



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0013 1077

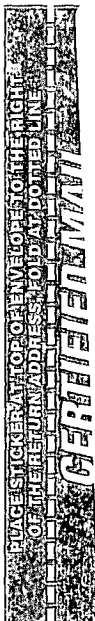
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1077

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Batch #: 2202
Article #: 71106605959000131077
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

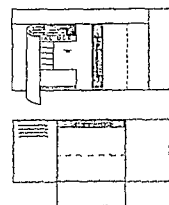
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1077	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
T D CUNNINGHAM PO BOX 5383 DENVER, CO 80217-5383	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 0013 1077	A. Signature X Matthew H. Adams	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) Matthew Adams	C. Date of Delivery 9-7-10
T D CUNNINGHAM PO BOX 5383 DENVER, CO 80217-5383	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 #: 2202
Article #: 71106605959000131077
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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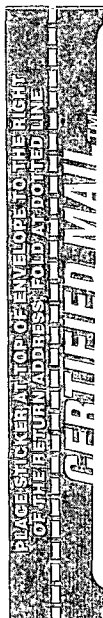
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1091

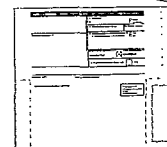
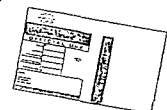
TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

Batch #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

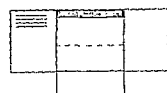
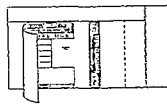
Reorder Form 1R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1091	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TAMACAM LLC C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	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 BACKIN PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1091	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TAMACAM LLC C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	Nicole Goversen 09/06/10
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 #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 4023

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

ent To
TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

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

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 4023

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

Batch #: 2273
Article #: 71106605959000134023
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 4023

1. Article Addressed to:

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

COMPLETE THIS SECTION ON DELIVERY

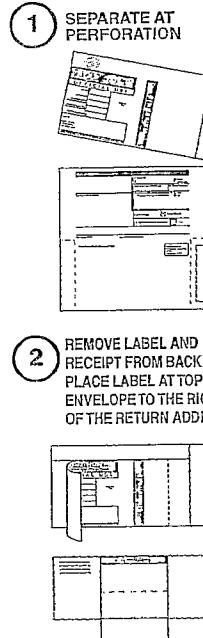
A. Signature ☐ Agent ☒ Addressee
X

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 0013 4023

1. Article Addressed to:

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *T R Potter*

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

D. Is 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 #: 71106605959000134023
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1107

Postage	\$ 1.05	Postmark 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

TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1107

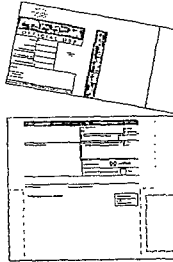
TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

Batch #: 2202
Article #: 71106605959000131107
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

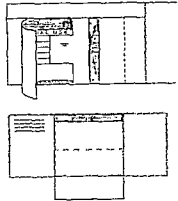
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1107	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TED E DUFF TRUST PO BOX 398 RUIDOSO, NM 88345	D. Is 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 0013 1107	A. Signature X <i>Ted Duff</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>TED DUFF</i>	C. Date of Delivery <i>9/1/10</i>
TED E DUFF TRUST PO BOX 398 RUIDOSO, NM 88345	D. Is 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 #: 2202
Article #: 71106605959000131107
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1114

Postage	\$ 1.05	Postmark 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
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1114

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Batch #: 2202
Article #: 71106605959000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1114

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

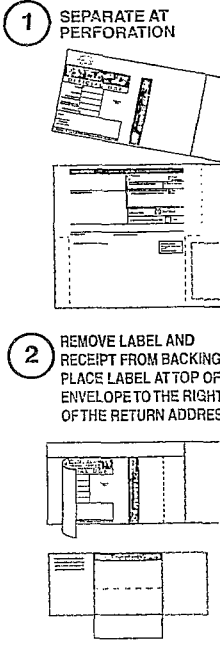
A. Signature ☒ Agent ☐ Addressee
X

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 0013 1114

1. Article Addressed to:

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Mary Harrington

B. Received by (Printed Name) C. Date of Delivery
M. HARRINGTON 9-20-10

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

SEP 20 2010
INDIANAPOLIS IN

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1121

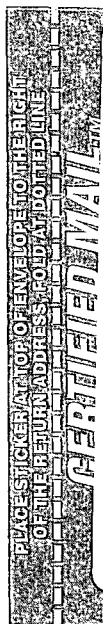
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

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

Code: Allocation Project - D.Howell



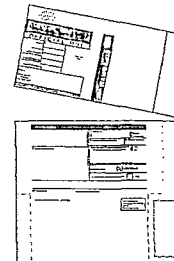
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TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

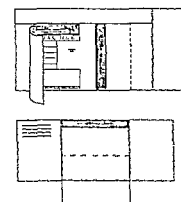
Batch #: 2202
Article #: 71106605959000131121
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1121	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TERA ELIZABETH SALTER 1457 W UNIVERSITY DR 74 MESA, AZ 85201	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 0013 1121	A. Signature X <i>Tera Salter</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery TERA SALTER SEP 23 2010
TERA ELIZABETH SALTER 1457 W UNIVERSITY DR 74 MESA, AZ 85201	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 #: 2202
Article #: 71106605959000131121
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 4030

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 **TERESA SLOCUM**
21 RD 5150

reet, Apt. No.;
r PO Box No.
ity, State, Zip+4 **BLOOMFIELD, NM 87413**

Form 3800, August 2006 See Reverse for Instructions



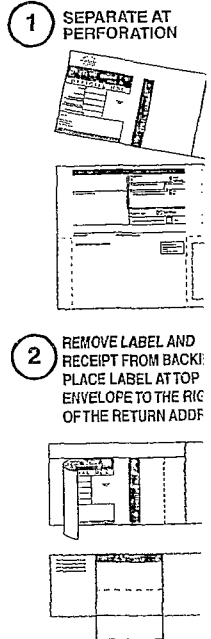
7110 6605 9590 0013 4030

TERESA SLOCUM
21 RD 5150

BLOOMFIELD, NM 87413

Batch #: 2273
Article #: 71106605959000134030
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 4030	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	D. Is 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 4030	A. Signature X <i>Teresa Slocum</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/17/10
TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	D. Is 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 #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:



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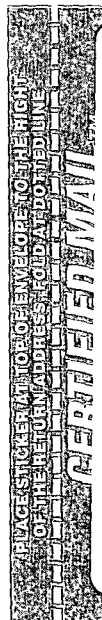
7110 6605 9590 0013 1138

Postage	\$	\$1.05	Postmark 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

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1138

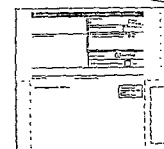
TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Batch #: 2202
Article #: 71106605959000131138
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

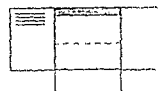
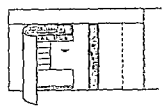
Reorder Form LCD-8-10 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1138	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TEX ZIA PROPERTIES LTD PO BOX 261427 PLANO, TX 75026-1427	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 0013 1138	A. Signature X <i>Sara Montanari</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sara Montanari</i> 9-9-10
TEX ZIA PROPERTIES LTD PO BOX 261427 PLANO, TX 75026-1427	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 #: 2202
Article #: 71106605959000131138
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 1145

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

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

TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1145

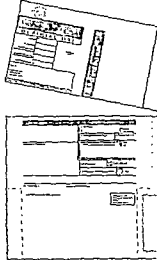
TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131145
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

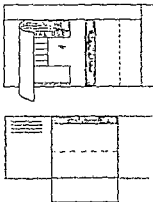
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1145	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TEXAS ROYALTIES P O BOX 3579 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 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 1145	A. Signature X <i>E. Edwards</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>E. Edwards</i>	C. Date of Delivery 9-7-10
TEXAS ROYALTIES P O BOX 3579 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2202
Article #: 71106605959000131145
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
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7110 6605 9590 0013 1152

Postage	\$ 1.05	Postmark 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

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Code: Allocation Project - D.Howell



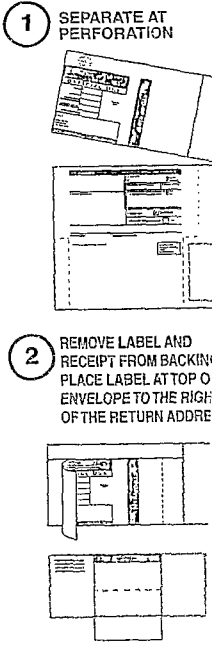
7110 6605 9590 0013 1152

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

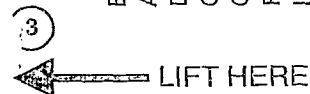
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1152	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702	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 0013 1152	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE DOROTHY T RUTTER TRUST PO BOX 3186 MIDLAND, TX 79702	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 #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1084

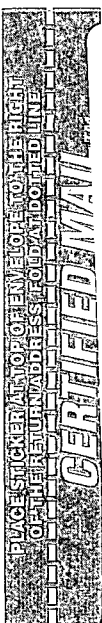
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

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

Code: Allocation Project - D.Howell



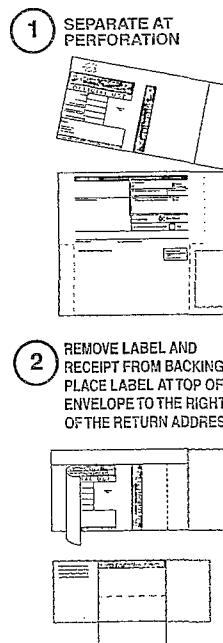
7110 6605 9590 0013 1084

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Batch #: 2202
Article #: 71106605959000131084
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

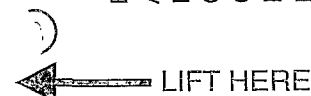
Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1084	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
T H MCELVAIN OIL AND GAS PROP ATTN: MR. RICK HARRIS 1050 17TH ST STE 1800 DENVER, CO 80265	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 0013 1084	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
T H MCELVAIN OIL AND GAS PROP ATTN: MR. RICK HARRIS 1050 17TH ST STE 1800 DENVER, CO 80265	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 #: 2202
Article #: 71106605959000131084
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1169

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

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



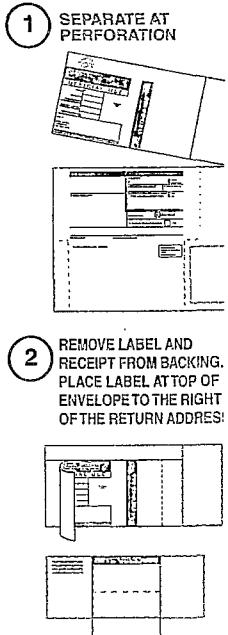
7110 6605 9590 0013 1169

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Batch #: 2202
Article #: 71106605959000131169
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1169	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: THE FASKEN FAMILY LIMITED PARTNERSH P. O. BOX 5383 DENVER, CO 80217	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1169	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>M. Howell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>M. Howell</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
1. Article Addressed to: THE FASKEN FAMILY LIMITED PARTNERSH P. O. BOX 5383 DENVER, CO 80217	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131169
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1176

Postage	\$	\$1.05	Postmark 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

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1176

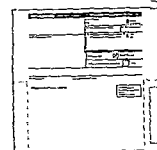
THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2202
Article #: 71106605959000131176
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

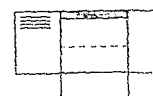
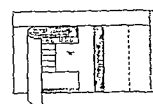
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 1176	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THE NORDAN TRUST 112 E. PECAN, SUITE 500 SAN ANTONIO, TX 78205 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1176	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee X Debbie Riley B. Received by (Printed Name) C. Date of Delivery 9-8-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THE NORDAN TRUST 112 E. PECAN, SUITE 500 SAN ANTONIO, TX 78205 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131176
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 1183

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

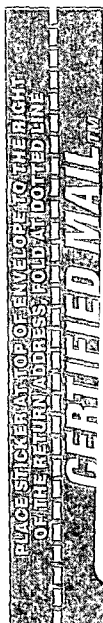
sent To

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

THE ROBERT A SMITH & PATRICIA L SMI
3 ROAD 2978
AZTEC, NM 87410

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1183

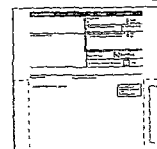
THE ROBERT A SMITH & PATRICIA L SMI
3 ROAD 2978
AZTEC, NM 87410

Batch #: 2202
Article #: 71106605959000131183
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

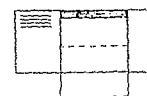
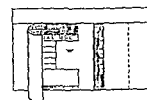
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1183	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE ROBERT A SMITH & PATRICIA L SM 3 ROAD 2978 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP OF ENVELOPE TO THE R



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1183	A. Signature X <i>Pat Smith</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE ROBERT A SMITH & PATRICIA L SM 3 ROAD 2978 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131183
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 1190

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

ent To

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

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1190

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

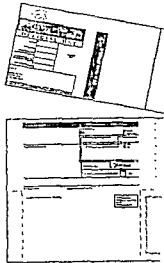
Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

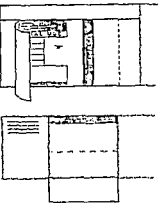
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1190	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE VIOLA I STEWART TRUST P. O. BOX 291245 KERRVILLE, TX 78029-1245	D. Is delivery address different from item 1? ☐ 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 0013 1190	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Nicole Govertsen 09/08/10
THE VIOLA I STEWART TRUST P. O. BOX 291245 KERRVILLE, TX 78029-1245	D. Is 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 #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1206

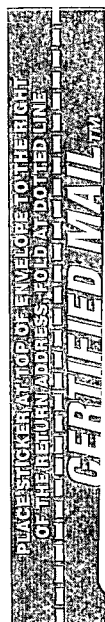
Postage	\$	
	\$1.05	
Certified Fee		
	\$2.80	
Return Receipt Fee (endorsement Required)		
	\$2.30	
Restricted Delivery Fee (endorsement Required)		
	\$0.00	
Total Postage & Fees	\$	\$6.15

Postmark
Here

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

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1206

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Batch #: 2202
Article #: 71106605959000131206
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

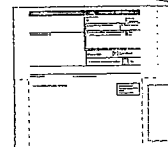
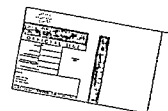
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1206	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE WRIGHT BROS TRUST C/O STANLEY M WRIGHT 2157 HWY 130 BENNETT, IA 52721-9801	D. Is delivery address different from 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

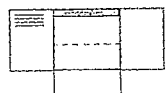
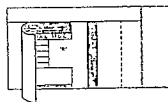
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1206	A. Signature X <i>Stanley M Wright</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>STANLEY M WRIGHT 9-4-10</i>
THE WRIGHT BROS TRUST C/O STANLEY M WRIGHT 2157 HWY 130 BENNETT, IA 52721-9801	D. Is 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 #: 2202
Article #: 71106605959000131206
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0013 1213

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

sent To

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

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1213

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Batch #: 2202
Article #: 71106605959000131213
Date/Time: 8/31/2010 1:28:44 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 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

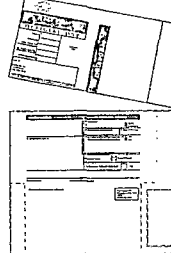
B. Received by (Printed Name) C. Date of Delivery

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

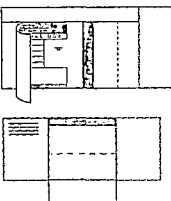
3. Service Type ☒ Certified

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 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X Thelma Demott ☐ 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 #: 2202
Article #: 71106605959000131213
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
7110 6605 9590 0013 1220

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

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

THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1220

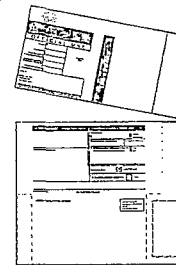
THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Batch #: 2202
Article #: 71106605959000131220
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

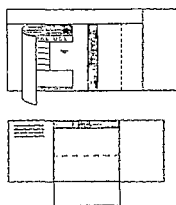
Reorder Form LCD-01 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1220	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: THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133 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 0013 1220	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>William O. Graham</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>William O. Graham</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: THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133 Code: Allocation Project - D.Howell	SEP 07 2010

Batch #: 2202
Article #: 71106605959000131220
Date/Time: 8/31/2010 1:28:44 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)

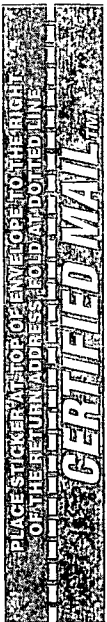
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1237

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

Batch #: 2202
Article #: 71106605959000131237
Date/Time: 8/31/2010 1:28:44 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 0013 1237

1. Article Addressed to:

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

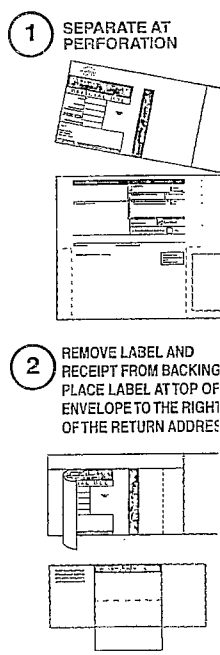
A. Signature ☒ Agent ☐ Addressee
X

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 0013 1237

1. Article Addressed to:

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

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

Batch #: 2202
Article #: 71106605959000131237
Date/Time: 8/31/2010 1:28:44 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

Postage	7110 6605 9590 0013 3170	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	
ent To \$5.54		
THOMAS AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520		
Form 3800, August 2006 See Reverse for Instructions		

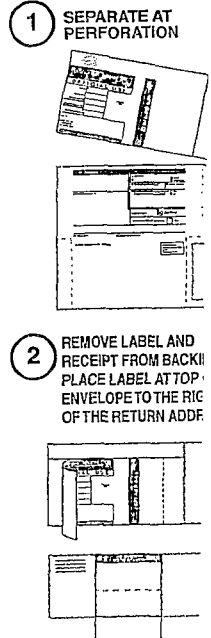


7110 6605 9590 0013 3170

THOMAS AHO TR
1391 SMT CHASE DR
SNELLVILLE, GA 30078-3520

Batch #: 2269
Article #: 71106605959000133170
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3170	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: THOMAS AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520	



2. Article Number 7110 6605 9590 0013 3170	COMPLETE THIS SECTION ON DELIVERY A. Signature X Barbara Aho B. Received by (Printed Name) C. Date of Delivery D. Is 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: THOMAS AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520	

Batch #: 2269
Article #: 71106605959000133170
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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

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

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

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1244

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

Batch #: 2202
Article #: 71106605959000131244
Date/Time: 8/31/2010 1:28:44 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 0013 1244

1. Article Addressed to:

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

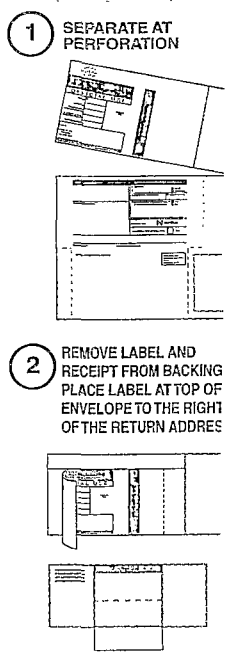
A. Signature ☒ Agent ☐ Addressee
X

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 0013 1244

1. Article Addressed to:

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *John Catron*

B. Received by (Printed Name) C. Date of Delivery
JOHN CATRON 9/14/10

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

3. Service Type ☒ Certified

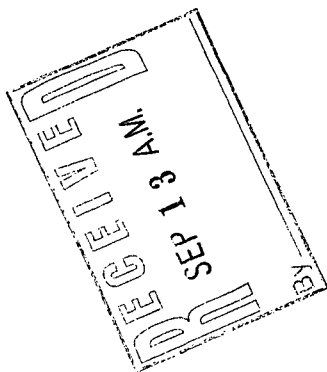
4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131244
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

ConocoPhillips

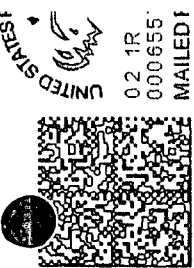
7110 6605 9590 0013 1251



Handwritten initials "JH" and number "97"

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

☐ Insufficient postage
☐ No such street
☐ No such number
☐ Date
☐ Carrier/initials





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only; No Insurance Coverage Provided)
PS Form 3800, August 2006 See Reverse for Instructions

Postage	\$ 1.05	Postmark 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
THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1251

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

Batch #: 2202
Article #: 71106605959000131251
Date/Time: 8/31/2010 1:28:44 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 0013 1251

1. Article Addressed to:

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

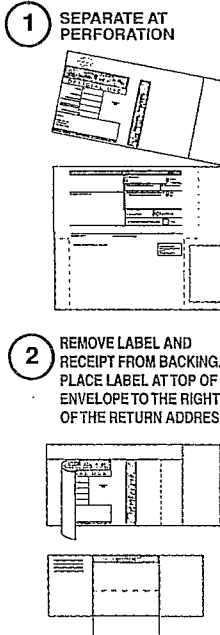
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



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 #: 2202
Article #: 71106605959000131251
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery Information: Visit our Website at www.usps.com
7110 6605 9590 0013 1268

Postage	\$ 1.05	Postmark 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
THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

street, 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 0013 1268

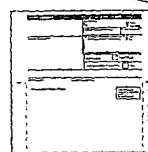
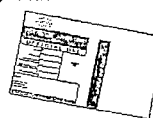
THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Batch #: 2202
Article #: 71106605959000131268
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

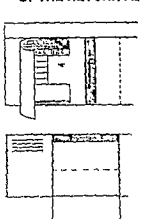
Reorder Form LCD-811, Rev. 01/07

2. Article Number 7110 6605 9590 0013 1268	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: THOMAS E DUNNAM III 14618 REIGH COUNT SAN ANTONIO, TX 78248-1139 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1268	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: THOMAS E DUNNAM III 14618 REIGH COUNT SAN ANTONIO, TX 78248-1139 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131268
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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 0013 1275

Postage	\$ 1.05	Postmark 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

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

PS Form 3800, August 2006, V-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



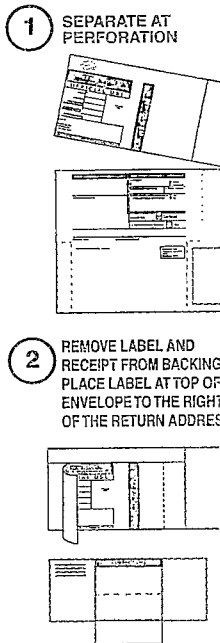
7110 6605 9590 0013 1275

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

Batch #: 2202
Article #: 71106605959000131275
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0013 1275	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: THOMAS F MCKENNA SR CREDIT SHELTER 1200 EUBANK AVE ALBUQUERQUE, NM 87112 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1275	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>C. Walley</i> B. Received by (Printed Name) <i>C. Walley</i> C. Date of Delivery <i>9/3/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS F MCKENNA SR CREDIT SHELTER 1200 EUBANK AVE ALBUQUERQUE, NM 87112 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131275
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





US Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0013 1282

Postage	\$ 1.05	Postmark 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
THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1282

THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Batch #: 2202
Article #: 71106605959000131282
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

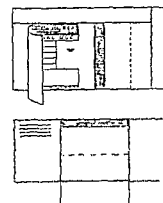
Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 1282	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: THOMAS KEVIN PRESTON 6802 RAYNOR WAY SUGAR LAND, TX 77479 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1282	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Leslie Preston</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Leslie Preston</i> <i>9/16/10</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: THOMAS KEVIN PRESTON 6802 RAYNOR WAY SUGAR LAND, TX 77479 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131282
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(First-Class Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0013 1299

Postage	\$ 1.05	Postmark 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

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1299

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Batch #: 2202
Article #: 71106605959000131299
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0013 1299	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: THOMAS P TINNIN PO BOX 1885 ALBUQUERQUE, NM 87103 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 #: 2202
Article #: 71106605959000131299
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

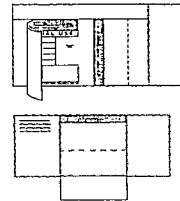
3

↑ LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 1305

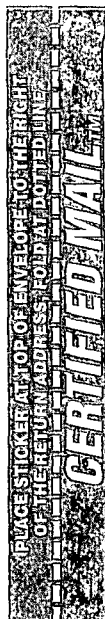
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1305

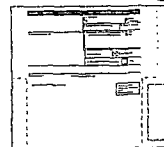
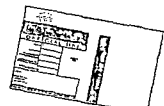
THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

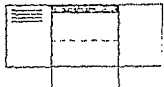
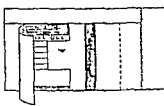
Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1305	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS POLLOCK 3931 WHITEFISH BAY ROAD STURGEON BAY, WI 54235-9575	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 IN 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 1305	A. Signature X <i>C. Gintzma</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-7-10
THOMAS POLLOCK 3931 WHITEFISH BAY ROAD STURGEON BAY, WI 54235-9575	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 #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE

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

ConocoPhillips

7110 6605 9590 0013 1312

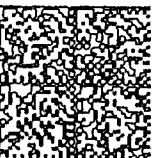
THOMAS R DUFFIN
1508 ADAMS



REASON CHECKED

- ☐ Moved, Left No Address/Unable To Forward
☐ Attempted - Not Known
☒ Unclaimed ☐ Refused
☐ No Such Street ☐ No Such Number
☐ Insufficient Address

CB



UNITED STATES
02 1R
0006557
MAILED F

2nd 9-15
Rt



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

7110 6605 9590 0013 1329

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

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1329

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

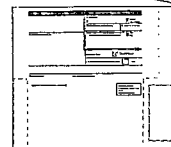
Batch #: 2202
Article #: 71106605959000131329
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

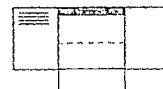
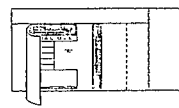
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1329	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS W ISHAM 3101 W CHESTNUT AVE YAKIMA, WA 98902	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 0013 1329	A. Signature X <i>Tom Isham</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS W ISHAM 3101 W CHESTNUT AVE YAKIMA, WA 98902	D. Is 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 #: 2202
Article #: 71106605959000131329
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0013 1336

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
THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1336

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Batch #: 2202
Article #: 71106605959000131336
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

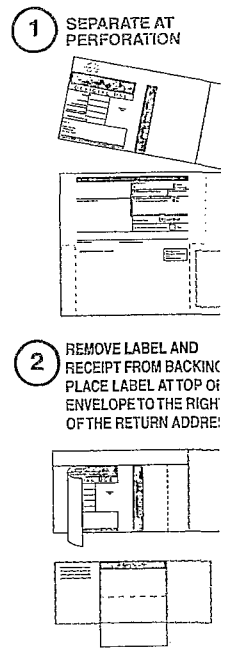
Reorder Form LCD-11 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1336	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS W MANDRY 5843 49TH ST LUBBOCK, TX 79424	D. Is 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 0013 1336	A. Signature X <i>Robert Ballard</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Robert Ballard</i>
THOMAS W MANDRY 5843 49TH ST LUBBOCK, TX 79424	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



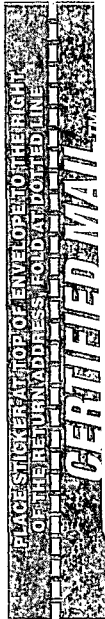
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Article #: 71106605959000131336
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0013 1343

Postage	\$ 1.05	Postmark 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
THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501
Postmark Here
Code: Allocation Project - D.Howell
PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1343

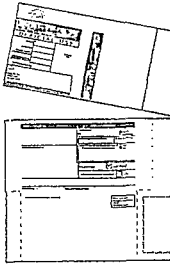
THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

Batch #: 2202
Article #: 71106605959000131343
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

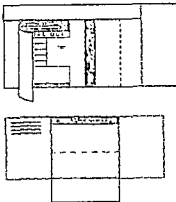
Reorder Form LCD- rev. 01/07

2. Article Number 7110 6605 9590 0013 1343	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: THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501 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 0013 1343	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sherry Thompson</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>SHERRY THOMPSON 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: THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501 Code: Allocation Project - D.Howell	<i>SANTA FE NM</i> <i>SEP 3 2010</i> <i>USPS</i>

Batch #: 2202
Article #: 71106605959000131343
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



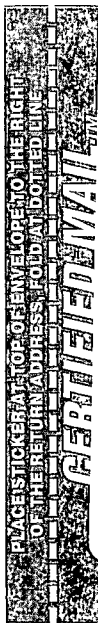
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Use Mail Only. No Insurance Coverage Provided)
7110 6605 9590 0013 1350

Postage	\$ 1.05	Postmark 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
TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



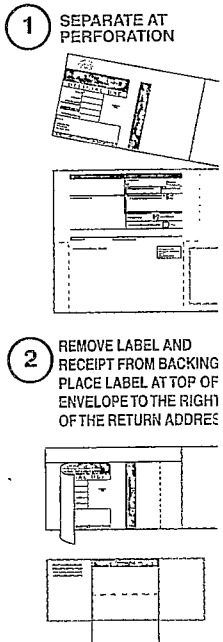
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TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

Batch #: 2202
Article #: 71106605959000131350
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1350	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: TIERRA POBRE LLC PO BOX 1847 CORRALES, NM 87048 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1350	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>JAMES V HARRIS</i> <i>9-9-10</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: TIERRA POBRE LLC PO BOX 1847 CORRALES, NM 87048 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131350
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1367

Postage	\$ 1.05	Postmark 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
Return, Apt. No.,
PO Box No.,
City, State, Zip+4

TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1367

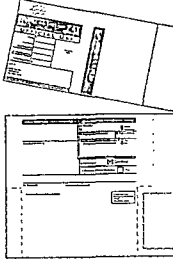
TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

Batch #: 2202
Article #: 71106605959000131367
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

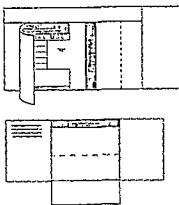
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1367	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 1. Article Addressed to: TIM B. ALLISON 1401 CHACO GRANTS, NM 87020 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 7110 6605 9590 0013 1367	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: TIM B. ALLISON 1401 CHACO GRANTS, NM 87020 Code: Allocation Project - D.Howell
3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2202
Article #: 71106605959000131367
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
First-Class Mail Only; No Insurance (Coverage Provided)
7110 6605 9590 0013 1374

Postage	\$ 1.05	Postmark 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 **TIMOTHY COBURN**
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1374

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Batch #: 2202
Article #: 71106605959000131374
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1374

1. Article Addressed to:

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



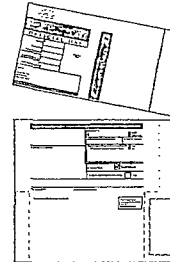
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

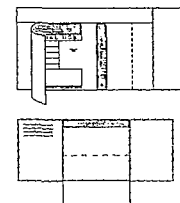
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Article #: 71106605959000131374
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





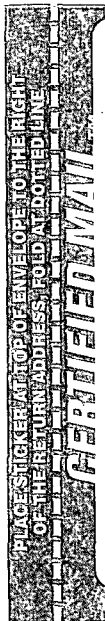
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Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1381

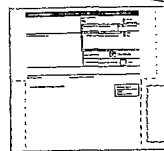
TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

Batch #: 2202
Article #: 71106605959000131381
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

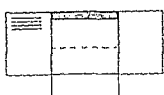
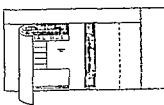
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1381		
1. Article Addressed to:		
TIMOTHY WINSTON WARD 3856 KELLY BLVD CARROLLTON, TX 75007		
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 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 0013 1381		
1. Article Addressed to:		
TIMOTHY WINSTON WARD 3856 KELLY BLVD CARROLLTON, TX 75007		
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	

Batch #: 2202
Article #: 71106605959000131381
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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Visit www.usps.com for more information.

Postage	\$ 1.05	Postmark 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

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1398

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Batch #: 2202
Article #: 71106605959000131398
Date/Time: 8/31/2010 1:28:45 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 0013 1398

1. Article Addressed to:

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

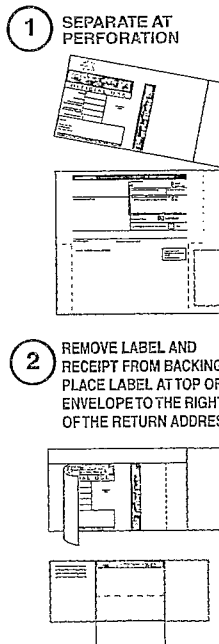
A. Signature ☐ Agent ☒ Addressee
X

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 0013 1398

1. Article Addressed to:

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Tina Giles

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

D. Is 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 #: 2202
Article #: 71106605959000131398
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3712

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 **TINA GOMEZ**
PO BOX 5796

PAGOSA SPRINGS, CO 81147

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3712

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133712
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number

7110 6605 9590 0013 3712

1. Article Addressed to:

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

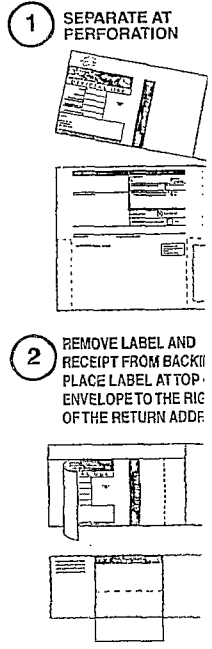
A. Signature ☒ Agent ☐ Addressee
X

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 0013 3712

1. Article Addressed to:

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) C. Date of Delivery
Mat Poma **9/24/10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133712
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 3187	
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	
TINA HERBERT	
331 MISTY ISLE LN UT C	
LAS VEGAS, NV 89107	
Form 3800, August 2006 See Reverse for Instructions	

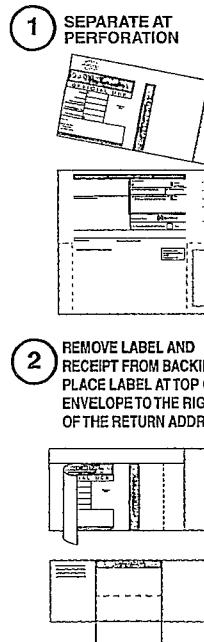


7110 6605 9590 0013 3187

TINA HERBERT
331 MISTY ISLE LN UT C
LAS VEGAS, NV 89107

Batch #: 2269
Article #: 71106605959000133187
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	
7110 6605 9590 0013 3187	
1. Article Addressed to:	
TINA HERBERT 331 MISTY ISLE LN UT C LAS VEGAS, NV 89107	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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



Batch #: 2269
Article #: 71106605959000133187
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0013 1404

Postage	\$ 1.05	Postmark 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 TINMIL A NM LLC C/O TINNIN LAW FIRM 500 MARQUETTE NW STE 1300 ALBUQUERQUE, NM 87102		
Form 3800, August 2006 See Reverse for Instructions		

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1404

TINMIL A NM LLC
C/O TINNIN LAW FIRM
500 MARQUETTE NW STE 1300
ALBUQUERQUE, NM 87102

Batch #: 2202
Article #: 71106605959000131404
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1404	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TINMIL A NM LLC C/O TINNIN LAW FIRM 500 MARQUETTE NW STE 1300 ALBUQUERQUE, NM 87102	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
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2202
Article #: 71106605959000131404
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1411

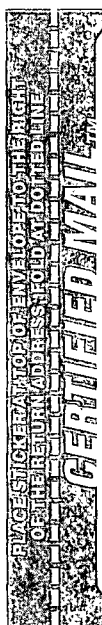
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Return To
TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



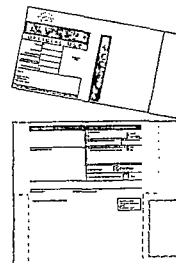
7110 6605 9590 0013 1411

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

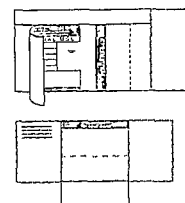
Batch #: 2202
Article #: 71106605959000131411
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1411	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: TOM D PATTERSON TRUSTEE OF THE 6908 PRESTONSHIRE LANE DALLAS, TX 75225 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 0013 1411	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tom Patterson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>TOM PATTERSON</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
1. Article Addressed to: TOM D PATTERSON TRUSTEE OF THE 6908 PRESTONSHIRE LANE DALLAS, TX 75225 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131411
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1428

Postage	\$ 1.05	Postmark 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

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



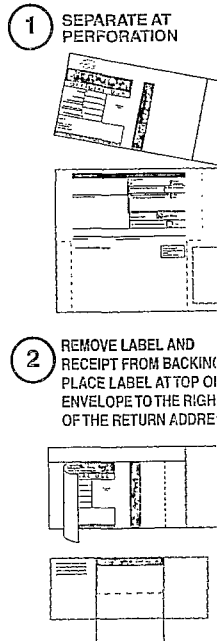
7110 6605 9590 0013 1428

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Batch #: 2202
Article #: 71106605959000131428
Date/Time: 8/31/2010 1:28:45 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 0013 1428	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: TOM K MARTELLA 16754 W 75TH PL ARVADA, CO 80007 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1428	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tom Martella</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Tom Martella</i> C. Date of Delivery <i>9-4-2010</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: TOM K MARTELLA 16754 W 75TH PL ARVADA, CO 80007 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131428
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





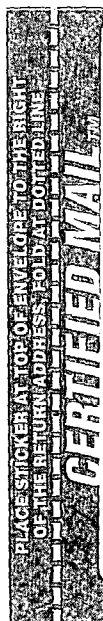
U.S. Postal Service
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7110 6605 9590 0013 1435

Postage	\$ 1.05	Postmark 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

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1435

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

Batch #: 2202
Article #: 71106605959000131435
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 8/1/07

2. Article Number 7110 6605 9590 0013 1435	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: TOMMY BOLACK 3901 BLOOMFIELD HWY FARMINGTON, NM 87401	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

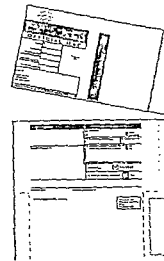
2. Article Number 7110 6605 9590 0013 1435	COMPLETE THIS SECTION ON DELIVERY A. Signature X Becky Morris ☐ Agent ☐ Addressee B. Received by (Printed Name) Becky Morris C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TOMMY BOLACK 3901 BLOOMFIELD HWY FARMINGTON, NM 87401	

Code: Allocation Project - D.Howell

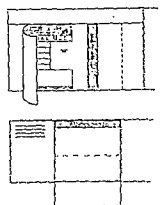
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2202
Article #: 71106605959000131435
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3

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7110 6605 9590 0013 1442

Postage	\$ 1.05	Postmark 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

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



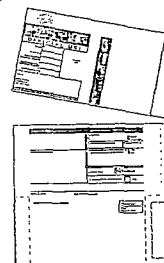
7110 6605 9590 0013 1442

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

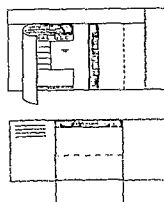
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Article #: 71106605959000131442
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1442	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: TONI THOMAS 401 W JEFFERSON SHERIDAN, MO 64486	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1442	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Toni Thomas</i> B. Received by (Printed Name) <i>Toni Thomas</i> C. Date of Delivery <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TONI THOMAS 401 W JEFFERSON SHERIDAN, MO 64486	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131442
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



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7110 6605 9590 0013 1459

Postage	\$ 1.05	Postmark 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

TRIGG OIL & GAS LIMITED PARTNERSHIP
PO BOX 520
ROSWELL, NM 88201

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1459

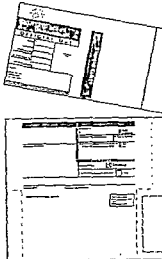
TRIGG OIL & GAS LIMITED PARTNERSHIP
PO BOX 520
ROSWELL, NM 88201

Batch #: 2202
Article #: 71106605959000131459
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

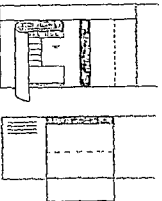
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 1459	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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0013 1459	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
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Batch #: 2202
Article #: 71106605959000131459
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 1466

Postage	\$ 1.05	Postmark 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

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1466

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1466		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: TRIGG OIL LLC 4 MAIZE TR PLACITAS, NM 87043		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	
Code: Allocation Project - D.Howell		3. Service Type	☒ Certified
		4. Restricted Delivery? (Extra Fee)	☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1473

Postage	\$ 1.05	Postmark 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

TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1473

TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

Batch #: 2202
Article #: 71106605959000131473
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1473	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRISTAR GAS MARKETING COMPANY 8150 N CENTRAL EXPRESSWAY DALLAS, TX 75206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



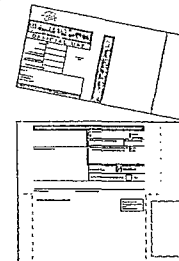
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

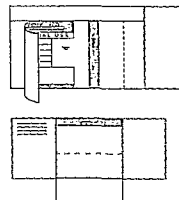
Batch #: 2202
Article #: 71106605959000131473
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0013 1480

Postage	\$ 1.05	Postmark 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

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1480

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Batch #: 2202
Article #: 71106605959000131480
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800 August 2006 See Reverse for Instructions

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1480	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TROUT LIMITED PARTNERSHIP 7500 S HWY 83 SCOTT CITY, KS 67871	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

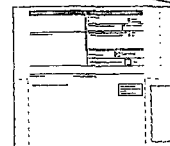
PS Form 3811

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1480	A. Signature X <i>Melba Trout</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Melba Trout</i> <i>9-7-10</i>
TROUT LIMITED PARTNERSHIP 7500 S HWY 83 SCOTT CITY, KS 67871	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

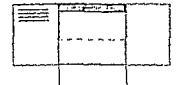
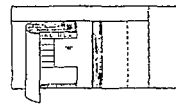
PS Form 3811

Domestic Return Receipt

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 #: 2202
Article #: 71106605959000131480
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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7110 6605 9590 0013 1497

Postage	\$ 1.05	Postmark 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
Trust, Apt. No.,
PO Box No.
City, State, Zip+4

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1497

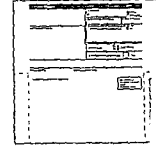
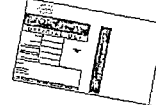
TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Batch #: 2202
Article #: 71106605959000131497
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

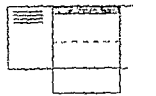
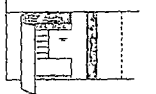
Reorder Form LCD-8111 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1497	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRUST UW SUE C BERGERE PO BOX 788 SANTA FE, NM 87501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



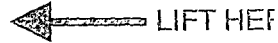
2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP OF THE RETURN ENVELOPE



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1497	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRUST UW SUE C BERGERE PO BOX 788 SANTA FE, NM 87501	<i>JOHN CATRON</i> <i>8/31/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131497
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:

3





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7110 6605 9590 0013 1503

Postage	\$	\$1.05	Postmark 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

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1503

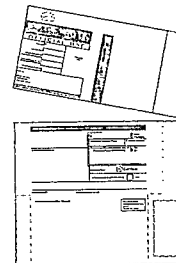
TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Batch #: 2202
Article #: 71106605959000131503
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

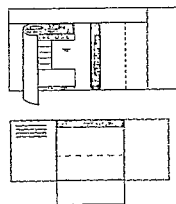
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1503	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TRUST UWO VIRGINIE ISHAM FBO HENRY 2510 S SAINT PAUL ST DENVER, CO 80210-6219	D. Is 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 0013 1503	A. Signature X <i>Pwira Isham</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TRUST UWO VIRGINIE ISHAM FBO HENRY 2510 S SAINT PAUL ST DENVER, CO 80210-6219	D. Is 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 #: 2202
Article #: 71106605959000131503
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1510

Postage	\$	1.05	Postmark 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

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



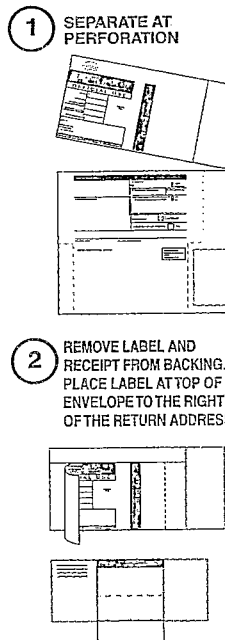
7110 6605 9590 0013 1510

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Batch #: 2202
Article #: 71106605959000131510
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1510	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TTB PROPERTIES LP 1805 UTAH ST HOUSTON, TX 77007	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1510	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TTB PROPERTIES LP 1805 UTAH ST HOUSTON, TX 77007	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 #: 2202
Article #: 71106605959000131510
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1527

Postage	\$	\$1.05	Postmark 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

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1527

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Batch #: 2202
Article #: 71106605959000131527
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81-01/07

2. Article Number

7110 6605 9590 0013 1527

1. Article Addressed to:

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

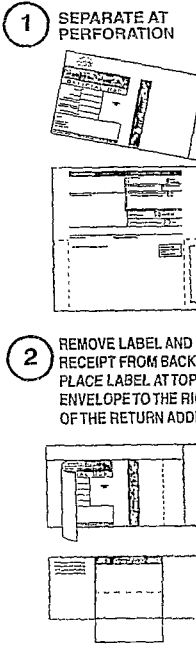
A. Signature ☐ Agent ☒ Addressee
X

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 0013 1527

1. Article Addressed to:

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Rachel Brown

B. Received by (Printed Name) C. Date of Delivery
Rachel Brown 9-7-10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131527
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: