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7110 6605 9590 0012 7391

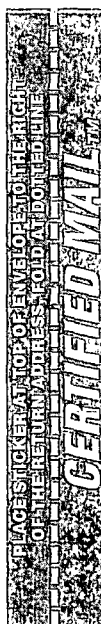
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
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 #:

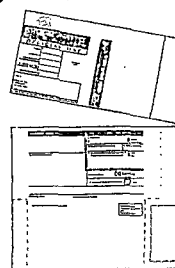
2. Article Number 7110 6605 9590 0012 7391	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

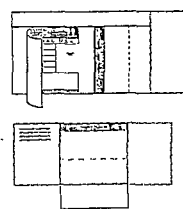
2. Article Number 7110 6605 9590 0012 7391	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery SEP 07 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 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 #: 71106605959000127391
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 7407

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

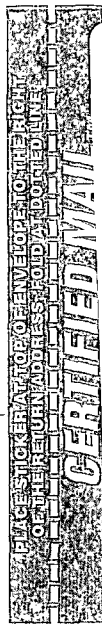
ent To

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

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

Form 3811, 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 #:

2. Article Number

7110 6605 9590 0012 7407

1. Article Addressed to:

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

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 7407

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type



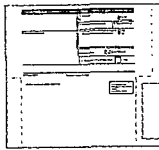
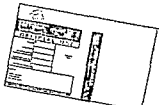
Certified

4. Restricted Delivery? (Extra Fee)

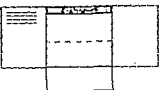
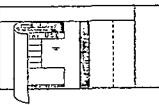
☐

Yes

1 SEPARATE AT PERFORATION



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



3

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



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7110 6605 9590 0012 7414

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



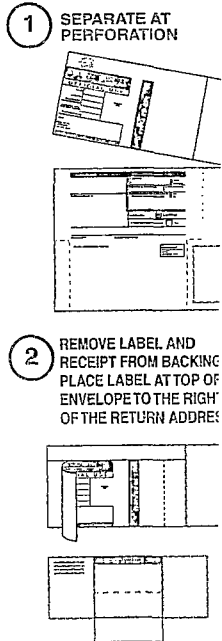
7110 6605 9590 0012 7414

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

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number	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
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 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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	\$		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	

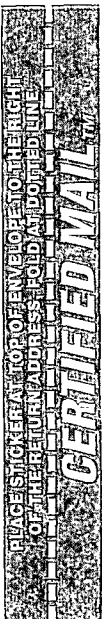
ent To

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

R 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

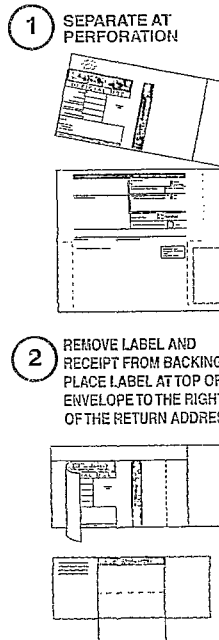
R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
WICHITA FALLS, TX 76308

Batch #: 2195
Article #: 71106605959000127421
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8
av. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7421	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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7421	A. Signature X <i>Smy Kachal</i>	
	☐ Agent ☐ Addressee	
	B. Received by (Printed Name) <i>GARY KACHAL</i>	C. Date of Delivery <i>9-1-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127421
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7438

Postage	\$		Postmark Here
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 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7438

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

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

Reorder Form LCD-8 Rev. 01/07

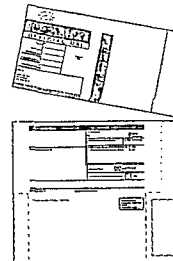
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7438	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R. A. JENNINGS, AGENT SAN JUAN ROYALTY JV-90 PO BOX 3759 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

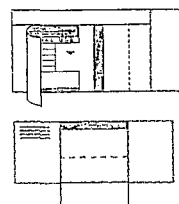
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7438	A. Signature X <i>Kathryn Charant</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Kathryn Charant</i> 9/7/10
R. A. JENNINGS, AGENT SAN JUAN ROYALTY JV-90 PO BOX 3759 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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 #: 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

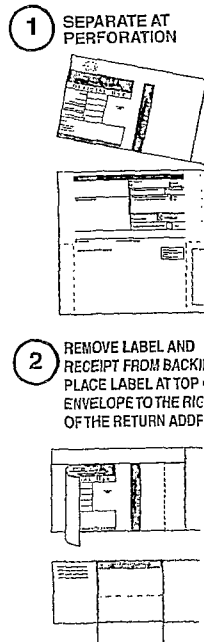


7110 6605 9590 0013 3958

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

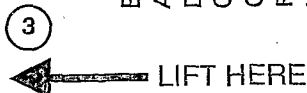
Batch #: 2273
Article #: 71106605959000133958
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

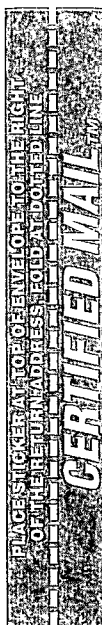
ent To

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

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

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7445

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

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

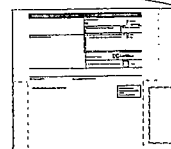
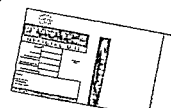
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7445	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R. R. HINKLE COMPANY, INC. P. O. BOX 2292 ROSWELL, NM 88202-2292	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

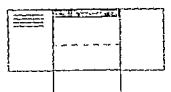
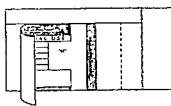
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7445	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
R. R. HINKLE COMPANY, INC. P. O. BOX 2292 ROSWELL, NM 88202-2292	<i>KEVIN R. HINKLE</i> <i>9-8-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 #: 71106605959000127445
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 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	

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7452

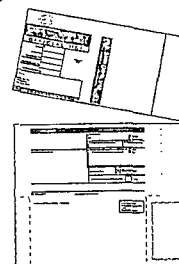
RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

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

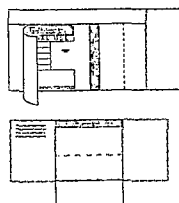
Reorder Form LCD-500 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7452	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RALPH ALLEN VANDEWART III PO BOX 159 FLYING H, NM 88339-0159	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	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 7452	A. Signature X <i>Ralph A. Vandewart</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RALPH ALLEN VANDEWART III PO BOX 159 FLYING H, NM 88339-0159	<i>Ralph A. Vandewart</i>	<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	
Code: Allocation Project - D.Howell		

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



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7110 6605 9590 0012 7469

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

Send To

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

RALPH W GILMORE
177 STATE HWY 94
ALEDO, IL 61231

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

Code: Allocation Project - D.Howell



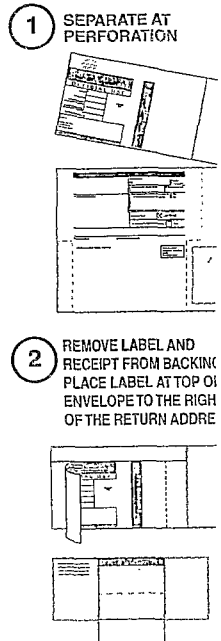
7110 6605 9590 0012 7469

RALPH W GILMORE
177 STATE HWY 94
ALEDO, IL 61231

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

Reorder Form LCD-11 Rev. 01/07

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 ALEDO, 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	



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 ALEDO, 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 #:



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7110 6605 9590 0012 7476

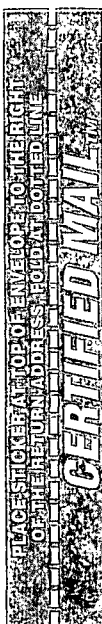
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

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 #:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

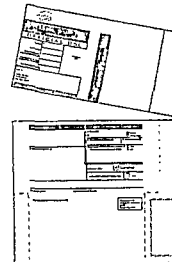
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

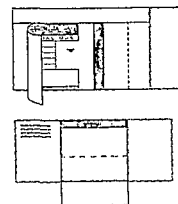
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7476

1. Article Addressed to:

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

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

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	\$	\$1.05	Postmark 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

RANDY 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 7483

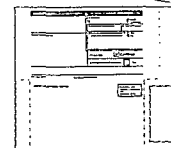
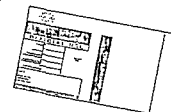
RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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

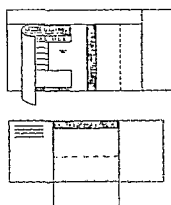
Reorder Form LCD-8 v. 01/07

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>Trevia Smyser</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Trevia 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
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

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

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0012 7490

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

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

Reorder Form LCD-8
Rev. 01/07

2. Article Number

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

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

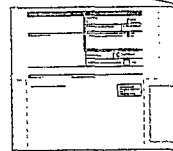
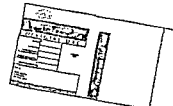
☒ Certified

4. Restricted Delivery? (Extra Fee)

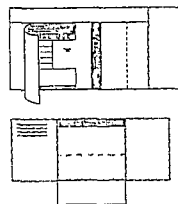
☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 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

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

Batch #: 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	
Total Postage & Fees	\$	\$0.00	
		\$6.15	

sent To

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

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7506

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

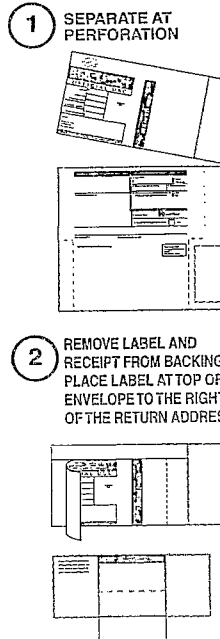
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 7506

1. Article Addressed to:

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Raymond C Harris*

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

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0012 7513

Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.45	

ent To

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

RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7513

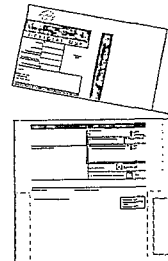
RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

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

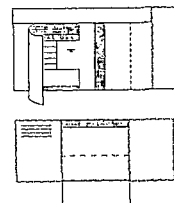
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 7513	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: RAYMOND K PALMER 1013 FAIRWEATHER DR SACRAMENTO, CA 95833 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 7513	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Melissa Palmer</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Melissa Palmer</i> C. Date of Delivery <i>SEP 22 2010</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: RAYMOND K PALMER 1013 FAIRWEATHER DR SACRAMENTO, CA 95833 Code: Allocation Project - D.Howell	

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



7110 6605 9590 0012 7520

Postage	\$	\$1.05	Postmark 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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7520

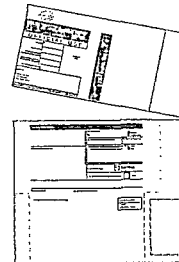
RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

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

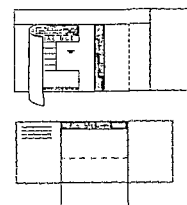
Reorder Form LCD-8 Rev. 01/07

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 #:

PROVED

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7110 6605 9590 0012 7537

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

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 ON TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOLD A DOTTED LINE

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
 Code 2:
 File #:
 Internal 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 X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
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

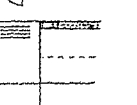
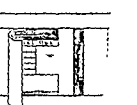
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7537		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Raymond Smyser	C. Date of Delivery 9-7-10
RAYMOND SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203		D. Is delivery address different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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL A RECEIPT FROM B/ PLACE LABEL AT ENVELOPE TO TH OF THE RETURN



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



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7110 6605 9590 0012 7544

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

Postmark
Here

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 #:

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

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 7544

1. Article Addressed to:

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE

2. Article Number

7110 6605 9590 0012 7544

1. Article Addressed to:

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Melanie McClain

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

SEP 09 2010

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



U.S. Postal Service
REGISTERED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
Delivery Information Visit usps.com

7110 6605 9590 0012 7551

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

Ant To
 REECE B ANDERSON
 1411 BRIARMEAD DR
 HOUSTON, TX 77057

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7551

REECE B ANDERSON
 1411 BRIARMEAD DR
 HOUSTON, TX 77057

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

Reorder Form LCD-811 01/07

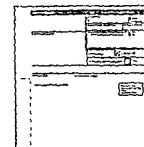
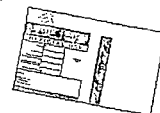
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7551		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
REECE B ANDERSON 1411 BRIARMEAD DR HOUSTON, TX 77057		D. Is delivery address different from item 1? ☐ Yes If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

Code: Allocation Project - D.Howell

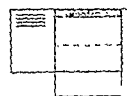
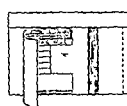
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7551		A. Signature ☐ Agent X <i>Reece B Anderson</i> ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Reece B Anderson</i>	C. Date of Delivery <i>9/8/10</i>
REECE B ANDERSON 1411 BRIARMEAD DR HOUSTON, TX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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2195
 Article #: 71106605959000127551
 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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 (Domestic Mail Only, No Insurance Coverage Provided)
 Delivery Information visit our website at www.usps.com

7110 6605 9590 0012 7568

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 7568

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

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

Reorder Form LCD-811R rev. 01/07

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

Code: Allocation Project - D.Howell

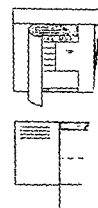
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7568		A. Signature X <i>A. Sandoval</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
REESE ELLEN TAYLOR 551 W CORDOVA RD # 804 SANTA FE, NM 87505		<i>A. Sandoval</i> 8/29-3-10	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO THE RIGHT



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



U.S. Postal Service
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For more information visit our website at www.usps.com

7110 6605 9590 0013 3965

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

sent To
REGENT OIL & GAS CO LP
PO BOX 25204

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

DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions



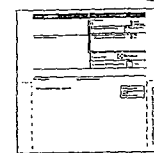
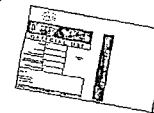
7110 6605 9590 0013 3965

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

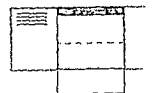
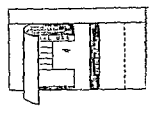
Batch #: 2273
Article #: 71106605959000133965
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

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 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 #:



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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 v. 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
1. Article Addressed to: RESOURCE DEVELOPMENT TECHNOLOGY LLC P O BOX 1020 MORRISON, CO 80465	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

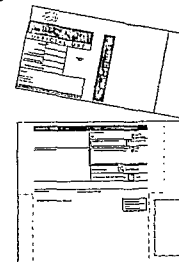
Code: Allocation Project - D.Howell

PS Form 3811

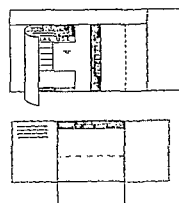
2. Article Number 7110 6605 9590 0012 7575	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Greg Thompson</i> B. Received by (Printed Name) <i>Greg Thompson</i> C. Date of Delivery <i>9/7/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article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

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7582

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

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

Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 7582

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

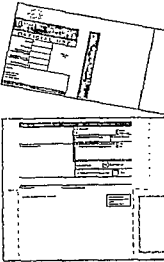
COMPLETE THIS SECTION ON DELIVERY

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

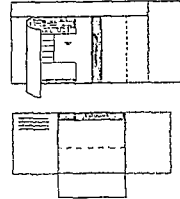
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7582

1. Article Addressed to:

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

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 #: 71106605959000127582
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 7605

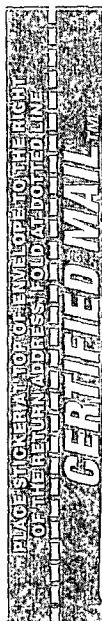
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

Send To

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

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

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 <i>Kathryn Chen</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Kathryn Chen</i> 9/7/10
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
Richard A Macintosh
9929 Pine Knoll Ln
San Diego, CA 92124-1809

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7612

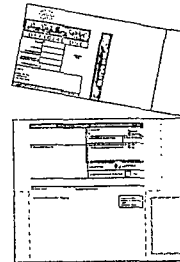
RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

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

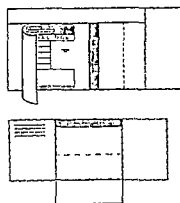
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7612	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD A MACINTOSH 9929 PINE KNOLL LN SAN DIEGO, CA 92124-1809	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 7612	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD A MACINTOSH 9929 PINE KNOLL LN SAN DIEGO, CA 92124-1809	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 7629

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

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

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

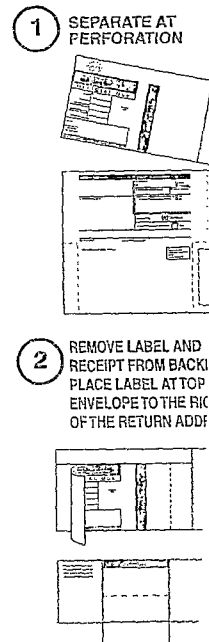


7110 6605 9590 0012 7629

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7629	A. Signature X ☐ Agent ☐ 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 X ☐ Agent ☐ 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	\$	\$1.05	Postmark 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

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

PS Form 3800, August 2006, 1-1 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	7110 6605 9590 0012 7599
1. Article Addressed to:	RICHARD A GROENENDYKE JR 2545 E 30TH ST TULSA, OK 74114
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1?	☐ Yes If YES enter delivery address below: ☐ No
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

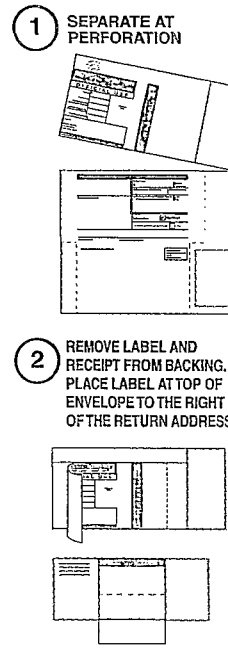


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

3
LIFT HERE





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

Form 3800, August 2006 See Reverse for Instructions



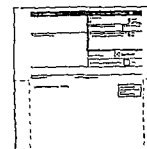
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RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

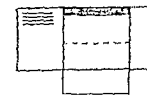
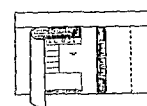
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Article #: 71106605959000133972
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

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

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



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7110 6605 9590 0012 7636

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



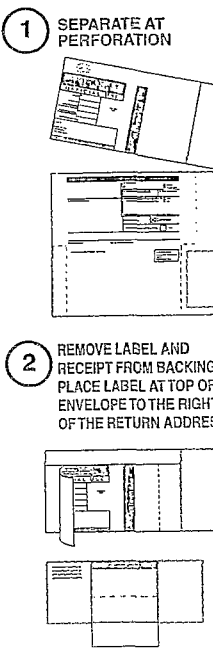
7110 6605 9590 0012 7636

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

Batch #: 2195
Article #: 71106605959000127636
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

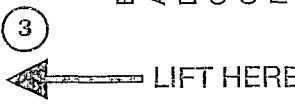
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 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 <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD D FREDERKING FAMILY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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





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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	

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

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

Form 3800, August 2009. 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
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD H GODFREY JR PO BOX 18208 OKLAHOMA CITY, OK 73154-0208	D. Is 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

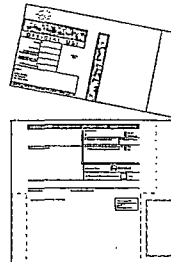
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

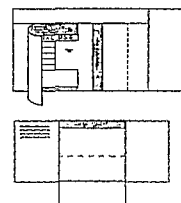


LIFT HERE

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	

Post To
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	7110 6605 9590 0012 7643
1. Article Addressed to:	RICHARD GODFREY P O BOX 18661 OKLAHOMA CITY, OK 73154-0661
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1?	☐ Yes If YES enter delivery address below: ☐ No
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



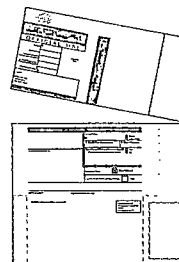
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

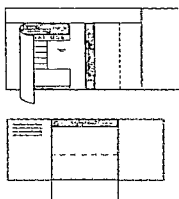
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Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
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1 SEPARATE AT PERFORATION



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



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

ConocoPhillips

7110 6605 9590 0012 7599

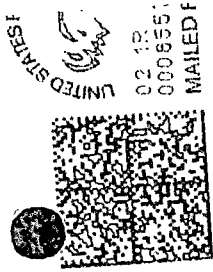
Richard Greenendyke Sr.

12-14-30
9-14-30
12-14-30
(P)

RETURN
TO
SENDER

REFUSED

UNCLAIMED X





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 X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
RICHARD H HUGHES RICHARD HUGHES REVOCALBE TRUST 311 CALLE LOMA NORTE SANTA FE, NM 87501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

PS Form 3811

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

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

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

3

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7110 6605 9590 0012 7674

Postage	\$		Postmark Here
	\$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	

Send 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 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7674

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

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

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7674		A. Signature X ☐ Agent ☐ Addressee	
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	
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



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USPS
Permit No. G-10

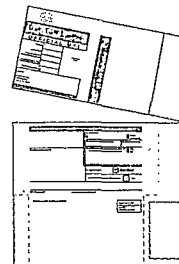
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
Article #: 71106605959000127674
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

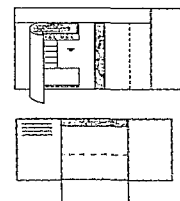
3

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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 7681

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

sent To

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

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



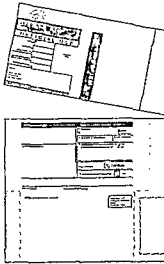
7110 6605 9590 0012 7681

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

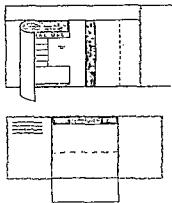
Batch #: 2195
Article #: 71106605959000127681
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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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
Street, Apt. No.,
PO Box No.
City, State, Zip+4

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

Form 3811, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7698

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

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

Reorder Form LCD-Rev. 01/07

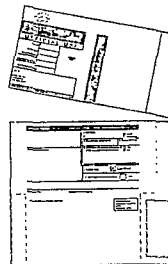
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7698	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD S NORDHAUS ACCT 6078 2206 6301 UPTOWN RD NE ALBUQUERQUE, NM 87110	D. Is delivery address different from item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

Code: Allocation Project - D.Howell

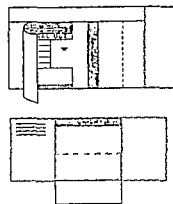
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7698	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RICHARD S NORDHAUS ACCT 6078 2206 6301 UPTOWN RD NE ALBUQUERQUE, NM 87110	D. Is delivery address different from item 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	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7704

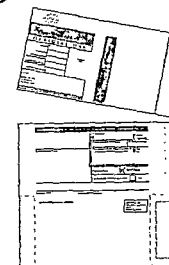
RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

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

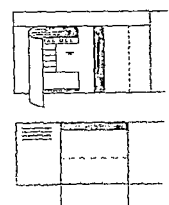
Reorder Form LCD-81-01/07

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

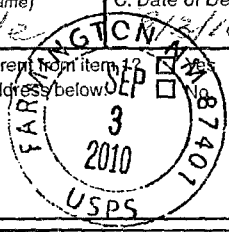
1 SEPARATE AT PERFORATION



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 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>8/31/10</i>
RICHARD TULLY D/B/A P O BOX 268 FARMINGTON, NM 87499-0268	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
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
Richard W Turner III REVOCABLE TRUS
Richard W Turner Trustee
PO BOX 2442
DURANGO, CO 81302

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



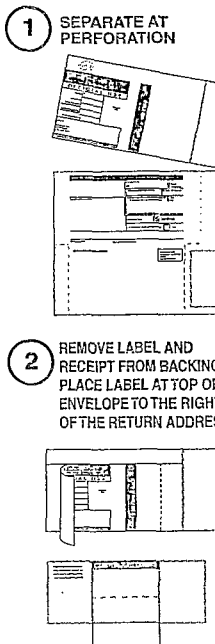
7110 6605 9590 0012 7711

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

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

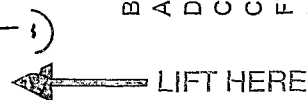
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 7711	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 W TURNER III REVOCABLE TRUS RICHARD W TURNER TRUSTEE PO BOX 2442 DURANGO, CO 81302 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 7711	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Richard W. Turner</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Richard W. Turner</i> C. Date of Delivery <i>9/8/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: RICHARD W TURNER III REVOCABLE TRUS RICHARD W TURNER TRUSTEE PO BOX 2442 DURANGO, CO 81302 Code: Allocation Project - D.Howell	

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





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7110 6605 9590 0012 7728

Postage	\$	\$1.05	Postmark 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

RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7728

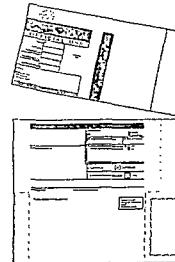
RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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

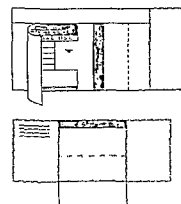
Reorder Form LCD-8 (Rev. 01/07)

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

Batch #: 2195
Article #: 71106605959000127728
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 7735

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

Postmark
Here

Code: Allocation Project - D.Howell

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

Form 3811, August 2006 PSN See Reverse for Instructions



7110 6605 9590 0012 7735

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

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

2. Article Number

7110 6605 9590 0012 7735

1. Article Addressed to:

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

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 7735

1. Article Addressed to:

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

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

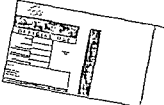
3. Service Type

☒ Certified

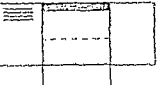
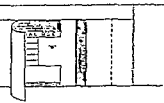
4. Restricted Delivery? (Extra Fee)

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



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7110 6605 9590 0012 7742

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

ent To

RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7742

RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

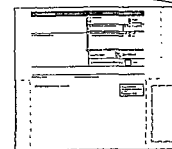
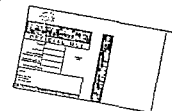
Batch #: 2195
Article #: 71106605959000127742
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

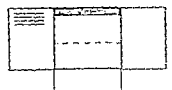
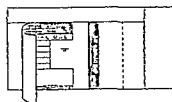
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7742	A. Signature	☐ Agent ☐ Addressee
	X	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted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

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0012 7759

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7759

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

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

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 7759

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

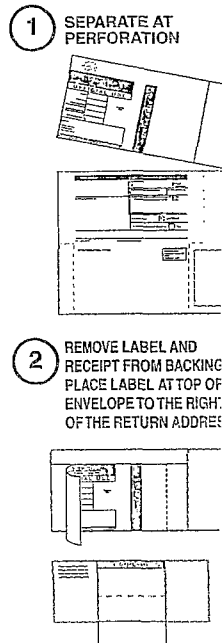
A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 7759

1. Article Addressed to:

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

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



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7110 6605 9590 0012 7766

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

ent To

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



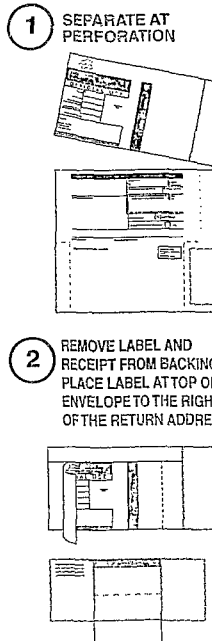
7110 6605 9590 0012 7766

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 #:

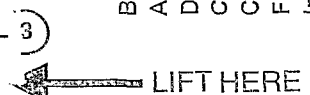
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7766	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RITA ROACH 4878 GALINA DR LAS CRUCES, NM 88012	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 7766	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RITA ROACH 4878 GALINA DR LAS CRUCES, NM 88012	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 #: 71106605959000127766
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 7773

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7773

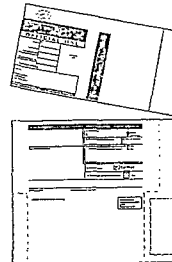
RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

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

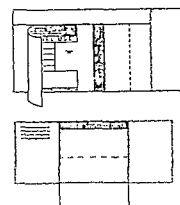
Reorder Form LCD-8 Rev. 01/07

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
1. Article Addressed to: RKC INC 7500 E ARAPAHOE ROAD, SUITE 380 CENTENNIAL, CO 80112-6116	
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 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
1. Article Addressed to: RKC INC 7500 E ARAPAHOE ROAD, SUITE 380 CENTENNIAL, CO 80112-6116	
Code: Allocation Project - D.Howell	

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



U.S. Postal Service
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7110 6605 9590 0012 7780

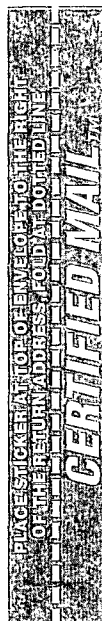
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Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7780

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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

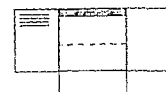
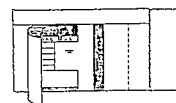
Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7780	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ROB SMYSER 15001 OLYMPIC RD SHERIDAN, MO 64486-8203	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	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 7780	A. Signature X <i>Amanda Smyser</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Amanda Smyser</i>	C. Date of Delivery <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	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

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



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

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

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

Code: Allocation Project - D.Howell



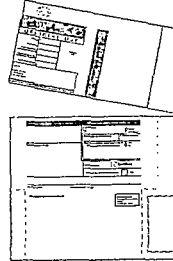
7110 6605 9590 0012 7797

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

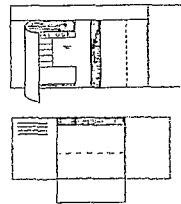
Batch #: 2195
Article #: 71106605959000127797
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 7797	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBERT & THELMA SMITH REV TRUST PO BOX 1034 PAGOSA SPRINGS, CO 81147	
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 7797	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>T. Allen</i> B. Received by (Printed Name) <i>T. Allen</i> C. Date of Delivery <i>9/8/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBERT & THELMA SMITH REV TRUST PO BOX 1034 PAGOSA SPRINGS, CO 81147	
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.
city, State, Zip+4

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7803

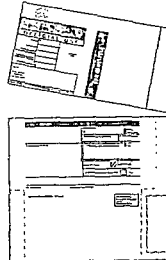
ROBERT B FARNHAM FAMILY TRUST
1470 THOMAS AVE
SAINT PAUL, MN 55104

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

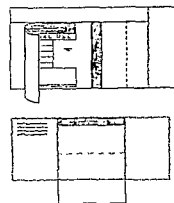
Reorder Form LCD-8 01/07

2. Article Number 7110 6605 9590 0012 7803	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 B FARNHAM FAMILY TRUST 1470 THOMAS AVE SAINT PAUL, MN 55104	
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 7803	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBERT B FARNHAM FAMILY TRUST 1470 THOMAS AVE SAINT PAUL, MN 55104	
Code: Allocation Project - D.Howell	

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



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7110 6605 9590 0012 7810

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

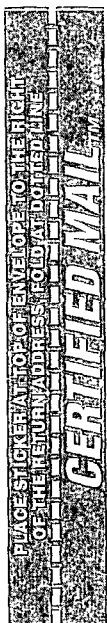
sent To

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

ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7810

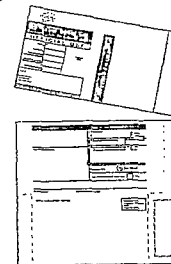
ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

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

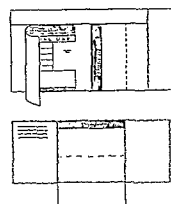
Reorder Form LCD-8 v. 01/07

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		

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 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		

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

sent To

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

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

Form 3800, August 2006 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

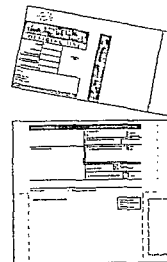
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7827	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
ROBERT D FITTING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

Code: Allocation Project - D.Howell

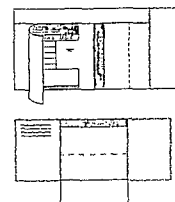
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7827	A. Signature <i>[Signature]</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>IRENE M. Hunt</i>	C. Date of Delivery <i>8-31-10</i>
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
ROBERT D FITTING TRUST P O BOX 50582 MIDLAND, TX 79710-0582	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	\$		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	

ant To

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

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7834

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

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

Reorder Form LCD-01/07

2. Article Number

7110 6605 9590 0012 7834

1. Article Addressed to:

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

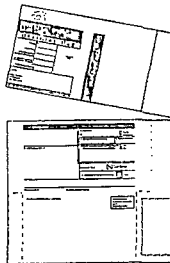
☒ Certified

4. Restricted Delivery? (Extra Fee)

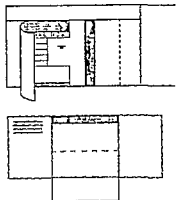
☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7834

1. Article Addressed to:

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0012 7841

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

ent To

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

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

Code: Allocation Project - D.Howell



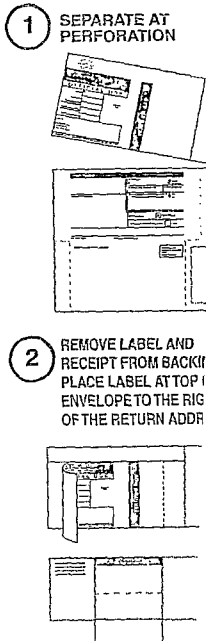
7110 6605 9590 0012 7841

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

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

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7841		
1. Article Addressed to:	A. Signature X ☐ Agent ☐ Addressee	
ROBERT DOUGLAS STUART TRUST PO BOX 2980 MC -3-WM MILWAUKEE, WI 53201-2980	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 7841		
1. Article Addressed to:	A. Signature X CSL624 ☒ Agent ☐ Addressee	
ROBERT DOUGLAS STUART TRUST PO BOX 2980 MC -3-WM MILWAUKEE, WI 53201-2980	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		

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 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



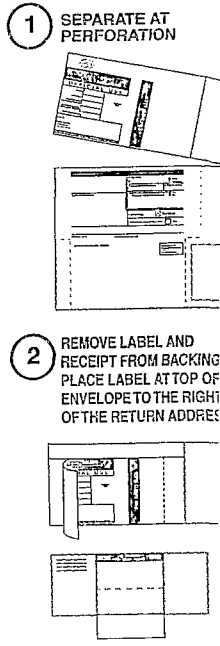
7110 6605 9590 0012 8947

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-8-01/07

2. Article Number 7110 6605 9590 0012 8947	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 E BEAMON 2603 AUGUSTA, SUITE 1050 HOUSTON, TX 77057	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 8947	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>m Weber</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>m Weber</i> <i>9/1/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROBERT E BEAMON 2603 AUGUSTA, SUITE 1050 HOUSTON, TX 77057	
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

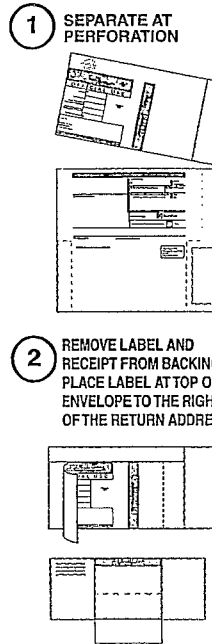


7110 6605 9590 0013 3989

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 ☒ 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

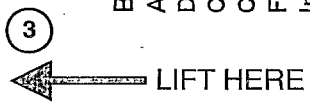


PS Form 3811 Domestic Return Receipt

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 #:



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

7110 6605 9590 0013 3996

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

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

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

Form 3800, August 2006 See Reverse for Instructions

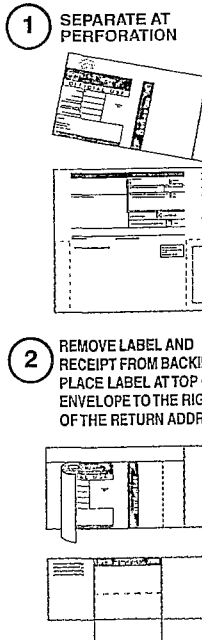


7110 6605 9590 0013 3996

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

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

2. Article Number 7110 6605 9590 0013 3996	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ROBERT H BENART JR 930 CATTAIL CREEK RD DILLWYN, VA 23936	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number 7110 6605 9590 0013 3996	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kimberlee J Benart</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: ROBERT H BENART JR 930 CATTAIL CREEK RD DILLWYN, VA 23936	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

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



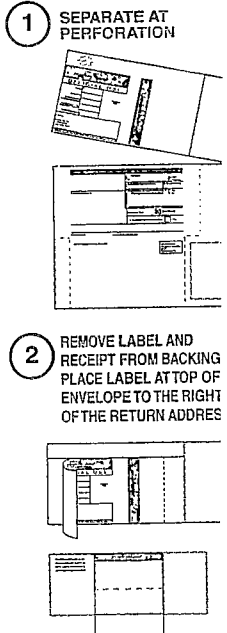
7110 6605 9590 0012 8954

ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

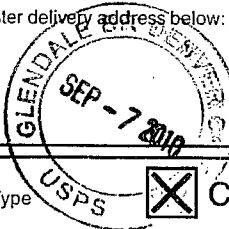
Batch #: 2199
Article #: 71106605959000128954
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 8954	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT L BAYLESS PO BOX 461002 DENVER, CO 80246	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 8954	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT L BAYLESS PO BOX 461002 DENVER, CO 80246	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 #: 71106605959000128954
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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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	

Post To
Robert L Spencer
134 Reynard Dr
Tupelo, MS 38801-8685

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 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

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

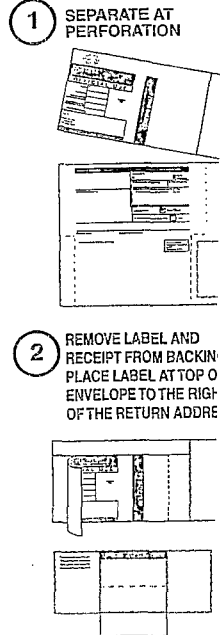
A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 8961

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *R L Spencer* ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000128961
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information visit our website at www.usps.com

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	

Return To: **ROBERT NICK RAWSON**
1531 MARSHALL ST #4
HOUSTON, TX 77006

PS 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 #: 71106605959000128978
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 8978	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: ROBERT NICK RAWSON 1531 MARSHALL ST #4 HOUSTON, TX 77006	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

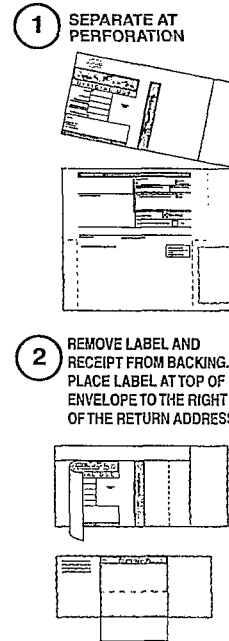
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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



Batch #: 2199
Article #: 71106605959000128978
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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	

Ant To

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number

7110 6605 9590 0012 8985

1. Article Addressed to:

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

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 8985

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

F. FARKH

☐ 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



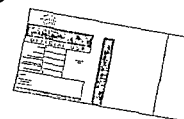
Certified

4. Restricted Delivery? (Extra Fee)

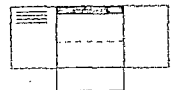
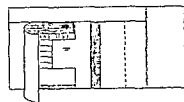


Yes

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



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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 8992

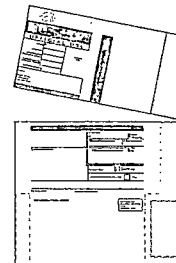
ROBERT P EARNEST & ANNA DOKUS EARNE
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

Batch #: 2199
Article #: 711066059590000128992
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

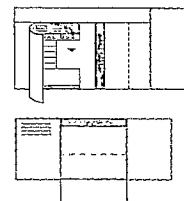
Reorder Form LCD-811 Rev. 01/07

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

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 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	D. Is 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 #: 711066059590000128992
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	

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

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9012		A. Signature ☒ Agent ☒ 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	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

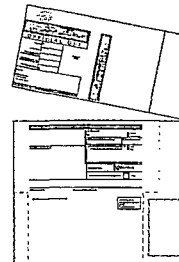
UNITED STATES POSTAL SERVICE



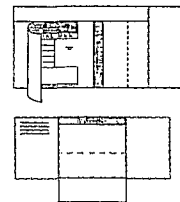
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

LIFT HERE



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CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
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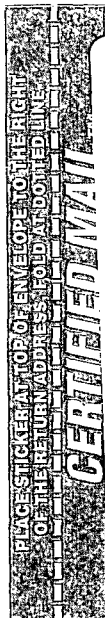
7110 6605 9590 0012 9005

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

ent To
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

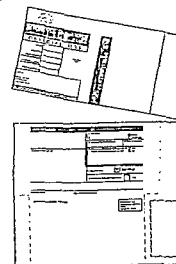
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Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

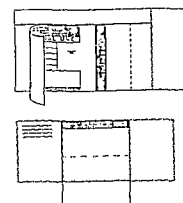
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9005		
1. Article Addressed to:		
ROBERT P. SOENS 808 ENDERBY DR ALEXANDRIA, VA 22302-2224		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ 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 9005		
1. Article Addressed to:		
ROBERT P. SOENS 808 ENDERBY DR ALEXANDRIA, VA 22302-2224		
	A. Signature X	☐ Agent ☒ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

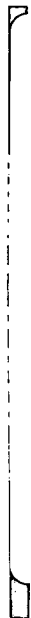
Code: Allocation Project - D.Howell

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

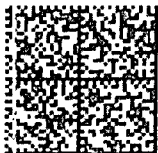
San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

 **ConocoPhillips**

7110 6605 9590 0012 9029



UNITED STATES
02 1R
000655
MAILED



Robert Gary Rieck

ROBERT
3900 RUN C.
AUSTIN, TX 78758





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

Postmark
Here

sent To

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

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



112 11 001

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)	
ROBERT SEAN RILEY 3900 RUN OF THE OAKS, APT A AUSTIN, TX 78704		C. Date of Delivery	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell			

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

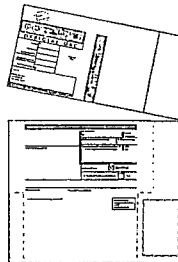
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

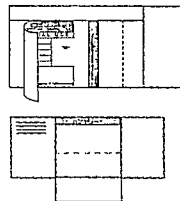
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
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7110 6605 9590 0012 9036

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

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

ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

Form 3800, August 2006-1-7- (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 X ☐ Agent ☐ 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	
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

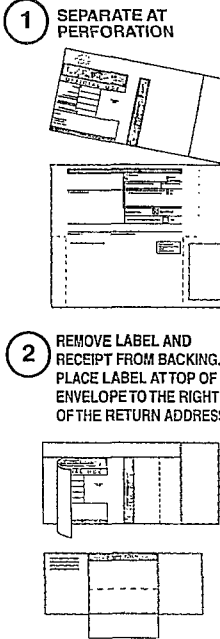


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USPS
Permit No. G-10

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 #:

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LIFT HERE





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7110 6605 9590 0012 9043

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

sent To

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

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

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



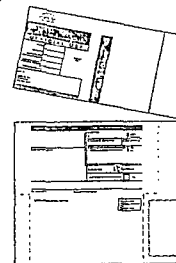
7110 6605 9590 0012 9043

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

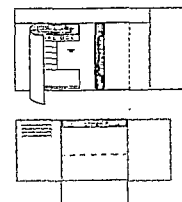
Batch #: 2199
Article #: 71106605959000129043
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

1 SEPARATE AT PERFORATION

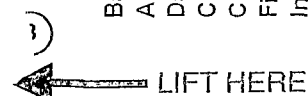


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS!

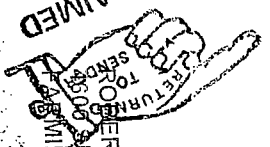


2. Article		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9043		A. Signature V ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 8/31/10
ROBERT T ISHAM TRUST 335 HOT SPRINGS RD SANTA BARBARA, CA 93108		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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



UNCLAIMED



RETURN TO
ROBERT T STOLWORTHY JR
500 SUMMER WIND LN
ALBUQUERQUE, 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	

Return To
Robert, Apt. No.;
PO Box No.
City, State, Zip+4

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

PS Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell

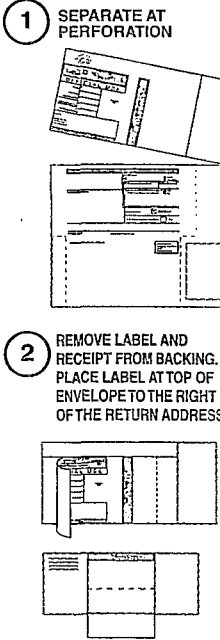


7110 6605 9590 0012 9050

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

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

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9050		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ROBERT T STOLWORTHY JR 4600 SUMMER WIND LN FARMINGTON, NM 87401		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	



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

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



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7110 6605 9590 0012 9067

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

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

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

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9067

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

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

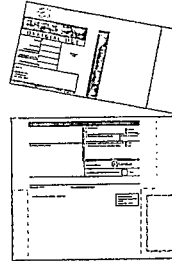
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9067	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT UMBACH CANCER FOUNDATION ATTN: CHARLES WALLACE PO BOX 1959 MIDLAND, TX 79702-1959	D. Is delivery address different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

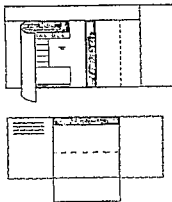
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9067	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> <i>[Date]</i>
ROBERT UMBACH CANCER FOUNDATION ATTN: CHARLES WALLACE PO BOX 1959 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

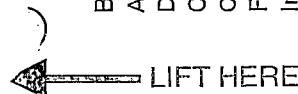
1 SEPARATE AT PERFORATION



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



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





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7110 6605 9590 0012 9074

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

ent To

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

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

5-1070 9800 7/10/05 1/1/06 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9074

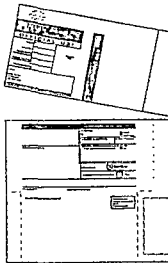
ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

Batch #: 2199
Article #: 71106605959000129074
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

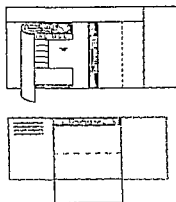
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9074	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROBERT W SMITH & THELMA M SMITH REV THELMA M SMITH CO TRUSTEES PO BOX 1034 PAGOSA SPRINGS, CO 81147-1034	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

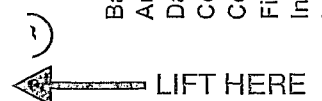


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9074	A. Signature X <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	

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





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7110 6605 9590 0012 9081

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9081

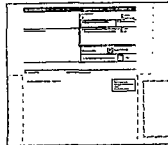
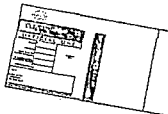
ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

Batch #: 2199
Article #: 71106605959000129081
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

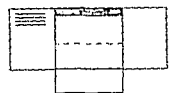
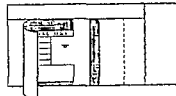
Form 3800, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 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 Code: Allocation Project - D.Howell
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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



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>9-15-10</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
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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

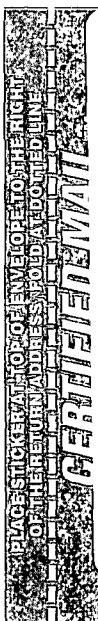
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

PS Form 3800, August 2006 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 #:

2. Article Number 7110 6605 9590 0012 9098	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: ROBERTA W BROWN 3600 LOVERS LN DALLAS, TX 75225-7423 Code: Allocation Project - D.Howell	

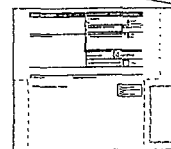
PS Form 3811

2. Article Number 7110 6605 9590 0012 9098	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Roberta W Brown</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Roberta W Brown</i> <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: ROBERTA W BROWN 3600 LOVERS LN DALLAS, TX 75225-7423 Code: Allocation Project - D.Howell	

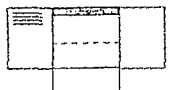
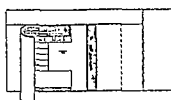
PS Form 3811

Domestic Return Receipt

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 #: 71106605959000129098
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 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.,
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



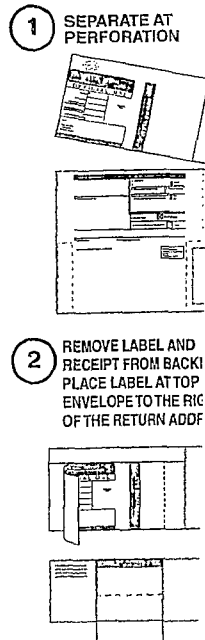
7110 6605 9590 0013 3705

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



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

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



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Use Mail Only, No Insurance Coverage Provided)
For more information visit us online at www.usps.com
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
ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



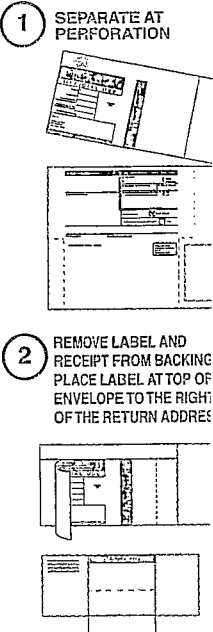
7110 6605 9590 0012 9104

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

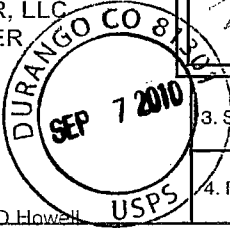
Batch #: 2199
Article #: 71106605959000129104
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0012 9104	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 ☐ 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	



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
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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 (7-1) See Reverse for Instructions

Code: Allocation Project - D.Howell



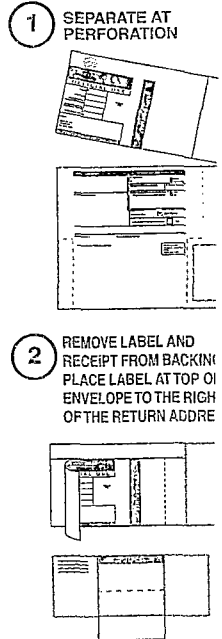
7110 6605 9590 0012 9111

**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) RA IRONSIDE C. Date of Delivery 9/3/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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





U.S. Postal Service
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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	

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

ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

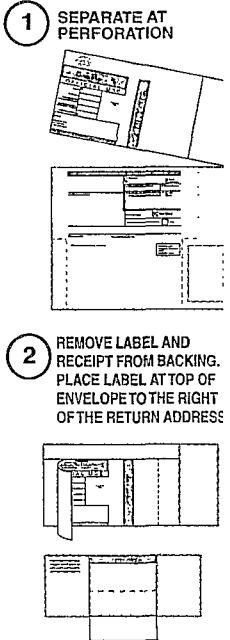


7110 6605 9590 0012 9128

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 #:

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



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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



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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For delivery information visit our website at www.usps.com
7110 6605 9590 0012 9135

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9135

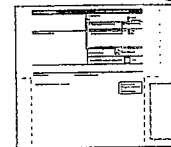
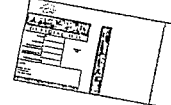
ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

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

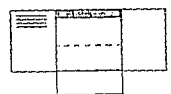
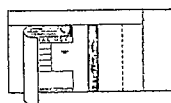
Reorder Form LCD-8-01/07

2. Article Number 7110 6605 9590 0012 9135	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 9135	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ 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
--	---

Batch #: 2199
Article #: 71106605959000129135
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
(For Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



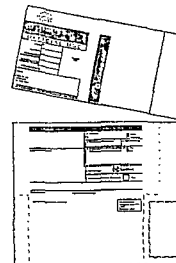
7110 6605 9590 0012 9159

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

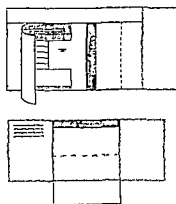
Batch #: 2199
Article #: 71106605959000129159
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9159	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROGERS FAMILY LIMITED PARTNERSHIP 3630 RIVER OAKS CT TYLER, TX 75707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 9159	A. Signature X <i>Kenneth W. Eveland</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Kenneth W. Eveland</i> 9/9/10
ROGERS FAMILY LIMITED PARTNERSHIP 3630 RIVER OAKS CT TYLER, TX 75707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129159
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9166

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

ent To

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

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

Code: Allocation Project - D.Howell

PS Form 3800, August 2006: See Reverse for Instructions



7110 6605 9590 0012 9166

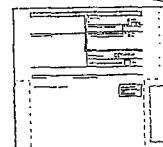
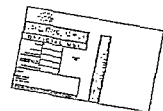
ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

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

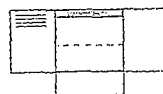
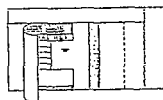
Reorder Form LCD-8
Rev. 01/07

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

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



7110 6605 9590 0013 3156

ROGERS FAM TR
PO BOX 12825
EL PASO, TX 79913

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

2. Article Number	
7110 6605 9590 0013 3156	
1. Article Addressed to:	
ROGERS FAM TR PO BOX 12825 EL PASO, TX 79913	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ 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 #:

3

LIFT HERE



Postage	\$1.05	Postmark 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

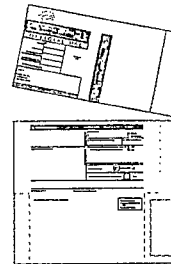
ROGERS GIBBARD TRUST
PO BOX 624
SULPHUR, OK 73086-0624

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

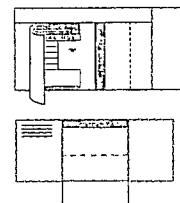
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9173	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROGERS GIBBARD TRUST PO BOX 624 SULPHUR, OK 73086-0624	
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



Article Number 7110 6605 9590 0012 9173	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: ROGERS GIBBARD TRUST PO BOX 624 SULPHUR, OK 73086-0624	
Code: Allocation Project - D.Howell	

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certificated Mail Only; No Insurance Coverage Provided)
Delivery Information Visit Our Website at www.usps.com

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	

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

ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9142

ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

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

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9142		A. Signature ☒ 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	
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



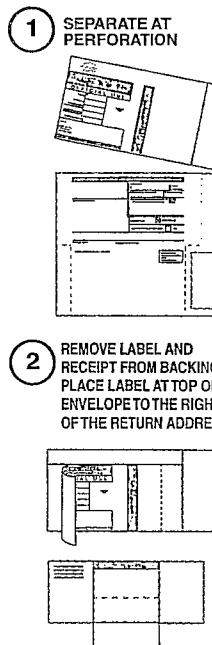
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2199
Article #: 71106605959000129142
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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For delivery information, visit our website at www.usps.com

7110 6605 9590 0012 9180

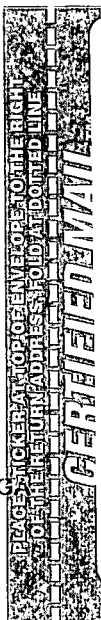
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9180

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

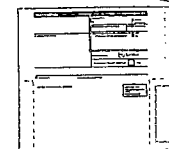
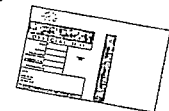
Batch #: 2199
Article #: 71106605959000129180
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3810, August 2006 (Rev. 11-03) See Reverse for Instructions

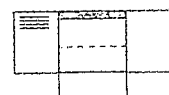
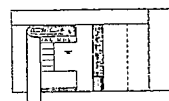
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9180	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROMAN CATHOLIC CHURCH DIOCESE OF GA P O BOX 1338 GALLUP, NM 87305-1338	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9180	A. Signature ☐ Agent X ☒ 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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

← LIFT HERE



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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
treat, 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 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 ☐ Agent
X ☐ Addressee

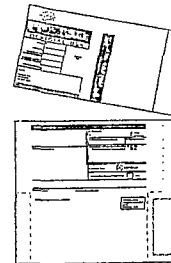
B. Received by (Printed Name) C. Date of Delivery

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

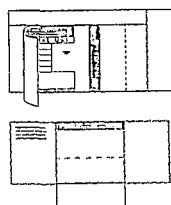
3. Service Type ☒ Certified

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

ent To

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

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



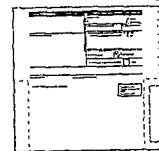
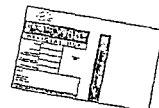
7110 6605 9590 0012 9203

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

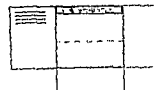
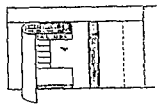
Batch #: 2199
Article #: 71106605959000129203
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

1 SEPARATE AT PERFORATION



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



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

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

3



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7110 6605 9590 0012 9210

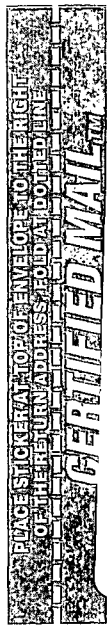
Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Send 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

7110 6605 9590 0012 9210

1. Article Addressed to:

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

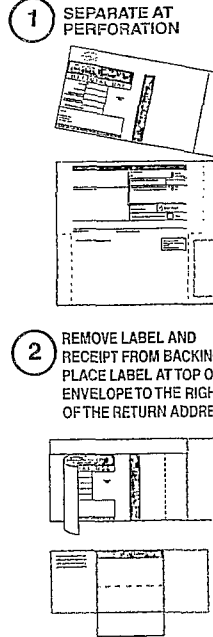
A. Signature
X ☐ Agent
☐ Addressee

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 9210

1. Article Addressed to:

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

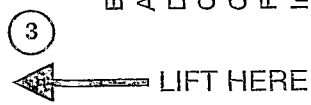
B. Received by (Printed Name) C. Date of Delivery

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 #: 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	\$	
	\$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

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

Form 3800, August 2009. See Reverse for Instructions.

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 #:

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 ☐ Agent
X ☐ Addressee

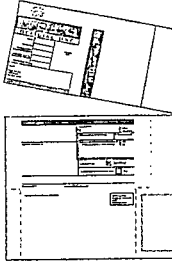
B. Received by (Printed Name) C. Date of Delivery

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

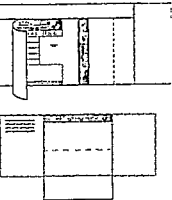
3. Service Type ☒ Certified

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 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 ☐ Agent
X *Ronald L. Jacks* ☐ 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 #: 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	\$		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	

ent To

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

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

Form 3800, August 2006 PSN 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 9234

1. Article Addressed to:
ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

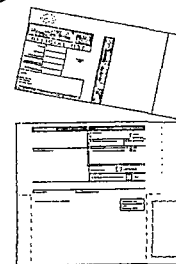
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

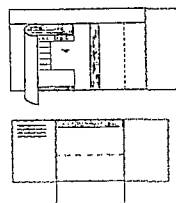
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 9234

1. Article Addressed to:
ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3

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7110 6605 9590 0013 4009

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

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

ROSALIE MARTINEZ
719 E CLEARWATER DR
LAYTON, UT 84041

PS Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

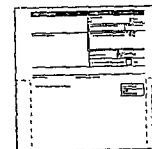
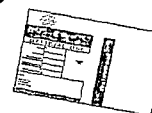
7110 6605 9590 0013 4009

ROSALIE MARTINEZ
719 E CLEARWATER DR
LAYTON, UT 84041

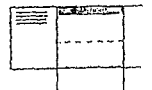
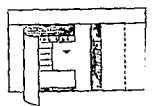
Batch #: 2273
Article #: 71106605959000134009
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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



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

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

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

Code: Allocation Project - D.Howell



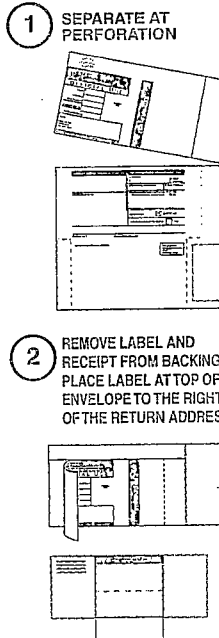
7110 6605 9590 0012 9241

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

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

Reorder Form LCD-1 Rev. 01/07

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9241	A. Signature X Rosemary Warner ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/3/10
ROSEMARY WARNER HALL 7736 E 30TH PL TULSA, OK 74129	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





U.S. Postal Service
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7110 6605 9590 0012 9258

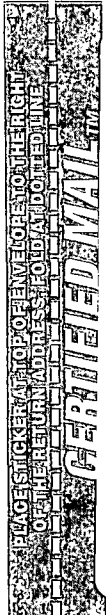
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

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

Code: Allocation Project - D.Howell



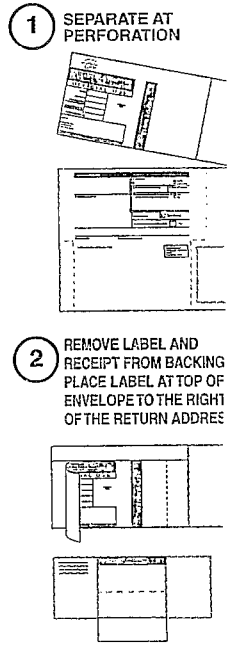
7110 6605 9590 0012 9258

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9258	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ROWENA DALE LAABS PO BOX 83 TULAROSA, NM 88352-0083	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
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 9258	A. Signature X <i>Rowena D. Laabs</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Rowena D. Laabs</i> <i>9/2/10</i>
ROWENA DALE LAABS PO BOX 83 TULAROSA, NM 88352-0083	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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 #:



7110 6605 9590 0012 9265

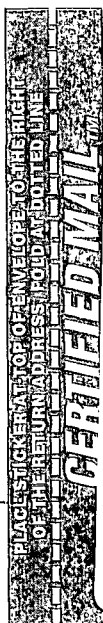
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (endorsement Required)	\$2.80		
Restricted Delivery Fee (endorsement Required)	\$2.30		
	\$0.00		
Total Postage & Fees	\$	\$6.15	

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

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

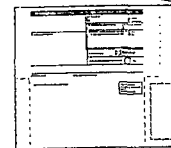
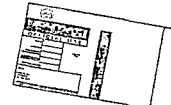
RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

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

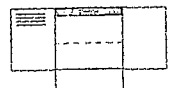
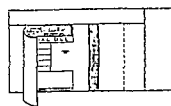
2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9265	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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

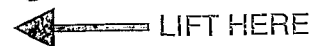


2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9265	A. Signature X <i>Christina Montoya</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9.2.2010
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service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

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 #:

3





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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	

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

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

Reorder Form LCD-81 01/07

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

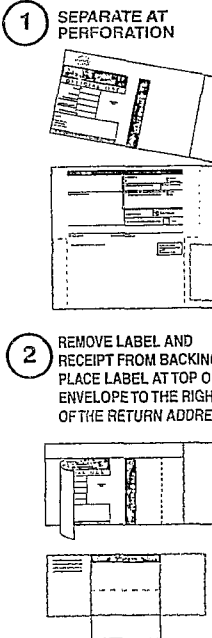
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 9272

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
Peter Mousen

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

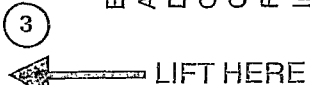
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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





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7110 6605 9590 0012 9289

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

ent To

RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



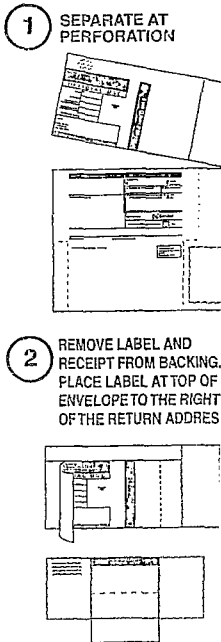
7110 6605 9590 0012 9289

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-811-01/07

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



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	

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

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9296

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

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

2. Article Number

7110 6605 9590 0012 9296

1. Article Addressed to:

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9296

1. Article Addressed to:

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *LS Barker*

B. Received by (Printed Name) C. Date of Delivery
Rugeley Trust **SEP 07 2010**

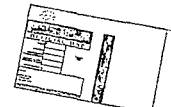
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

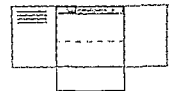
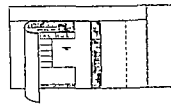
4. Restricted Delivery? (Extra Fee) ☐ Yes

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 #: 2199
Article #: 71106605959000129296
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 9302

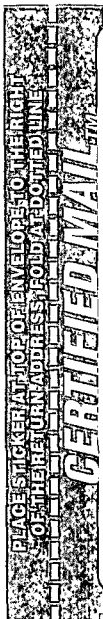
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9302

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

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

Reorder Form LCD-814 Rev. 01/07

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

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

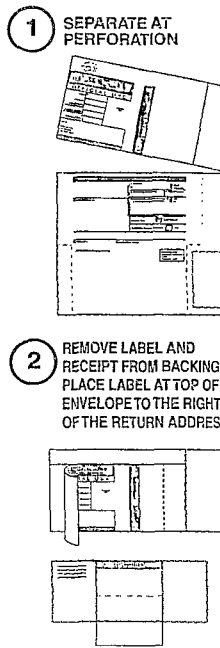
A. Signature ☒ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



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

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

COMPLETE THIS SECTION ON DELIVERY

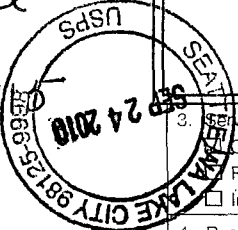
A. Signature ☐ Agent ☐ Addressee
X Russell Steele

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



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	

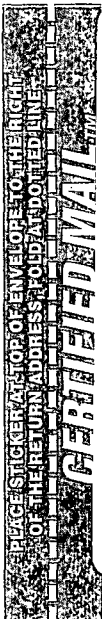
sent To

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

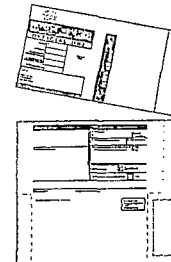
RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

Batch #: 2199
Article #: 71106605959000129319
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

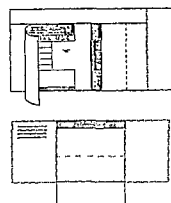
Reorder Form LCD-8 v. 01/07

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

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 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 #:

3

LIFT HERE



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(Certified Mail Only; No Insurance Coverage Provided)
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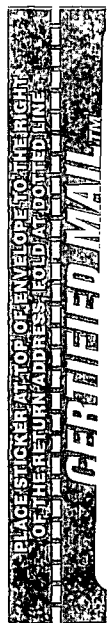
7110 6605 9590 0012 9326

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9326

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

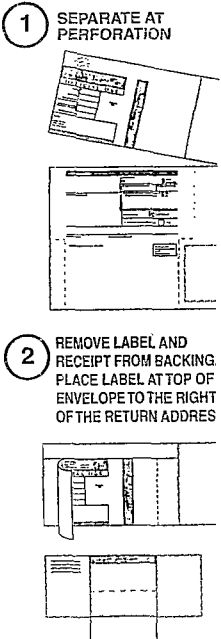
Batch #: 2199
Article #: 71106605959000129326
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

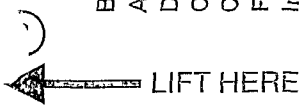
Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 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 9/3/10</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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



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





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

7110 6605 9590 0012 9333

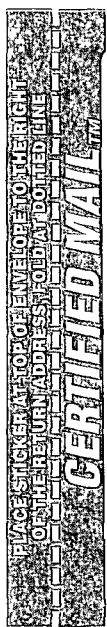
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

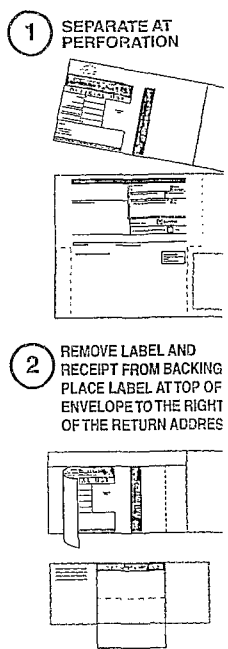


7110 6605 9590 0012 9333

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

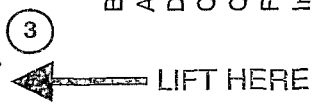
Batch #: 2199
Article #: 71106605959000129333
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9333	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
RUTH ZIMMERMAN TRUST 842 MUIRLANDS VISTA WY LA JOLLA, CA 92037	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 9333	A. Signature ☐ Agent X <i>Hazel Z. Hunt</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 04 2010
RUTH ZIMMERMAN TRUST 842 MUIRLANDS VISTA WY LA JOLLA, CA 92037	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 #: 71106605959000129333
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 9340

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

sent To
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

7110 6605 9590 0012 9340

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

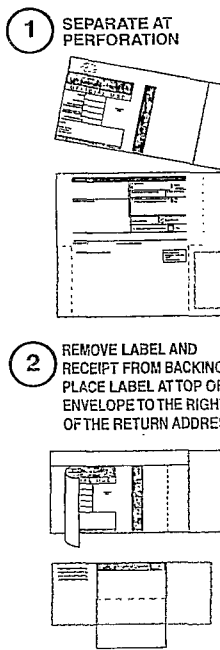
A. Signature ☐ Agent ☒ Addressee
X

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 9340

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Edwin B. ARSIS*

B. Received by (Printed Name) C. Date of Delivery
Edwin B. ARSIS *3 Sep 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 #: 71106605959000129340
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

