605 9590 0012 9234

1. Article Addressed to:

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

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 9234

1. Article Addressed to:

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

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



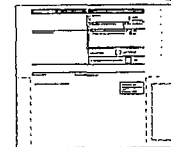
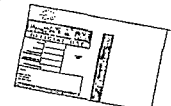
Certified

4. Restricted Delivery? (Extra Fee)

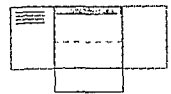
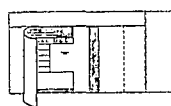


Yes

1 SEPARATE AT PERFORATION



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



3

LIFT HERE

Batch #: 2199
Article #: 71106605959000129234
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



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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

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

CERTIFIED MAIL™

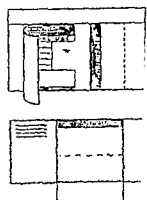
7110 6605 9590 0013 4009

ROSALIE MARTINEZ
719 E CLEARWATER DR
LAYTON, UT 84041

Batch #: 2273
Article #: 711066059590000134009
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 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 BACK PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 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 #: 711066059590000134009
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:



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7110 6605 9590 0012 9241

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

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

PS Form 3800, August 2006, PSN 7530-01-000-9001 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 #: 711066059590000129241
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

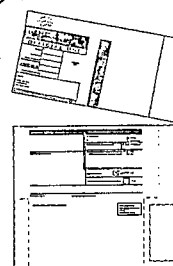
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9241	A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROSEMARY WARNER HALL 7736 E 30TH PL TULSA, OK 74129	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

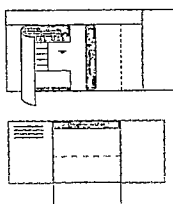
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9241	A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROSEMARY WARNER HALL 7736 E 30TH PL TULSA, OK 74129	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9/3/10
	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 #: 711066059590000129241
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 9258

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

Postmark
Here

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

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

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9258

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

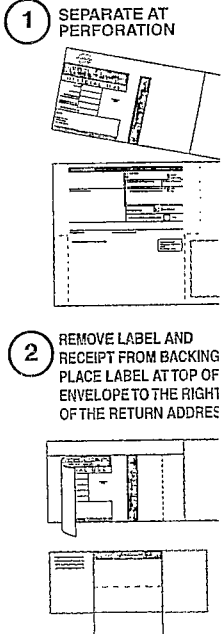
A. Signature ☒ Agent ☐ Addressee
X

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 9258

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Rowena D. Laabs

B. Received by (Printed Name) C. Date of Delivery
Rowena D. Laabs 8/2/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

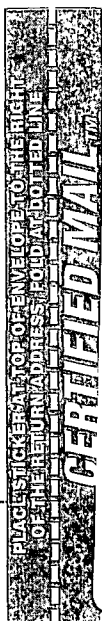
sent To

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

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

Form 3800, 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

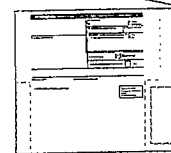
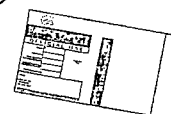
Batch #: 2199
Article #: 71106605959000129265
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

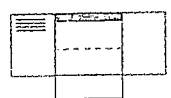
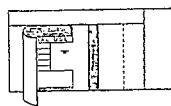
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9265	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUBY JAQUEZ COAL SEAM PROPERTIES LL 10 ROAD 2980 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

Code: Allocation Project - D.Howell

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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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	\$	0.00	
	\$	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

Form 3800, August 2006 See Reverse for Instructions

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 #:

2. Article Number

7110 6605 9590 0012 9272

1. Article Addressed to:

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

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

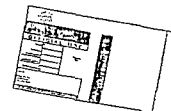
3. Service Type

☒ Certified

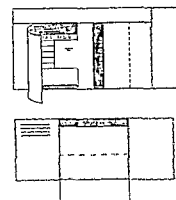
4. Restricted Delivery? (Extra Fee)

☐ 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 9272

1. Article Addressed to:

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

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

3

LIFT HERE



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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	

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

Postmark
Here

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9289

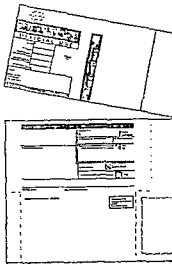
RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

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

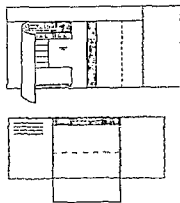
Reorder Form LCD-81 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9289	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUFIE LUJAN 6801 MARIGOT RD NW ALBUQUERQUE, NM 87120	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 9289	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUFIE LUJAN 6801 MARIGOT RD NW ALBUQUERQUE, NM 87120	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 #: 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

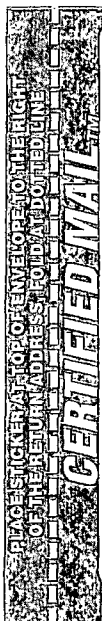
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postage 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



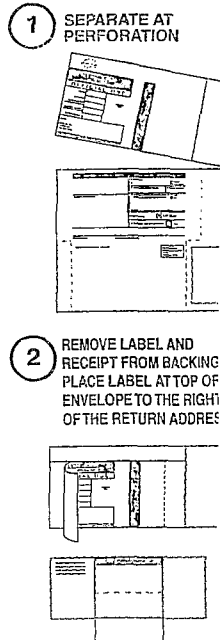
7110 6605 9590 0012 9296

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9296	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RUGELEY TRUST 3813 TOLMAS DR METAIRIE, LA 70002	D. Is 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 9296	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RUGELEY TRUST 3813 TOLMAS DR METAIRIE, LA 70002	D. Is 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 #: 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

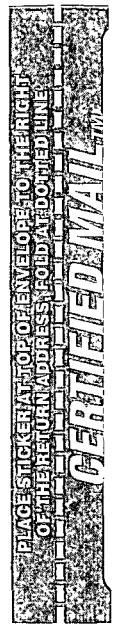
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Indorsement Required)	\$ 2.30	
Restricted Delivery Fee (Indorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

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

PS Form 3800, August 2005 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

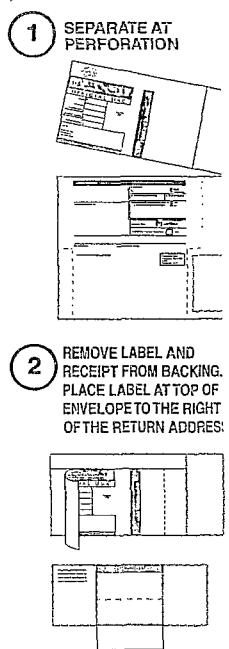
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



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

Allocation - D. Howell

Batch #: 2199
Article #: 71106605959000129302
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 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



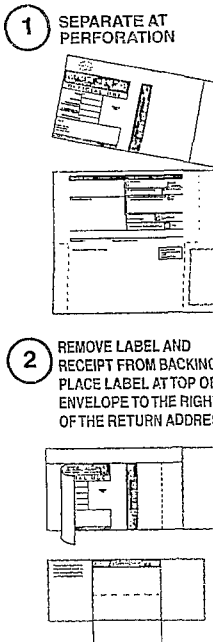
7110 6605 9590 0012 9319

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 v. 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 #:





7110 6605 9590 0012 9326

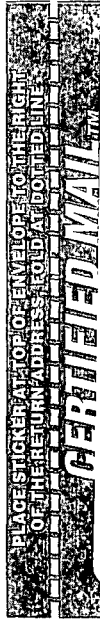
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Sent To

Street, Apt. No.;
PO Box No.
City, State, Zip+4RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



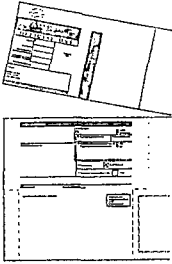
7110 6605 9590 0012 9326

RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346Batch #: 2199
Article #: 71106605959000129326
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

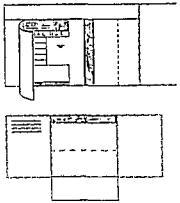
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9326	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUTH FITTING WESTER FAM LTD 105 HAWK CREST LN DOUBLE OAK, TX 75077-7346	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 9326	A. Signature X <i>Ruth Wester</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>RUTH WESTER</i> <i>8/3/10</i>
RUTH FITTING WESTER FAM LTD 105 HAWK CREST LN DOUBLE OAK, TX 75077-7346	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 #: 71106605959000129326
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 9333

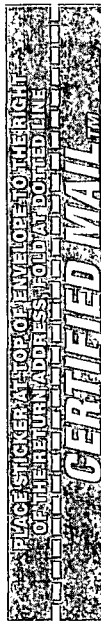
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006, PSN 7530-01-000-9000, 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

☐ 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

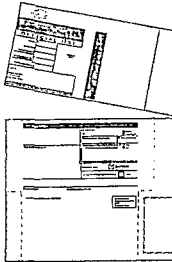
3. Service Type

☒ Certified

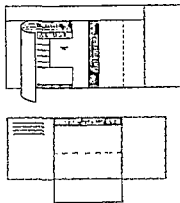
4. Restricted Delivery? (Extra Fee)

☐ 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 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

Hazel Z. Hunt ☐ 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

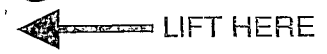
☒ Certified

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





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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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



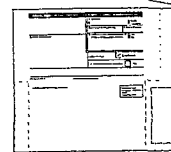
7110 6605 9590 0012 9340

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

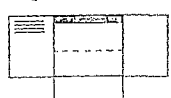
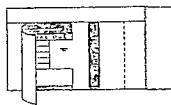
Batch #: 2199
Article #: 71106605959000129340
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 ☒ 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

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

3

LIFT HERE