





December 3, 2010

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

**Re: Application of Williams Production Co., LLC for An Exception to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool to Allow Increased Well Density in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking an exception to the Special Rules and Regulations for the Blanco-Mesaverde Gas Pool to allow up to 8 Mesaverde wells per 320-acre spacing unit within the Rosa Unit, San Juan and Rio Arriba Counties.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on January 6, 2011. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

Ocean Munds-Dry  
for Holland & Hart<sup>LLP</sup>

RECEIVED OOD  
2010 DEC - 3 P 1:5

EXHIBIT A  
WILLIAMS PRODUCTION CO., LLC's APPLICATION

Sacramento Municipal Utilities District  
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P.O. Box 15830  
Sacramento, CA 95852-1830

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Dallas, TX 75243-9014

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# Affidavit of Publication

State of New Mexico  
County of Rio Arriba

I, Robert Trapp, being first duly sworn, declare and say I am the Publisher of the **Rio Grande SUN**, a weekly newspaper published in the English language and having a general circulation in the County of Rio Arriba, State of New Mexico, and being a newspaper duly qualified to publish legal notices and advertisements under the provisions of Chapter 167 of the Session Laws of 1937. The publication, a copy of which is hereto attached, was published in said paper once each week for

1 consecutive weeks and on the same day of each week in the regular issue of the paper during the time of publication and the notice was published in the newspaper proper, and not in any supplement. The first publication being on the

16 day of December 2010

and the last publication on the 16 day of

December 2010. Payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit.

Robert Trapp Publisher

Subscribed and sworn to before me this 16<sup>th</sup> day of Dec. A.D. 2010

Maria V Lopez Garcia  
Maria V. Lopez Garcia /Notary Public  
My commission expires 13 July 2013

81  
70  
5.00  
01.70  
94  
64  
Date Dec 2010  
By [Signature]

STATE OF NEW MEXICO  
ENERGY, MINERALS AND  
NATURAL RESOURCES  
DEPARTMENT  
OIL CONSERVATION  
DIVISION  
SANTA FE, NEW MEXICO  
The State of New Mexico  
through its Oil Conservation  
Division hereby gives notice  
pursuant to law and the Rules  
and Regulations of the Division  
of the following public  
hearing to be held at 8:15  
A.M. on January 6, 2011, in  
the Oil Conservation Division  
Hearing Room at 1220 South  
St. Francis, Santa Fe, New  
Mexico, before an examiner  
duly appointed for the hearing.  
If you are an individual with a  
disability who is in need of a  
reader, amplifier, qualified  
sign language interpreter, or  
any other form of auxiliary aid  
or service to attend or partici-  
pate in the hearing, please  
contact Florene Davidson at  
505-763-4583 or through the  
New Mexico Relay Network  
1-800-650-1779 by December  
27, 2010. Public documents  
including the agenda and mi-  
nutes can be provided in var-  
ious accessible forms. Please  
contact Florene Davidson if a  
summary of other type of ac-  
cessible format is needed.  
STATE OF NEW MEXICO  
10. All named parties and  
persons having any direct  
interest or claim in the follow-  
ing cases, and notice to the  
public.  
(NOTE: All land descriptions  
herein refer to the New Mex-  
ico Principal Meridian, whether  
or not so stated.)  
CASE NO. 14586  
Application of Williams Pro-  
duction Co., LLC for an Ex-  
ception to the Special Rules  
and Regulations for the Blan-  
co Mesaverde Gas Pool for  
Increased Well Density in the  
Rosa Unit, San Juan and Rio  
Arriba Counties, New Mexico.  
Applicant in the above titled  
cause seeks exceptions to the  
Special Rules and Regula-  
tions for the Blanco Mesa-  
verde Gas Pool to allow up to  
8-acre spacing unit in the Rosa  
Unit, San Juan and Rio Arriba  
Counties. Said area is located  
approximately 9 miles south-  
east of Arbolles, Colorado.  
Given under the Seal of the  
State of New Mexico Oil Con-  
servation Division at Santa  
Fe, New Mexico on this 9th  
day of December 2010.  
STATE OF NEW MEXICO  
OIL CONSERVATION  
DIVISION  
Mark E. Fesmire, P.E.  
Director  
(Published December 16,  
2010)

AFFIDAVIT OF PUBLICATION

COPY OF PUBLICATION

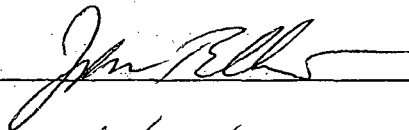
Ad No. 65538

STATE OF NEW MEXICO  
County of San Juan:

JOHN ELCHERT, being duly sworn says:  
That HE is the PUBLISHER of THE DAILY TIMES, a daily newspaper of general circulation published in English at Farmington, said county and state, and that the hereto attached Legal Notice was published in a regular and entire issue of the said DAILY TIMES, a daily newspaper duly qualified for the purpose within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico for publication and appeared in the Internet at The Daily Times web site on the following day(s):

Wednesday, December 15, 2010

And the cost of the publication is \$131.22



ON 12/20/10 JOHN ELCHERT appeared before me, whom I know personally to be the person who signed the above document.

  
My Commission Expires - 11/05/11

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at Santa Fe, New Mexico, on January 7, 2011, in the Oil Conservation Division Hearing Room at 1720 South Street, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who has a need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3456 or through the New Mexico Relay Network at 800-659-1772 by December 27, 2010. Public documents including the agenda and minutes can be provided in various accessible formats. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO  
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public:

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE NO. 14586 - Application of Williams Production Co., LLC for an Exception to the Special Rules and Regulations for the Blanco Mesaverde Gas Pool for Increased Well Density in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant in the above styled case seeks exceptions to the Special Rules and Regulations for the Blanco Mesaverde Gas Pool to allow up to 8 Mesaverde wells per 320-acre spacing unit in the Rosa Unit, San Juan and Rio Arriba Counties. Said area is located approximately 7 miles southeast of Arroyo Colorado, N.M. 37° 37' N 106° 17' W.

Given under the Seal of the State of New Mexico, Oil Conservation Division of Santa Fe, New Mexico, on this 7th day of December 2010.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Resmore, P.E., Director

Legal No. 65538 published in The Daily Times on December 15, 2010.

7006 0100 0005 0626 3284

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Postage \$ 0.78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
Total Postage & Fees \$ 5.88

Sacramento Municipal Utilities District  
Attn: Barry Brunelle  
P.O. Box 15830  
Sacramento, CA 95852-1830

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

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

1. Article Addressed to:  
  
Sacramento Municipal Utilities District  
Attn: Barry Brunelle  
P.O. Box 15830  
Sacramento, CA 95852-1830

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) Victor Z C. Date of Delivery DEC 21 2010  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3284  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3277

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Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.50  
Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
Total Postage & Fees \$ 5.88

Sent Adela Mascarenas Quintana  
P.O. Box 1824  
Ignacio, CO 81137-1824

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

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

1. Article Addressed to:  
  
Adela Mascarenas Quintana  
P.O. Box 1824  
Ignacio, CO 81137-1824

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) Adela Gallero C. Date of Delivery 12-24-10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3277  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

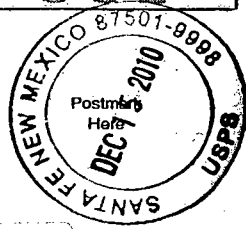
7006 0001 6393 1089

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Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
Total Postage & Fees \$ 5.88

Ben R. Howard  
11490 Audelia Road, Apt. 215  
Dallas, TX 75243-9014



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

1. Article Addressed to:  
  
Ben R. Howard  
11490 Audelia Road, Apt. 215  
Dallas, TX 75243-9014

A. Signature \_\_\_\_\_  Agent  Addressee  
 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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) \_\_\_\_\_  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1076

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Charlene S. Byers  
579 S. Poplar Way  
Denver, CO 80224

**SENDER: COMPLI** **DELIVERY**

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

1. Article Addressed to:  
  
Charlene S. Byers  
579 S. Poplar Way  
Denver, CO 80224

2. Article Number (Transfer from service label): 7006 2760 0001 6393 1076

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Charlene S. Byers*  Agent  Addressee  
 B. Received by (Printed Name): *Charlene S. Byers* C. Date of Delivery: *01/07/06*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1069

U.S. Postal Service™  
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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Oximex Petroleum Inc.  
Attn: Clark P. Storms  
7950 John T. White Road  
Fort Worth, TX 76120

**SENDER: COMPLI** **DELIVERY**

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

1. Article Addressed to:  
  
Oximex Petroleum Inc.  
Attn: Clark P. Storms  
7950 John T. White Road  
Fort Worth, TX 76120

2. Article Number (Transfer from service label): 7006 2760 0001 6393 1069

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Julie Allen*  Agent  Addressee  
 B. Received by (Printed Name): *Julie Allen* C. Date of Delivery: *01/17/06*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1052

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Angelina Barela  
1116 E. 4th Avenue  
Durango, CO 81301

**SENDER: COM** **ON DELIVERY**

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

1. Article Addressed to:  
  
Angelina Barela  
1116 E. 4th Avenue  
Durango, CO 81301

2. Article Number (Transfer from service label): 7006 2760 0001 6393 1052

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Elasida Emeriz*  Agent  Addressee  
 B. Received by (Printed Name): *Elasida Emeriz* C. Date of Delivery: *02/18/06*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Betty T. Johnston Marital Tr  
 L.E. Carbaugh P. M. Hardw  
 245 Commerce Green Blvd., S  
 Sugar Land, TX 77478

SENDER: COMPLETE

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

1. Article Addressed to:

Betty T. Johnston Marital Tr  
 L.E. Carbaugh P. M. Hardw  
 245 Commerce Green Blvd., Suite 280  
 Sugar Land, TX 77478

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1045

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

*Julia Stigler*

Agent  
 Addressee

B. Received by (Printed Name)

Julia Stigler

C. Date of Delivery

12/20

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Christine V. Merchant  
 c/o David J. Sorenson  
 P.O. Box 1453  
 Roswell, NM 88202-14

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

1. Article Addressed to:

Christine V. Merchant  
 c/o David J. Sorenson  
 P.O. Box 1453  
 Roswell, NM 88202-14

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1038

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

*Carl Dellinger*

Agent  
 Addressee

B. Received by (Printed Name)

Carl Dellinger

C. Date of Delivery

12/23/10

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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Postage	\$ .76
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Carl Dellinger  
 3605 Britt Street, NE  
 Albuquerque, NM 87111

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

1. Article Addressed to:

Carl Dellinger  
 3605 Britt Street, NE  
 Albuquerque, NM 87111

2. Article Number

(Transfer from service label)

7006 0100 0805 0626 3833

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1045

7006 2760 0001 6393 1038

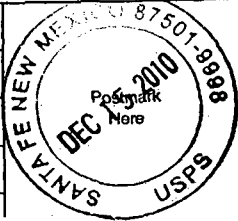
7006 0100 0805 0626 3833

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**OFFICIAL USE**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.90



Ashley Gould  
 475 S. New Hampshire Avenue  
 Los Angeles, CA 90020

7006 2760 0001 6393 2479

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 (Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.90

BP America Production Company  
 Attention: OOJI  
 P.O. Box 21868  
 Tulsa, OK 74121

**SENDER: COMPLETE THIS SIDE** **ON DELIVERY**

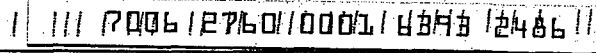
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BP America Production Company  
 Attention: OOJI  
 P.O. Box 21868  
 Tulsa, OK 74121

2. Article Number

(Transfer from service label)



PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

MARK CA

C. Date of Delivery

12-18-10

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

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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**OFFICIAL USE**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Claudia Lundell Gilmer  
 1102 S Austin Ave Ste  
 Georgetown, TX 78628

**SENDER: COMPLETE THIS SIDE** **ON DELIVERY**

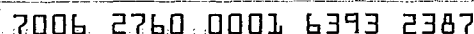
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Claudia Lundell Gilmer  
 1102 S Austin Ave Ste 110-371  
 Georgetown, TX 78628

2. Article Number

(Transfer from service label)



PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

BYRON

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 2387

7006 2760 0001 6393 2370

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Carolyn Nielsen Sedberry  
P.O. Box 1258  
Farmington, NM 87499

**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

1. Article Addressed to:

Carolyn Nielsen Sedberry  
P.O. Box 1258  
Farmington, NM 87499

2. Article Number: (Transfer from service label) 7006 2760 0001 6393 2370

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Suzy Lee* C. Date of Delivery: *12/20/10*

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

7006 2760 0001 6393 2431

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Consuela Mascarenas Gooch  
1001 Tucker  
Farmington, NM 87401

**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

1. Article Addressed to:

Consuela Mascarenas Gooch  
1001 Tucker  
Farmington, NM 87401

2. Article Number: (Transfer from service label) 7006 2760 0001 6393 2431

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Consuela L. Gooch* C. Date of Delivery: *12/20/10*

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

7006 2760 0001 6393 2417

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Accord DU LAC Partnership LP  
P.O. Box 676281  
Rancho Santa Fe, CA 92067

**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

1. Article Addressed to:

Accord DU LAC Partnership LP  
P.O. Box 676281  
Rancho Santa Fe, CA 92067

2. Article Number: (Transfer from service label) 7006 2760 0001 6393 2417

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Reginald Reed* C. Date of Delivery: *12-20-10*

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

7006 2760 0001 6393 2394

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**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



Avelinda Mascarenas  
 5 CR 6067 NBU 1005  
 Farmington, NM 87401

or Instructions.

*Returned*

9442 6969 1000 0962 2760 0001 6393 2446

**U.S. Postal Service™**  
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Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Cyrene L. Inman  
 Bank of America NA Agent  
 P.O. Box 840738  
 Dallas, TX 75284-0738

**SENDER: COMPLETE** **PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE** **IN ON DELIVERY**

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

1. Article Addressed to:

Cyrene L. Inman  
 Bank of America NA Agent  
 P.O. Box 840738  
 Dallas, TX 75284-0738

A. Signature:  Agent  Addressee  
 X *CPIS*

B. Received by (Printed Name):  Date of Delivery: DEC 17 2010

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6393 2448

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

4242 6969 1000 0962 2760 0001 6393 2446

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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Chamisa Land Co.  
 P.O. Box 30281 - Uptown Station  
 Albuquerque, NM 87190-0281

**SENDER: COMPLETE** **PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE** **IN ON DELIVERY**

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

1. Article Addressed to:

Chamisa Land Co.  
 P.O. Box 30281 - Uptown Station  
 Albuquerque, NM 87190-0281

A. Signature:  Agent  Addressee  
 X *William D. Sorath*

B. Received by (Printed Name):  Date of Delivery: 12/17/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6393 2448

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

5542 6969 1000 0962 2760 0001 6393 2446

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

New Mexico State Land Office  
 PO Box 1148  
 Santa Fe, NM 87504-1148

**SENDER: COMPLETE** **PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE** **IN ON DELIVERY**

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

1. Article Addressed to:

New Mexico State Land Office  
 PO Box 1148  
 Santa Fe, NM 87504-1148

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

B. Received by (Printed Name):  Date of Delivery: SANTA FE NM 87504  
 DEC 17 2010

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): 7006 2760 0001 6393 2455

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 2462

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Send to:  
 Daniel D. Lopez  
 1608 Oakway Drive  
 Baltimore, MD 21222

**CERTIFIED MAIL™** ON DELIVERY

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

SENDER: COMP

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

1. Article Addressed to:  
 Daniel D. Lopez  
 1608 Oakway Drive  
 Baltimore, MD 21222

2. Article Number (Transfer from service label): 7006 2760 0001 6393 2462

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Daniel Lopez*  Agent  Addressee  
 B. Received by (Printed Name): *D Lopez*  
 C. Date of Delivery: *12/20/10*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 2760 0001 6393 1243

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Postmark Here: SANTA FE NEW MEXICO DEC 15 2010

Send to:  
 Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1250

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Send to:  
 Discovery I - Robert  
 12 W Ranch Trail  
 Morrison, CO 80465

**CERTIFIED MAIL™** ON DELIVERY

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

SENDER: COM

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

1. Article Addressed to:  
 Discovery I - Robert Leisen GP  
 12 W Ranch Trail  
 Morrison, CO 80465-9523

2. Article Number (Transfer from service label): 7006 2760 0001 6393 1250

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *Robert Leisen*  Agent  Addressee  
 B. Received by (Printed Name): *Robert Leisen*  
 C. Date of Delivery: *12-17-10*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 0100 0005 0626 2577

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	5.88

Fred E. Turner, LLC  
4925 Greenville Ave., Suite 852  
Dallas, TX 75206-4079

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Fred E. Turner, LLC  
4925 Greenville Ave., Suite 852  
Dallas, TX 75206-4079

A. Signature  
X *Fred E Turner*  Agent  Addressee

B. Received by (Printed Name) *FRED E TURNER LLC* C. Date of Delivery *12/17*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2577**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1274

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	5.88

Debbie Moran  
3819 Latma Drive  
Houston, TX 7702

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Debbie Moran  
3819 Latma Drive  
Houston, TX 77025-4120

A. Signature  
X *Matthew T. Delevoye*  Agent  Addressee

B. Received by (Printed Name) *Matthew T. Delevoye* C. Date of Delivery *2010-12-24*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1274**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1618

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.88

Fred E. Turner LLC  
One Energy Square, Suite 852  
4925 Greenville Ave.  
Dallas, TX 75206-4079

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

1. Article Addressed to:

Fred E. Turner LLC  
One Energy Square, Ste 852  
4925 Greenville Ave.  
Dallas, TX 75206-4079

A. Signature  
X *Fred E Turner*  Agent  Addressee

B. Received by (Printed Name) *FRED E TURNER LLC* C. Date of Delivery *12/17*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1618**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.88  
 Total Postage & Fees 9.76

Dorothea J Caulfield  
 Dorothea J Caulfield  
 14647 Ranchview Ter  
 Chino Hills, CA 91709

**SENDER: COMPLETE**

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

1. Article Addressed to:

Dorothea J Caulfield Tr  
 Dorothea J Caulfield Trustee  
 14647 Ranchview Ter  
 Chino Hills, CA 91709

A. Signature

*[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1281

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

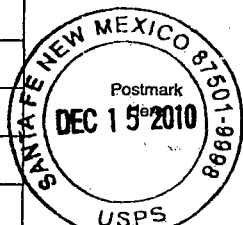
**U.S. Postal Service™  
CERTIFIED MAIL™  
(Domestic Mail Only; No Insurance)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.88  
 Total Postage & Fees 9.76

Gertrude Frances McDonald Estate  
 Sandra H Baca Personal  
 Representative  
 PO Box 910  
 Durango, CO 81301



**SENDER: COMPLETE**

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

1. Article Addressed to:

Douglas Cameron McL  
 518 17th Street, Suite 1455  
 Denver Clb Bldg.  
 Denver, CO 80202

A. Signature

*[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

12-17-10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2317

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

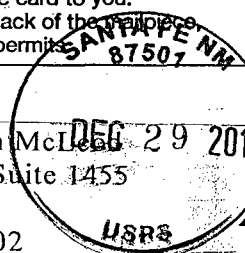
**U.S. Postal Service™  
CERTIFIED MAIL™  
(Domestic Mail Only; No Insurance)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.88  
 Total Postage & Fees 9.76

Douglas Cameron McL  
 518 17th Street, Suite 1455  
 Denver Clb Bldg.  
 Denver, CO 80202



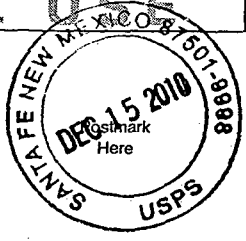


**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	2.08



*Returned*

H LP  
 P.O. Box 2185  
 Santa Fe, NM 875

For Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	5.68

Elesida Enriquez  
 1115 4th Ave.  
 Durango, CO 81301

**SENDER: COMPLETE**

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

1. Article Addressed to:

Elesida Enriquez  
 1115 4th Ave.  
 Durango, CO 81301

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2294

PS Form 3811, February 2004

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Herbert R Briggs  
 Reynolds Hix & Co PO  
 6729 Academy Road, S  
 Albuquerque, NM 871

**SENDER: COMPLETE**

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

1. Article Addressed to:

Herbert R Briggs  
 Reynolds Hix & Co POA & Agent  
 6729 Academy Road, Suite D  
 Albuquerque, NM 87109

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1106

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0601 6669 1000 6393 1090

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Se Elizabeth Jeanne Turner Callaway  
Str P.O. Box 191767  
or Dallas, TX 75219-1767  
PS

**SENDER: COMPLETE** **RESTRICTED DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Elizabeth Jeanne Turner Callaway  
P.O. Box 191767  
Dallas, TX 75219-1767

A. Signature  Agent  Addressee  
 x Robert Wilburn  
 B. Received by (Printed Name) C. Date of Delivery  
 Robert Wilburn 12/23/10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1090  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

0601 6669 1000 6393 1113

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

J Glenn Turner Jr LLC  
4809 Cole Avenue, Suite 212  
Dallas, TX 75205

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

1. Article Addressed to:  
  
J Glenn Turner Jr LLC  
4809 Cole Avenue, Suite 212  
Dallas, TX 75205

A. Signature  Agent  Addressee  
 x J Glenn Turner Jr  
 B. Received by (Printed Name) C. Date of Delivery  
 J Glenn Turner Jr 12/01/10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1113  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

0601 9290 5000 0010 9002

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Estate of M.W. Hoover, Deceased  
Liberty National Bank & Trust Co.  
Executor  
P.O. Box 1588  
Tulsa, OK 74101-1588

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

1. Article Addressed to:  
  
Estate of M.W. Hoover, Deceased  
Liberty National Bank & Trust Co.  
Executor  
P.O. Box 1588  
Tulsa, OK 74101-1588

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3307  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3314

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

**MAIL CERTIFIED MAIL**  
SENDER: C... SECTION ON DELIVERY

For delivery information visit our website

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

Jerry J Andrew  
408 Longwoods Ln  
Houston, TX 77024

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

1. Article Addressed to:

Jerry J Andrew  
408 Longwoods Ln  
Houston, TX 77024

A. Signature Marta Pantora  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 12/18/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3314

7006 0100 0005 0626 3321

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

**MAIL CERTIFIED MAIL**  
SENDER: C... SECTION ON DELIVERY

For delivery information visit our website

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

Eula May Johnston Trust  
Bank of America N.A. Trustee  
Acct. 01/0066100  
P.O. Box 840738  
Dallas, TX 75284-0738

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

1. Article Addressed to:

Eula May Johnston Trust  
Bank of America N.A. Trustee  
Acct. 01/0066100  
P.O. Box 840738  
Dallas, TX 75284-0738

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery DEC 17 2010

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3321

7006 0100 0005 0626 3338

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

**MAIL CERTIFIED MAIL**  
SENDER: C... SECTION ON DELIVERY

For delivery information visit our website

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

J Glenn Turner Jr  
4809 Cole Avenue, Suite 212  
Dallas, TX 75205

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

1. Article Addressed to:

J Glenn Turner Jr  
4809 Cole Avenue, Suite 212  
Dallas, TX 75205

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 1/22/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3338

7006 0100 0005 0626 3840

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our **OFFICIAL**

Postage	\$	
Certified Fee		2.50
Return Receipt Fee (Endorsement Required)		2.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5

James Lopez  
2837 Pinnacle  
Colorado Springs, CO

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
James Lopez  
2837 Pinnacle  
Colorado Springs, CO 80910

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *James Lopez*  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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 3840**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3345

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our **OFFICIAL**

Postage	\$	.78
Certified Fee		2.80
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Faye Lopez Romero  
550 W Pabor Way  
Fruita, CO 81521-2025

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Faye Lopez Romero  
550 W Pabor Way  
Fruita, CO 81521-2025

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *Leo Aquino*  Agent  Addressee

B. Received by (Printed Name) *Leo Aquino* C. Date of Delivery \_\_\_\_\_

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) \_\_\_\_\_  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3352

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our **OFFICIAL**

Postage	\$	.78
Certified Fee		2.80
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.88

John A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
John A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *John Mascarenas*  Agent  Addressee

B. Received by (Printed Name) *John Mascarenas* C. Date of Delivery *12/18/0*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 3352**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3376

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)

For delivery information visit our web

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

Jerry Tiras & Ethel Tiras  
Tenants In Common  
3388 Sage Rd # 1502  
Houston, TX 77056

**SENDER: COMPLETE** (Domestic Mail Only; No Insurance)  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Jerry Tiras & Ethel Tiras  
Tenants In Common  
3388 Sage Rd # 1502  
Houston, TX 77056

A. Signature  
**X** *Cornel King*  Agent  Addressee  
B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3376

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO

**SENDER: COMPLETE** (Domestic Mail Only; No Insurance)  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO 80906-4328

A. Signature  
**X** *W Barber*  Agent  Addressee  
B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 12/17

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3376

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3291

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

Johnson Tr UAD 1/24/85  
SP Johnson III & Barbara Jo Johnson Co  
Trustees  
P.O. Box 1641  
Roswell, NM 88202

**SENDER: COMPLETE** (Domestic Mail Only; No Insurance)  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Johnson Tr UAD 1/24/85  
SP Johnson III & Barbara Jo Johnson Co  
Trustees  
P.O. Box 1641  
Roswell, NM 88202

A. Signature  
**X** *Tracy Thomas*  Agent  Addressee  
B. Received by (Printed Name) Tracy Thomas C. Date of Delivery \_\_\_\_\_

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3291

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1120

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
*(Domestic Mail Only; No Insurance)*  
For delivery information visit our web  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Marcia Berger  
c/o Petroleum Asset Mgmt L  
PO Box 745  
Hobbs, NM 88241

**SENDER: COM** **ON DELIVERY**

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

1. Article Addressed to:  
  
Marcia Berger  
c/o Petroleum Asset Mgmt LLC  
PO Box 745  
Hobbs, NM 88241

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1137

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
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For delivery information visit our web  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

John L Turner  
PO Box 329  
Port Aransas, TX 78373

**SENDER: COM** **ON DELIVERY**

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

1. Article Addressed to:  
  
John L Turner  
PO Box 329  
Port Aransas, TX 78373

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1144

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
*(Domestic Mail Only; No Insurance)*  
For delivery information visit our web  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Lee Lopez  
PO Box 1632  
Arboles, CO 81121

**SENDER: COMPL** **ON DELIVERY**

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

1. Article Addressed to:  
  
Lee Lopez  
PO Box 1632  
Arboles, CO 81121

A. Signature  Agent  Addressee  
*X Lee Lopez*  
 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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1151

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Ins)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Se  
Str  
or  
C  
JTV Ptrshp  
Tracy C Thompson M  
PO Box 1713  
Roswell, NM 88201

**SENDER: COMF** **ON DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:

JTV Ptrshp  
Tracy C Thompson Managing Partner  
PO Box 1713  
Roswell, NM 88201

A. Signature  Agent  Addressee  
*Tracy Thompson*

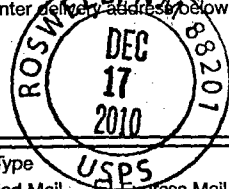
B. Received by (Printed Name)  Agent  Addressee  
*Tracy Thompson*

C. Date of Delivery  
*DEC 17 2010*

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

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

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number (Transfer from service label) **7006 2760 0001 6393 1151**

7006 2760 0001 6393 1168

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Ins)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Se  
Str  
or  
C  
Mary Frances Turner  
Chase Bank of Texas  
C/O JP Morgan Chase  
PO Box 99084  
Fort Worth, TX 761

**SENDER: C** **ON DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:

Mary Frances Turner Jr Tr 6743  
Chase Bank of Texas  
C/O JP Morgan Chase Bank NA  
PO Box 99084  
Fort Worth, TX 76199-0084

A. Signature  Agent  Addressee  
*Estes*

B. Received by (Printed Name)  Agent  Addressee  
*Estes*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1168**

7006 2760 0001 6393 1175

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$5.88</b>

Sent 7  
Street, or PO  
City, S  
John S McDonald  
1550 Cherry St Apt 164  
Wenatchee, WA 98801-0164

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



*Returned*

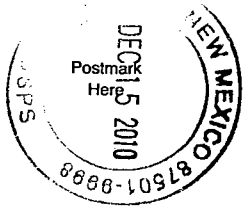
7006 0100 0005 0626 3673

U.S. Postal Service™  
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49



Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK 99515-3708

7006 0100 0005 0626 3680

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

**SENDER: COM** **ON DELIVERY**

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

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

A. Signature: *David J. Sorenson*  Agent  Addressee

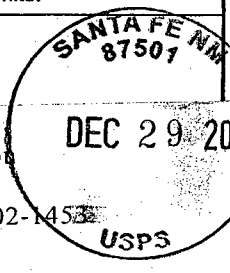
B. Received by (Printed Name): *David J. Sorenson*

C. Date of Delivery: *12-17-10*

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

1. Article Addressed to:

Kellie M Kross  
c/o David J Sorenson  
PO Box 1453  
Roswell, NM 88202-1453



3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 3680**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3697

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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

A. Signature: *B Jones*  Agent  Addressee

B. Received by (Printed Name): *B JONES*

C. Date of Delivery: *12-20-10*

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

1. Article Addressed to:

Moran Oil Enterprises  
PO Box 1295  
Seminole, OK 74818-1295

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 3697**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7006 0100 0005 0626 3703

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Jose L Candelaria  
PO Box 1754  
Arboles, CO 81121

**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

**ON DELIVERY**

1. Article Addressed to:  
  
Jose L Candelaria  
PO Box 1754  
Arboles, CO 81121

2. Article Number (Transfer from service label): **7006 0100 0005 0626 3703**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

B. Received by (Printed Name):  
 C. Date of Delivery: **DEC 20 2010**

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

3. Service type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

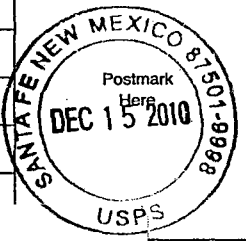
4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3710

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Marie Gould  
475 S New Hampshire Ave  
Los Angeles, CA 90020



**SENDER: COMPLETE** (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE)

**ON DELIVERY**

1. Article Addressed to:  
  
Laplante/Johnson Fam Tr  
Joel S Johnson & Peggy L Laplante Co  
Trustees  
7275 S Sundown Cir  
Littleton, CO 80120

2. Article Number (Transfer from service label): **7006 0100 0005 0626 3727**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3727

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Laplante/Johnson Fam Tr  
Joel S Johnson & Peggy L  
Trustees  
7275 S Sundown Cir  
Littleton, CO 80120

7006 0100 0005 0626 2560

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ 7.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	12.10

Sent To: New Mexico State  
310 Old Santa Fe Trail  
Santa Fe, NM 87501  
Street, or PO Box  
City, State, ZIP+4

**SENDER: COMPLETE** **DELIVERY**

1. Article Addressed to:

New Mexico State Royalty  
310 Old Santa Fe Trail  
Santa Fe, NM 87501

2. Article Number (Transfer from service label): 7006 0100 0005 0626 2560

A. Signature: *[Signature]*  Agent  Addressee

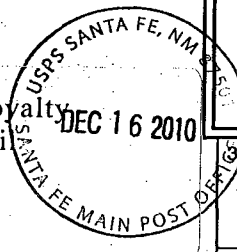
B. Received by (Printed Name): *Janife Saca*

C. Date of Delivery: \_\_\_\_\_

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

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

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 3741

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Julian Lopez  
130 Mulberry  
Fruita, CO 81521  
Street, or PO Box  
City, State, ZIP+4

**SENDER: COMPLETE** **DELIVERY**

1. Article Addressed to:

Julian Lopez  
130 Mulberry  
Fruita, CO 81521

2. Article Number (Transfer from service label): 7006 0100 0005 0626 3741

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Julian Lopez*

C. Date of Delivery: *12/17/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3734

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: Matthew N Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

for Instructions

7006 0100 0005 0626 3765

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL MAIL**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Linda Lundell Lindsey  
PO Box 631565  
Nacogdoches, TX 75965

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Linda Lundell Lindsey  
PO Box 631565  
Nacogdoches, TX 75963

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3765

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

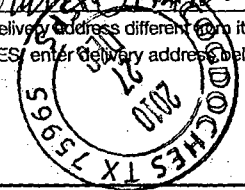
A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*

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

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

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 3758

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL MAIL**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Patricia F Wise  
PO Box 157  
Patton, CA 92369-0157

**SENDER: COMPLETE THIS SECTION**

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Patricia F Wise  
PO Box 157  
Patton, CA 92369-0157

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3758

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

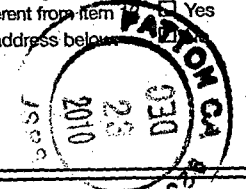
**COMPLETE THIS SECTION ON DELIVERY**

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*

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

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

4. Restricted Delivery? (Extra Fee)  Yes



7006 2760 0001 6393 1182

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL MAIL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Nancy P Tonkin Rev Tr  
Nancy Tonkin Cutter & Allen M Tonkin Jr  
1524 Park Ave SW  
Albuquerque, NM 87104

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Nancy P Tonkin Rev Tr  
Nancy Tonkin Cutter & Allen M Tonkin Jr  
1524 Park Ave SW  
Albuquerque, NM 87104

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1182

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1199

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our web  
**OFFICIAL**

Postage \$ 78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 1.00

Richard L Lopez  
1400 N 24th St  
Grand Junction, CO 81501

**CERTIFIED MAIL** SENDER: COM  
 COMPLETE THIS SECTION

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

1. Article Addressed to:  
  
 Richard L Lopez  
 1400 N 24th St  
 Grand Junction, CO 81501-568

**ON DELIVERY**

A. Signature  
 *Richard Lopez*  
 Agent  
 Addressee

B. Received by (Printed Name) *Richard L Lopez* C. Date of Delivery **DEC 17**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1205

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our web  
**OFFICIAL**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 1.00

Paul Lopez  
2828 B 4/10 Rd  
Grand Junction, CO 81501

**CERTIFIED MAIL** SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
  
 Paul Lopez  
 2828 B 4/10 Rd  
 Grand Junction, CO 81503-2185

**ON DELIVERY**

A. Signature  
 *Paul Lopez*  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery **12/17/10**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1199

PS Form 3800, August 2006

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1212

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 1.00

RL Zinn Et Al Ltd  
c/o Zinn Petroleum Co  
3400 Bissonnet St # 250  
Houston, TX 77005-2155

**CERTIFIED MAIL** SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
  
 RL Zinn Et Al Ltd  
 c/o Zinn Petroleum Co  
 3400 Bissonnet St # 250  
 Houston, TX 77005-2155

**ON DELIVERY**

A. Signature  
 *Naomi Lincoln*  
 Agent  
 Addressee

B. Received by (Printed Name) **Naomi Lincoln** C. Date of Delivery **12-20-10**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1212

PS Form 3800, August 2006

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1229

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.88

Osprey Resources Inc.  
PO Box 56449  
Houston, TX 77256-6449

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Osprey Resources Inc.  
PO Box 56449  
Houston, TX 77256-6449

A. Signature  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1229

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.88

Robert E Beamon III  
2603 Augusta Ste 1050  
Houston, TX 77057

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

1. Article Addressed to:  
  
Robert E Beamon III  
2603 Augusta Ste 1050  
Houston, TX 77057

A. Signature  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*  
M. Weber

C. Date of Delivery  
12-20-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1236

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL™ REG**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.88

Peggy Mascarenas McWilliams  
PO Box 427  
Flora Vista, NM 87415

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Peggy Mascarenas McWilliams  
PO Box 427  
Flora Vista, NM 87415

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1557

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

7006 2760 0001 6393 1236

7006 2760 0001 6393 1557

FLORA VISTA NM  
DEC 17 2010

7006 2760 0001 6393 2264

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Robert W Isham Est  
Eleanor Joy & R W Isham III P  
PO Box 290  
Gordon, NE 69343

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Robert W Isham Est  
Eleanor Joy & R W Isham III Pers Rep  
PO Box 290  
Gordon, NE 69343

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) *Tim M. [Signature]*

C. Date of Delivery *12-20-10*

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 2264

Domestic Return Receipt

102595-02-M-1540

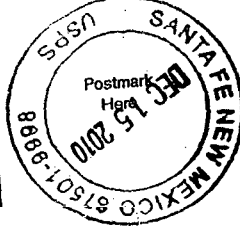
7006 2760 0001 6393 1588

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Paul Jay Lewis  
309 W 43rd St Ste 105  
Sioux Falls, SD 57105-6805

PS Form 3800, August 2006

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.88

Robert W Umbach Cancer F  
Inc  
Wells Fargo Bank Na Agen  
PO Box 5383  
Denver, CO 80217

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Robert W Umbach Cancer Foundation  
Inc  
Wells Fargo Bank Na Agent  
PO Box 5383  
Denver, CO 80217

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) *Seth Anderson*

C. Date of Delivery *12-17-10*

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1588

Domestic Return Receipt

102595-02-M-1540

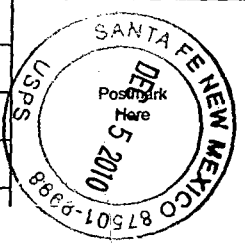
7006 2760 0001 6393 1571

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ <u>78</u>
Certified Fee	<u>2.80</u>
Return Receipt Fee (Endorsement Required)	<u>2.30</u>
Restricted Delivery Fee (Endorsement Required)	



PJC LP  
1409 S Sunset  
Roswell, NM 88201

See Reverse for Instructions

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

**SENDER: COMPL** **V DELIVERY**

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

1. Article Addressed to:

PJC LP  
1409 S Sunset  
Roswell, NM 88201

A. Signature  
 Patricia Cooper  Agent  Addressee

B. Received by (Printed Name): Patricia Cooper

C. Date of Delivery: 12-22-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1571

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1595

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

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1595

**DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, August 2006

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1595

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

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Pedro F Lopez  
784 Lopez Rd  
Ignacio, CO 81137

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Pedro F Lopez  
784 Lopez Rd  
Ignacio, CO 81137

**DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, August 2006

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Roger B Nielsen  
1200 Danbury Dr  
Mansfield, TX 76063

**DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Roger B Nielsen  
1200 Danbury Dr  
Mansfield, TX 76063

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1717

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1717

or Instructions



7006 2760 0001 6393 1700  
7006 2760 0001 6393 1694  
7006 2760 0001 6393 1687  
7006 2760 0001 6393 1687

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 2.00

Ramseyer Community Tr  
Nancy Lanier Kobel Trust  
2415 S Hillcrest  
Camp Verde, AZ 86322

**SENDER: COMPLETE THIS SECTION**  
PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Ramseyer Community Tr  
Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Nancy Lanier  Agent  Addressee  
B. Received by (Printed Name) Nancy Lanier C. Date of Delivery 12-23-10  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 2.00

Rogers-Gibbard Trust  
Elaine G. Howe, Trustee  
P.O. Box 624  
Sulphur, OK 73086

**SENDER: COMPLETE THIS SECTION**  
PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Rogers-Gibbard Trust  
Elaine G. Howe, Trustee  
P.O. Box 624  
Sulphur, OK 73086

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Elaine Howe  Agent  Addressee  
B. Received by (Printed Name) ELAINE HOWE C. Date of Delivery 12-20-10  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)

Pennies From Heaven I  
Bank Of America Agen  
PO Box 840738  
Dallas, TX 75283-030

**SENDER: COMPLETE THIS SECTION**  
PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Pennies From Heaven LLC  
Bank Of America Agent  
PO Box 840738  
Dallas, TX 75283-0308

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]  Agent  Addressee  
B. Received by (Printed Name) DEC 17 2010 C. Date of Delivery DEC 17 2010  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

REC'D DEC 28 2010

7006 2760 0001 6393 1687

7006 2760 0001 6393 1670

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Rose M Lopez Atencio  
 222 S Peach  
 Fruita, CO 81521

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Rose M Lopez Atencio  
 222 S Peach  
 Fruita, CO 81521

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1670**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Rose M Lopez Atencio*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1662

**U.S. Postal Service™**  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Ramseyer Liv Tr  
 Bruce & Kay Ramseyer Trustee  
 11741 Colony Dr  
 Santa Ana, CA 92705

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Rose Mascarenas Carter  
 PO Box 323  
 Flora Vista, NM 87415

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1656**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

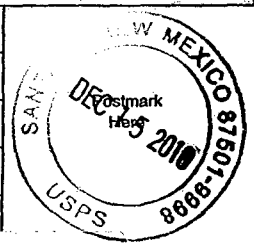
B. Received by (Printed Name) *Lalawna Thompson*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes



7006 2760 0001 6393 1656

**U.S. Postal Service™**  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Rose Mascarenas Carter  
 PO Box 323  
 Flora Vista, NM 87415

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Rose Mascarenas Carter  
 PO Box 323  
 Flora Vista, NM 87415

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1656**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

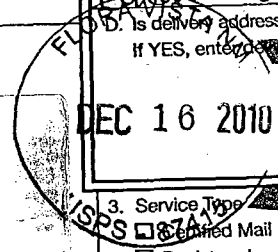
B. Received by (Printed Name) *Lalawna Thompson*

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes



7002 0922 0000 6393 1649 5496

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ 78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) XXXX  
 Total XXXX

Sent to  
 Street or PO  
 City, State

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:

Sidney Moran  
 18 Hudson Cir  
 Houston, TX 77024-7254

2. Article Number (Transfer from service label): 7006 2760 0001 6393 1649

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

A. Signature Sharon Costee  Agent  Addressee  
 B. Received by (Printed Name) Ivory Costee C. Date of Delivery 12-18-10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

7002 0922 0000 6393 1540 0451

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ 78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) XXXX  
 Total Postage & Fees \$ 5.88

Sent to  
 Street or PO  
 City, State

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:

Steven Kent Lust  
 1314 6th Ave SW  
 Aberdeen, SD 5740

2. Article Number (Transfer from service label): 7006 2760 0001 6393 1540

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

A. Signature Chris Bretsch  Agent  Addressee  
 B. Received by (Printed Name) Chris Bretsch C. Date of Delivery 12/17/10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

7002 0922 0000 6393 1625 5252

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ 78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) XXXX  
 Total XXXX

Sent to  
 Street or PO  
 City, State

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:

Trini Lopez Montoya  
 5691 W 35th Ave Apt 1-A  
 Denver, CO 80212

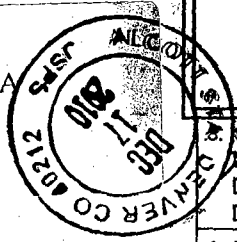
2. Article Number (Transfer from service label): 7006 2760 0001 6393 1625

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

A. Signature Trini Lopez Montoya  Agent  Addressee  
 B. Received by (Printed Name) Octavio Cordova C. Date of Delivery 12/17/10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes



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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage \$ 1.78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 2.00

Walter R Gould  
 PO Box 903  
 Espanola, NM 87532

**SENDER: COMPLETE THIS SECTION**

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

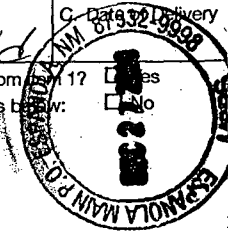
1. Article Addressed to:

Walter R Gould  
 PO Box 903  
 Espanola, NM 87532-0903

A. Signature  
 X *Walter R Gould*  Agent  Addressee

B. Received by (Printed Name)  
 WALTER R GOULD

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



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6393 1526

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage \$ .7  
 Certified Fee 2.8  
 Return Receipt Fee (Endorsement Required) 2.3  
 Restricted Delivery Fee (Endorsement Required) 2.00

Stevens Partners LP  
 c/o Walter J Melendres  
 1069 Encantado Dr  
 Santa Fe, NM 87501

**SENDER: COMPLETE THIS SECTION**

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

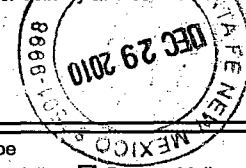
1. Article Addressed to:

Stevens Partners LP  
 c/o Walter J Melendres Esq  
 1069 Encantado Dr  
 Santa Fe, NM 87501

A. Signature  
 X *Walter J Melendres*  Agent  Addressee

B. Received by (Printed Name)  
 Walter Melendres

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



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6393 1526

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**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage \$ 1.1  
 Certified Fee 2.8  
 Return Receipt Fee (Endorsement Required) 2.3  
 Restricted Delivery Fee (Endorsement Required) 5.9

Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87413

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

1. Article Addressed to:

Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87413

A. Signature  
 X *Viola Mascarenas Lucero*  Agent  Addressee

B. Received by (Printed Name)  
 Viola Mascarenas Lucero

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6393 1519

EST 6393 1526 7006 2760 0001 6393 1526

EST 6393 1526 7006 2760 0001 6393 1526

EST 6393 1519 7006 2760 0001 6393 1519

7006 2760 0001 6393 1496

U.S. Postal Service™  
CERTIFIED MAIL™ R  
(Domestic Mail Only; No Insurance)

For delivery information visit our web

OFFICIAL

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Tab Riley Smith  
4612 Locust St.  
Bellaire, TX 77401

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Tab Riley Smith  
4612 Locust St.  
Bellaire, TX 77401

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

**IN ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Tab Smith* C. Date of Delivery *12/21/10*

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

PS Form 3811, February 2004

102595-02-M-1540

7006 2760 0001 6393 1496

U.S. Postal Service™  
CERTIFIED MAIL™ R  
(Domestic Mail Only; No Insurance)

For delivery information visit our web

OFFICIAL

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

William Poleson  
620 Penrose Blvd  
Colorado Springs, CO

William Poleson  
620 Penrose Blvd  
Colorado Springs, CO 80906

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

**DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *W Poleson* C. Date of Delivery *12-17-10*

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1489

U.S. Postal Service™  
CERTIFIED MAIL™ R  
(Domestic Mail Only; No Insurance)

For delivery information visit our web

OFFICIAL

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

T Patrick Nacol  
15721 Lockmaben Ave  
Fort Myers, FL 33912-3917

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

T Patrick Nacol  
15721 Lockmaben Ave  
Fort Myers, FL 33912-3917

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1465

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ **.78**  
Certified Fee **2.80**  
Return Receipt Fee (Endorsement Required) **2.30**  
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees **5.88**  
William C Briggs  
Reynolds Hix & Co Poa &  
6729 Academy Rd Ste D  
Albuquerque, NM 87109

SENDER: CO  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
IN ON DELIVERY

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

1. Article Addressed to:  
  
William C Briggs  
Reynolds Hix & Co Poa & Agent  
6729 Academy Rd Ste D  
Albuquerque, NM 87109

A. Signature  Agent  Addressee  
*x Mary Good*  
 B. Received by (Printed Name)  Agent  Addressee  
*Mary Good*  
 C. Date of Delivery  
*12/16/03*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1465**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1458

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ **.78**  
Certified Fee **2.80**  
Return Receipt Fee (Endorsement Required) **2.30**  
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees **5.88**  
Tina M Lopez  
747 Mallard Dr.  
Marengo, IL 60152-3631

SENDER: COMPLETE THIS SECTION  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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

1. Article Addressed to:  
  
Tina M Lopez  
747 Mallard Dr.  
Marengo, IL 60152-3631

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1458**

7006 2760 0001 6393 1441

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ **.78**  
Certified Fee **2.80**  
Return Receipt Fee (Endorsement Required) **2.30**  
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees **5.88**  
Energen Resources Corp  
605 Richard Arrington Jr |  
Birmingham, AL 35203-

SENDER: COMPLETE THIS SECTION  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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

1. Article Addressed to:  
  
Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35203-2707

A. Signature  Agent  Addressee  
*M. Muller*  
 B. Received by (Printed Name)  Agent  Addressee  
*M. Muller*  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 Birmingham, AL 35203  
 DEC 17 2010  
 USPS

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1441**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1427

U.S. Postal Service™  
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(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®  
**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



*Returned*

Tim L Dale  
c/o T Patrick Nacol  
434 St Andrews Dr  
Belleair, FL 34616-1924

7006 2760 0001 6393 1427

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage Provided)  
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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

**SENDER: COMPLETE**  

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

**DELIVERY**

A. Signature  
 *Harry Scott*  Agent  
 Addressee

B. Received by (Printed Name) *H. Scott*

C. Date of Delivery *DEC 11 2010*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  Yes

To: WWR Enterprises Inc  
c/o Petroleum Asset  
PO Box 745  
Hobbs, NM 88241

WWR Enterprises Inc  
c/o Petroleum Asset Mgmt LLC  
PO Box 745  
Hobbs, NM 88241

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

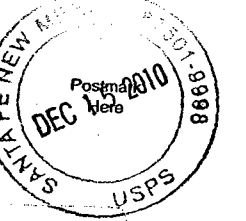
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1427**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1427

U.S. Postal Service™  
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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



Tony S Lopez  
25 Sunshine Ct #27  
Durango, CO 81301-6064

7006 2760 0001 6393 1403

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(Domestic Mail Only; No Insurance Coverage)  
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Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Jasmine Moran Children's  
Museum Foundation Inc  
PO Box 1828  
Seminole, OK 74818-1828

**MAIL DELIVERED** ON DELIVERY  
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:  
  
Jasmine Moran Children's  
Museum Foundation Inc  
PO Box 1828  
Seminole, OK 74818-1828

A. Signature: *Marcie Donahoe*  Agent  Addressee

B. Received by (Printed Name): *Marcie Donahoe* C. Date of Delivery: *12/21/04*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1403**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1397

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**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Va Johnston Fam Tr  
Da Prewitt & Ma Chesser Co Truste  
PO Box 825  
1313 Ave N  
Ralls, TX 79357-0825

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

1. Article Addressed to:  
  
Va Johnston Fam Tr  
Da Prewitt & Ma Chesser Co Truste  
PO Box 825  
1313 Ave N  
Ralls, TX 79357-0825

A. Signature: *David R. Prewitt*  Agent  Addressee

B. Received by (Printed Name): *David R. Prewitt* C. Date of Delivery: *12-21-04*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1397**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1380

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Kleimor Energy LLC  
8451 E Oregon Pl  
Denver, CO 80231

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

1. Article Addressed to:  
  
Kleimor Energy LLC  
8451 E Oregon Pl  
Denver, CO 80231

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *12-21-04*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6393 1380**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7006 2760 0001 6393 1373

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**OFFICIAL**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.00

Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Tom Mascarenas*

B. Received by (Printed Name)  Agent  Addressee  
 Tommy Mascarenas 12/18/10

C. Date of Delivery 12/18/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1373  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1335

**U.S. Postal Service™**  
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 (Domestic Mail Only; No Insurance)  
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**OFFICIAL**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.48

Gumz Fam Tr Dtd 10/31/03  
 Henry F Gumz & Margaret Trustees  
 674 Via Mendoza Unit D  
 Laguna Woods, CA 92637

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Gumz Fam Tr Dtd 10/31/03  
 Henry F Gumz & Margaret Gumz Co Trustees  
 674 Via Mendoza Unit D  
 Laguna Woods, CA 92637

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1335

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*M. Gumz*

B. Received by (Printed Name)  Agent  Addressee  
 M. GUMZ

C. Date of Delivery 12-18-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6393 1342

**U.S. Postal Service™**  
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**OFFICIAL**

Postage \$ .78  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 5.48

CEEFAM LLC  
 c/o Little Oil & Gas Inc  
 PO Box 1258  
 Farmington, NM 87499

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 CEEFAM LLC  
 c/o Little Oil & Gas Inc  
 PO Box 1258  
 Farmington, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1342

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*W. Lee*

B. Received by (Printed Name)  Agent  Addressee  
 W. Lee

C. Date of Delivery 12/20/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2553

**U.S. Postal Service™**  
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For delivery information visit our website

**OFFICIAL USE**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	5.00

Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2553

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

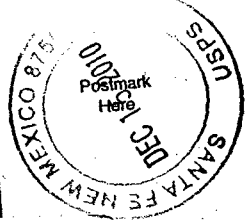
7006 2760 0001 6393 1328

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

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	5.88



Gifford H. Nigh & Margaret Nigh  
202 FM 2578 Rm 45  
Terrell, TX 75160

PS Form 3800, August 2000

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
*(Domestic Mail Only; No Insurance)*

For delivery information visit our website

**OFFICIAL USE**

Postage	\$ .7
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
	5.8

Henrietta E. Schultz  
500 North Akard, Suite 2940  
Dallas, TX 75201

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Henrietta Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, TX 75201

2. Article Number (Transfer from service label) 7006 2760 0001 6393 1328

A. Signature *[Signature]*  Agent  Addressee

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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1311

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>2.80</b>

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

SENDER: COMPLETE

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

DELIVERY

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

1. Article Addressed to:

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

Agent  
 Addressee

B. Received by (Printed Name) CLAUDE HOBSON C. Date of Delivery 12-18-10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1304

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.88</b>

Freda O Axtell Rev Tr  
PO Box 801  
Durango, CO 81302

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

1. Article Addressed to:

Freda O Axtell Rev Tr  
PO Box 801  
Durango, CO 81302

A. Signature [Signature]  Agent  
 Addressee

B. Received by (Printed Name) ETHEL M. AXTELL C. Date of Delivery 12-18-10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1304

SENDER: COMPLETE

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

DELIVERY THIS SECTION ON DELIVERY

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(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.88</b>

Robert Mascarenas  
13 CR 3581  
Flora Vista, NM 87415

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

1. Article Addressed to:

Robert Mascarenas  
13 CR 3581  
Flora Vista, NM 87415-9603

A. Signature [Signature]  Agent  
 Addressee

B. Received by (Printed Name) ROBERT MASCARENAS C. Date of Delivery 12-23-10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1298

7006 0100 0005 0626 2355

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Florence Vallejos  
PO Box 702  
Ignacio, CO 81137

PS Form 3800, June 2002

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

To: Isabel Consuelo Gonzales Trust  
Farmers National Co., Agent  
Attn: Craig Hauschild  
5110 S. Yale Avenue  
Tulsa, OK 74135

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Isabel Consuelo Gonzales Trust  
Farmers National Co., Agent  
Attn: Craig Hauschild  
5110 S. Yale Avenue, Ste 400  
Tulsa, OK 74135

2. Article Number  
(Transfer from service label) **7006 0100 0005 0626 2355**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name)  
C. Date of Delivery **12-17-10**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2355

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.88



Lee A. Lopez  
728 Lopez Rd.  
Ignacio, CO 81137

Instructions

7006 0100 0005 0626 2379

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Co  
For delivery information visit our website at  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Robert E. Oade  
9665 Southern Belle Dr.  
Brookville, FL 34613-4280

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Robert E. Oade  
9665 Southern Belle Dr.  
Brookville, FL 34613-4280

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2379

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Robert Oade*  
 B. Received by (Printed Name) Robert Oade  
 C. Date of Delivery 12/22/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Co  
For delivery information visit our website  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

George Umbach  
PO Box 1588  
Tulsa, OK 74101

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

1. Article Addressed to:

George Umbach  
PO Box 1588  
Tulsa, OK 74101

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2386

A. Signature  Agent  Addressee  
 X *George Umbach*  
 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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Co  
For delivery information visit our webs  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
	5.88

JRB Investments LLC  
c/o Reynolds Hix & Co. P  
6729 Academy Road NE S  
Albuquerque, NM 87109

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

JRB Investments LLC  
c/o Reynolds Hix & Co. PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 87109

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2409

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Mery Reed*  
 B. Received by (Printed Name) Mery Reed  
 C. Date of Delivery 12/22/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2409

U.S. Postal Service™

CERTIFIED MAIL™

(Domestic Mail Only; No Insurance)

SENDER: COMPLETE THIS SECTION

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

DELIVERY

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

OFFICIAL USE

Postage \$ .78

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.98

Nigh Rev Tr Agmt dtd  
701 Countrywood Dr  
Noblesville, IN 4606

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

1. Article Addressed to:

Nigh Rev Tr Agmt dtd 8/3/89  
701 Countrywood Dr  
Noblesville, IN 46060-9619

A. Signature

X *Brett D. [Signature]*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service™

CERTIFIED MAIL™

(Domestic Mail Only; No Insurance)

2. Article Number

(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

DELIVERY

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

OFFICIAL USE

Postage \$ .78

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.98

RHB Enterprises LLC  
c/o Reynolds Hix & Co PA  
6729 Academy Road NE  
Albuquerque, NM 872109

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

1. Article Addressed to:

RHB Enterprises LLC  
c/o Reynolds Hix & Co PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

A. Signature

X *Melody Good*  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 Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service™

CERTIFIED MAIL™

(Domestic Mail Only; No Insurance)

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2423

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

Postage \$ .78

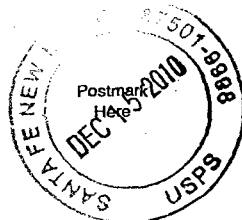
Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.98

Victoria Webb  
806 Cordova  
Dallas, TX 75223



See instructions

Vertical barcode numbers: 9582 9290 5000 0100 0010 7006, 8242 9290 5000 0100 0010 7006, 9142 9290 5000 0100 0010 7006

7006 0100 0005 0626 2447

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 2.00

WCB Investments LLC  
c/o Reynolds Hix & CO  
6729 Academy Road NE  
Albuquerque, NM 87210

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
WCB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2447

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*x Andy D Good*  
 B. Received by (Printed Name) Andy D Good C. Date of Delivery 12/16/10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2430

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 2.00

Patricia P. Schieffer Trust  
America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Patricia P. Schieffer Trust, Bank of  
America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2430

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*x Patricia Schieffer*  
 B. Received by (Printed Name) Patricia Schieffer C. Date of Delivery DEC 20 2010  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2454

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 2.00  
Total Postage & Fees \$ 5.88

XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston Street, Ste 200  
Fort Worth, TX 76102-6298

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston St., Ste 2000  
Fort Worth, TX 76102-6298

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2454

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*x Edwin S. Ryan, Jr.*  
 B. Received by (Printed Name) Edwin S. Ryan, Jr. C. Date of Delivery DEC 20 2010  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



Grayfore Partners LP  
PO Box 98670  
Lubbock, TX 79499-8670

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:

VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

2. Article Number

7006 0100 0005 0626 2485

A. Signature

*David H. Brewitt*  Agent  Addressee

B. Received by (Printed Name)

David H. Brewitt 12-21-10

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Henrietta Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, TX 75201

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:

Henrietta E. Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, TX 75201

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2485

A. Signature

*Henrietta Schultz*  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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 2492

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Elesida Enriquez  
1115 4th Ave  
Durango, CO 81301

**SENDER: COMPLETE THIS SIDE**

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

1. Article Addressed to:

Elesida Enriquez  
1115 4th Ave  
Durango, CO 81301

A. Signature: *Elesida Enriquez*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_

C. Date of Delivery: 12/18/10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number

7006 0100 0005 0626 2508

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

ConocoPhillips Company  
Attn: Chief Landman, San  
Juan/Rockies  
P. O. Box 4289  
Farmington, NM 87499-4289

**SENDER: COMPLETE THIS SIDE**

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

1. Article Addressed to:

ConocoPhillips Company  
Attn: Chief Landman, San  
Juan/Rockies  
P. O. Box 4289  
Farmington, NM 87499-4289

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *ConocoPhillips*

C. Date of Delivery: 12-16-10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2508

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

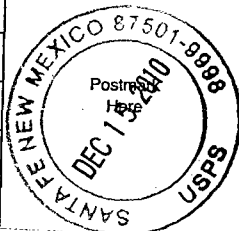
7006 0100 0005 0626 2532

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88



Ser. BP America Production Co.  
Attn: John Larson, WII Rm  
19.158  
City 501 Westlake Boulevard  
Houston, TX 77079-3092

Instructions

7006 0100 0005 0626 2546

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.88

Bureau of Ocean Energy Mgt & Enforcement  
Minerals Management Service  
P.O. Box 5810  
Denver, CO 80217-5810

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Bureau of Ocean Energy Mgt Reg & Enforcement  
Minerals Management Service  
P.O. Box 5810  
Denver, CO 80217-5810

2. Article Number (Transfer from service label)

7006 0100 0005 0626 2546

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1359

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.88

Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

2. Article Number

7006 2760 0001 6393 1359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 3864

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .76  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.88

New Mexico State Royalty  
310 Old Santa Fe Trail  
Santa Fe, NM 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

New Mexico State Royalty  
310 Old Santa Fe Trail  
Santa Fe, NM 87501

2. Article Number (Transfer from service label)

7006 0100 0005 0626 3864

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**DELIVERY**

A. Signature  Agent  Addressee  
**X Beau C. Conkel**  
Agent for MMS<sup>2</sup>

B. Received by (Printed Name)

C. Date of Delivery

Date: \_\_\_\_\_

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X [Signature]**  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature

**X [Signature]**  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
**12-23-10**

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3857

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 76
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Ms Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, TX 75219-1767

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

1. Article Addressed to:

Ms Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, TX 75219-1767

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

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

**ON DELIVERY**

A. Signature  
x Robert Wilburn  Agent  Addressee

B. Received by (Printed Name)  
Robert Wilburn

C. Date of Delivery  
12/23/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3857

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 2584

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.88

Bureau of Land Management  
Farmington Field Office  
1235 La Plata Highway Suite A  
Farmington, NM 87401

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

1. Article Addressed to:

Bureau of Land Management  
Farmington Field Office  
1235 La Plata Highway Suite A  
Farmington, NM 87401

2. Article Number

PS Form 3811, February 2004

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

**ON DELIVERY**

A. Signature  
x JH Coupland  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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2584

7006 2760 0001 6393 1267

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Fred E. Turner  
4925 Greenville Ave # 820  
Dallas, TX 75206

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

1. Article Addressed to:

Fred E. Turner  
4925 Greenville Ave # 852  
Dallas, TX 75206

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

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

**ON DELIVERY**

A. Signature  
x Fred E. Turner  Agent  Addressee

B. Received by (Printed Name)  
Fred E. Turner

C. Date of Delivery  
2/17

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6393 1267

Domestic Return Receipt

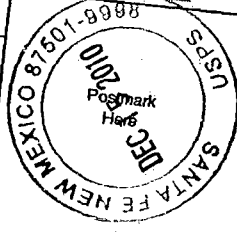
102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



J. Glenn Turner, Jr. LLC  
3838 Oak Lawn  
Suite 1450  
Dallas, TX 75219

Instructions

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

SENDER: CO

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

1. Article Addressed to:

OCD District 3 Office  
1000 Rio Brazos Road  
Aztec, New Mexico 87410

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

A. Signature  Agent  Addressee  
*Chantia*

B. Received by (Printed Name) *Chantia*

C. Date of Delivery *12-16*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 2591

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston St., Ste 2000  
Fort Worth, TX 76102-6298

Instructions

PS Form 3800, June 2002

7006 0100 0005

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website  
**OFFICIAL**

Postage	\$ 1.35
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	6.49

Adelante Oil & Gas LLC  
PO Box 2471  
Durango, CO 81302

**SENDER: COMPLETE** **CERTIFIED MAIL™** **DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Adelante Oil & Gas LLC  
PO Box 2471  
Durango, CO 81302

A. Signature: *Wendy Cox*  Agent  Addressee

B. Received by (Printed Name): *Wendy Cox* C. Date of Delivery: *12/20/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3505

7006 0100 0005 0626 2621

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.88

Mary Frances Turner, Jr  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, TX 75266-0197

**SENDER: COMPLETE** **CERTIFIED MAIL™** **DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Mary Frances Turner, Jr Trust  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, TX 75266-0197

A. Signature: *JERRY DOMINA*  Agent  Addressee

B. Received by (Printed Name): *JERRY DOMINA* C. Date of Delivery: *DEC 20 2010*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2621

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2638

U.S. Postal Service™  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Anthony Nerio Serrano  
2652 Red Rock St. #  
Las Vegas, NV 8914

**SENDER: COMPLETE** **CERTIFIED MAIL™** **DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
  
Anthony Nerio Serrano  
2652 Red Rock St. #101  
Las Vegas, NV 89146-5387

A. Signature: *Anthony Serrano*  Agent  Addressee

B. Received by (Printed Name): *Anthony Serrano* C. Date of Delivery: *12/17/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2638

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

0097 9290 5000 0005 0626 1600

U.S. Postal Service™  
**CERTIFIED MAIL™** R  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .78

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Mary Frances Turner, Jr Trust  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, TX 75266-0197

PS Form 3800, June 2002

SENDER: COM

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

ON DELIVERY

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

1. Article Addressed to:

Mary Frances Turner, Jr Trust  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, TX 75266-0197

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

JERRY GOMINA

C. Date of Delivery

DEC 20 2010

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1600

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0100 0005 5000 0626 1617

U.S. Postal Service™  
**CERTIFIED MAIL™** R  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .78

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.88

Atko Partners Ltd.  
260 IH 45 S Ste A  
Huntsville, TX 77340

SENDER: COM

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

ON DELIVERY

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

1. Article Addressed to:

Atko Partners Ltd.  
260 IH 45 S Ste A  
Huntsville, TX 77340

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

M. Durham

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1617

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0100 0005 5000 0626 1624

U.S. Postal Service™  
**CERTIFIED MAIL™** R  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .78

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.88

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #400  
Kerrville, TX 78028

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

1. Article Addressed to:

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #400  
Kerrville, TX 78028

X

- Agent
- Addressee

B. Received by (Printed Name)

Bill Bull

C. Date of Delivery

12/20/10

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1624

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 1631

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at **OFFICIAL**

Postage	\$	
Certified Fee		2.5
Return Receipt Fee (Endorsement Required)		2.3
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.9

Beatrice Gonzales  
4862 Stephanie St.  
Las Vegas, NV 89122

**SENDER: COM**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**ON DELIVERY**

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

1. Article Addressed to:

Beatrice Gonzales  
4862 Stephanie St.  
Las Vegas, NV 89122-6132

A. Signature  Agent  Addressee  
*Beatrice C. Gonzales*

B. Received by (Printed Name)  Agent  Addressee  
*Beatrice C. Gonzales*

C. Date of Delivery  
*12/18/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1631

7006 0100 0005 0626 1648

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at **OFFICIAL**

Postage	\$	.7
Certified Fee		2.9
Return Receipt Fee (Endorsement Required)		2.3
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.0

Casa Grande Royalty Co Inc.  
PO Box 2305  
Midland, TX 79702

**SENDER: COM**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**ON DELIVERY**

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

1. Article Addressed to:

Casa Grande Royalty Co Inc.  
PO Box 2305  
Midland, TX 79702

A. Signature  Agent  Addressee  
*C. House*

B. Received by (Printed Name)  Agent  Addressee  
*C. House*

C. Date of Delivery  
*12/18/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1648

7006 0100 0005 0626 2645

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at **OFFICIAL**

Postage	\$	.78
Certified Fee		2.80
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.88

Jacob R. Serrano  
20310 SE 262nd St  
Covington, WA 98042

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

1. Article Addressed to:

Jacob R. Serrano  
20310 SE 262nd St  
Covington, WA 98042

A. Signature  Agent  Addressee  
*J. Serrano*

B. Received by (Printed Name)  Agent  Addressee  
*J. Serrano*

C. Date of Delivery  
*12/18/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2645

7006 0100 0005 0626 2652

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

SANTA FE, NM  
DEC 17 2010

Cheryl U. Adams  
3920 Lakeshore Dr.  
Reno, TX 75462

**SENDER: COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:  
  
Cheryl U. Adams  
3920 Lakeshore Dr.  
Reno, TX 75462

2. Article Number (Transfer from service label):

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *K.C. Adams*

C. Date of Delivery: *12-17-10*

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

7006 0100 0005 0626 2669

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

James A. Lynch Jr.  
201 E. Almar Dr. Apt. #407  
Chickasha, OK 73018-7352

**SENDER: COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
  
James A. Lynch Jr.  
201 E. Almar Dr. Apt. #407  
Chickasha, OK 73018-7352

2. Article Number (Transfer from service label):

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name):

C. Date of Delivery: *12/17/10*

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

7006 0100 0005 0626 2676

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Chevron Midcontinent LP  
Prod Rev & Royalty Acctg  
PO Box 730365  
Dallas, TX 75373-0365

**SENDER: COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
  
Chevron Midcontinent LP  
Prod Rev & Royalty Acctg  
PO Box 730365  
Dallas, TX 75373-0365

2. Article Number (Transfer from service label):

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name):

C. Date of Delivery: *DEC 18 2010*

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

For instructions



7006 0100 0005 0626 2683

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our  
**OFFICIAL**

Postage \$ .7  
Certified Fee 2.81  
Return Receipt Fee (Endorsement Required) 2.3  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.81

James R. Payne & Jean Payne  
614 Paseo del Bosque  
Albuquerque, NM 87114

**SENDER: COMPLETE** **DELIVERY**

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

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

1. Article Addressed to:  
  
James R. Payne & Jean Payne  
614 Paseo del Bosque NW  
Albuquerque, NM 87114

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2683

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  *James Payne*     Agent     Addressee  
 B. Received by (Printed Name) JAMES PAYNE    C. Date of Delivery 12/25/10  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 0100 0005 0626 2690

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our  
**OFFICIAL**

Postage \$ .7  
Certified Fee 2.81  
Return Receipt Fee (Endorsement Required) 2.3  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.81

Claris Senter  
3203 S 220th  
Seatac, WA 98198

**SENDER: COMPLETE** **DELIVERY**

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

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

1. Article Addressed to:  
  
Claris Senter  
3203 S 220th  
Seatac, WA 98198

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2683

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  *David Branner*     Agent     Addressee  
 B. Received by (Printed Name) DAVID BRANNER    C. Date of Delivery 2/18/10  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7006 0100 0005 0626 2706

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our  
**OFFICIAL**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.88

Jeffery Serrano  
28830 154th Ave SE  
Kent, WA 98042

**SENDER: COMPLETE** **DELIVERY**

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

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

1. Article Addressed to:  
  
Jeffery Serrano  
28830 154th Ave SE  
Kent, WA 98042

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2706

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  *Jeffery Serrano*     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

7006 0100 0005 0626 2713

U.S. Postal Service™  
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**OFFICIAL USE**

Postage \$ 78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.88

David L. Greene  
PO Box 117  
Bartlesville, OK 74005

**SENDER: COM** **CERTIFIED MAIL** **ON DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD ALONG DOTTED LINE

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

1. Article Addressed to:  
  
David L. Greene  
PO Box 117  
Bartlesville, OK 74005

A. Signature: Claydon Greene  Agent  Addressee  
B. Received by (Printed Name): Claydon Greene C. Date of Delivery: 12-17-10  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2713

7006 0100 0005 0626 2720

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Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.88

Joseph M. Serrano  
12728 SE 167th St.  
Renton, WA 98058



*Returned*

7006 0100 0005 0626 2737

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**OFFICIAL USE**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.88

Send to: Deborah Jean McDonald  
1210 8th Ave SE  
Olympia, WA 98501

**SENDER: COM** **CERTIFIED MAIL** **ON DELIVERY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD ALONG DOTTED LINE

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

1. Article Addressed to:  
  
Deborah Jean McDonald  
1210 8th Ave SE  
Olympia, WA 98501

A. Signature: Deborah Jean McDonald  Agent  Addressee  
B. Received by (Printed Name): Deborah Jean McDonald C. Date of Delivery: 12/20/10  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2737

7006 0100 0005 0626 2744

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Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Kenneth Robert Schmidt  
6819 Oaklawn Way  
Fair Oaks, CA 95628

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

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

1. Article Addressed to:  
Kenneth Robert Schmidt  
6819 Oaklawn Way  
Fair Oaks, CA 95628

**SECTION ON DELIVERY**

A. Signature  
*Kenneth Schmidt*  Agent  Addressee

B. Received by (Printed Name) *Kenneth Schmidt* C. Date of Delivery *12/20/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2744

7006 0100 0005 0626 2751

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Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35202

**SENDER: COPY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35203-2707

**SECTION ON DELIVERY**

A. Signature  
*M. Muller*  Agent  Addressee

B. Received by (Printed Name) *M. Muller* C. Date of Delivery *12/20/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2751

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2766

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Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



Lana Gay Phillips  
1057 Arkell Rd.  
Arkell, ON NOBICO

for instructions

**U.S. Postal Service™**  
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 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>



Esther Abeyta  
 PO Box 2915  
 Durango, CO 81302-2915

7006 0100 0005 0626 2775

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

**SENDER: COM** **ON DELIVERY**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
 Las Colinas Minerals LP  
 125 E John Carpenter Fwy Ste 600  
 Irving, TX 75062

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *[Name]* Date of Delivery: *12-20-10*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): **7006 0100 0005 0626 2782**  
 PS Form 3811, February 2004 Domestic Return Receipt 02-M-1540

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Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

**SENDER: COM** **ON DELIVERY**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

1. Article Addressed to:  
 E'Twila J. Axtell  
 PO Box 801  
 Durango, CO 81302

A. Signature: *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name): *E'TWILA J. AXTELL* C. Date of Delivery: *12/21/10*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): **7006 0100 0005 0626 2799**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

E'Twila J. Axtell  
 PO Box 801  
 Durango, CO 81302

7006 0100 0005 0626 2799

5092 9290 5000 0010 7006

U.S. Postal Service™  
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**OFFICIAL MAIL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

MacLondon Energy LP  
PO Box 14230  
Odessa, TX 79768

**CERTIFIED MAIL™ RETURN RECEIPT**  
SENDER: COI  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
NOTION ON DELIVERY

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

1. Article Addressed to:  
  
MacLondon Energy LP  
PO Box 14230  
Odessa, TX 79768

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
Korey Sanchez

C. Date of Delivery  
12/20/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2805  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2192 9290 5000 0010 7006

U.S. Postal Service™  
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**OFFICIAL MAIL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Frank M. Esquibel  
PO Box 56  
Tierra Amarilla, NM 87571

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

1. Article Addressed to:  
  
Frank M. Esquibel  
PO Box 56  
Tierra Amarilla, NM 87571

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
FRANK ESQUIBEL

C. Date of Delivery  
12/20/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2812  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

4224 9290 5000 0010 7006

U.S. Postal Service™  
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**OFFICIAL MAIL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.88</b>

Marcia L Berger Educ. Fc  
PO Box 745  
Hobbs, NM 88241

**CERTIFIED MAIL™ RETURN RECEIPT**  
SENDER: C  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
NOTION ON DELIVERY

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

1. Article Addressed to:  
  
Marcia L Berger Educ. Foundation  
PO Box 745  
Hobbs, NM 88241

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
M. Berger

C. Date of Delivery  
12/20/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2829  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2836

**U.S. Postal Service**  
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**OFFICE**

Postage \$ .7  
Certified Fee 2.8  
Return Receipt Fee (Endorsement Required) 2.3  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.8

St  
Si  
or  
Ci  
PS  
Hollace Marie Johnson  
13610 Bingham Ave E  
Tacoma, WA 984

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Hollace Marie Johnson  
13610 Bingham Ave E  
Tacoma, WA 98446

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2836

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Hollace Johnson*  Agent  Addressee

B. Received by (Printed Name) *Hollace Johnson* C. Date of Delivery *12/20/10*

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2842

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**OFFICE**

Postage \$ .7  
Certified Fee 2.8  
Return Receipt Fee (Endorsement Required) 2.3  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.8

Mary E Senter Glenn  
3392 Esplanade Pl  
Rio Rancho, NM 8

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

1. Article Addressed to:

Mary E Senter Glenn  
3392 Esplanade Pl  
Rio Rancho, NM 87124

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Mary Elinor Alexander Est  
PO Box 72  
Nowata, OK 74048-0072

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2867

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 2867

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**OFFICE**

Postage \$ .78  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)

Mary Elinor Alexander  
PO Box 72  
Nowata, OK 74048-00

A. Signature  
*Mary Elinor Alexander*  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 Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

0592 9290 5000 0100 7006

U.S. Postal Service™  
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**OFFICIAL**

Postage	\$ 78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.88

Serina Serrano  
332 Beaumont St  
Las Vegas, NV 89106

SENDER: COMPLETE

**CERTIFIED MAIL™**

DELIVERY

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

1. Article Addressed to:

Serina Serrano  
332 Beaumont St  
Las Vegas, NV 89106

A. Signature  
X *Serina Serrano*  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

0592 9290 5000 0100 7006

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.49

Mary F Lynch Planco  
PO Box 346  
Dulce, NM 87528

SENDER: COMPLETE

**CERTIFIED MAIL™**

DELIVERY

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

1. Article Addressed to:

Mary F Lynch Planco  
PO Box 346  
Dulce, NM 87528

A. Signature  
X *Sabrina Planco*  Agent  Addressee

B. Received by (Printed Name)  
*Sabrina Planco* C. Date of Delivery  
*12/17/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

7006 0100 0005 0626 3383

0592 9290 5000 0100 7006

U.S. Postal Service™  
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For delivery information visit our website

**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.49

Stephanie Hargrove  
812 10th St NE Apt  
Auburn, WA 98002

SENDER: COMPLETE

**CERTIFIED MAIL™**

DELIVERY

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

1. Article Addressed to:

Stephanie Hargrove  
812 10th St NE Apt #40  
Auburn, WA 98002-4141

A. Signature  
X *Scott Hargrove*  Agent  Addressee

B. Received by (Printed Name)  
*Scott HARGROVE* C. Date of Delivery  
*12/17/10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 3390

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

9406 9290 0005 0000 0100 0070 7006

U.S. Postal Service™  
**CERTIFIED MAIL™** RECEIPT  
(Domestic Mail Only; No Insurance)

SENDER: COMI

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

ON DELIVERY

For delivery information visit our website

**OFFICIAL**

Postage \$ 1.39  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.49

Mary Helen Greene Maricoli  
4310 Hillside Dr  
Norman, OK 73072

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

1. Article Addressed to:  
Mary Helen Greene Maricoli  
4310 Hillside Dr  
Norman, OK 73072

A. Signature   Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 3406

PS Form 3811

SENDER: (

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

ON DELIVERY

9406 9290 0005 0000 0100 0070 7006

U.S. Postal Service™  
**CERTIFIED MAIL™** RECEIPT  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

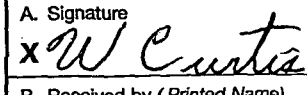
**OFFICIAL**

Postage \$ 1.39  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.49

The Arc of the US Inc.  
1050 Connecticut Ave NW  
Washington, DC 20036

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

1. Article Addressed to:  
The Arc of the US Inc.  
1050 Connecticut Ave NW Ste 800  
Washington, DC 20036

A. Signature   Agent  Addressee

B. Received by (Printed Name) W Curtis C. Date of Delivery 12-28-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 3413

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

9406 9290 0005 0000 0100 0070 7006

U.S. Postal Service™  
**CERTIFIED MAIL™** RECEIPT  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

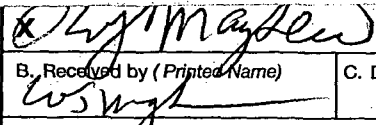
**OFFICIAL**

Postage \$ 1.39  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.49

McKay Oil & Gas LLC  
PO Box 14738  
Albuquerque, NM 87112

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

1. Article Addressed to:  
McKay Oil & Gas LLC  
PO Box 14738  
Albuquerque, NM 87191-4738

A. Signature   Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 3420

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

Tiva Abeyta Garcia  
 823 N Park Ave  
 Montrose, CO 81401

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:  
  
 Tiva Abeyta Garcia  
 823 N Park Ave  
 Montrose, CO 81401

A. Signature  
*Tiva Abeyta Garcia*  
 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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3437

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

MHT Properties Ltd  
 3840 Windsor Ln  
 Dallas, TX 75205

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:  
  
 MHT Properties Ltd  
 3840 Windsor Ln  
 Dallas, TX 75205

A. Signature  
*Amy*  
 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 Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3444

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

Valentin Serrano  
 304 Spruce St.  
 South Elgin, IL 60177-1765

**SENDER: COMPLETE THIS**

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

1. Article Addressed to:  
  
 Valentin Serrano  
 304 Spruce St.  
 South Elgin, IL 60177-1765

A. Signature  
*Valentin Serrano*  
 Agent  
 Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery 12-20

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3451

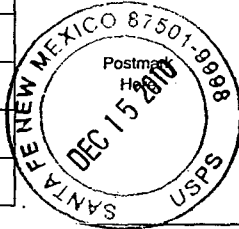
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$6.49</b>



William W. Bramlett  
PO Box 132255  
Spring, TX 77393

or instructions

7006 0100 0005 0626 3468

**U.S. Postal Service™  
CERTIFIED MAIL**  
(Domestic Mail Only; No Ins)

For delivery information visit our

**OFFICIAL USE**

Postage	\$ 1.3
Certified Fee	2.8
Return Receipt Fee (Endorsement Required)	2.3
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$6.4</b>

SENDER: COM

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

ON DELIVERY

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

1. Article Addressed to:

NM Taxation & Rev Dept.  
Unclaimed Property Div  
1200 S. St Francis Dr  
Santa Fe, NM 87509

2. Article Number  
(Transfer from service label)

A. Signature  Agent  
*Gene C. Fulgenzi*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
DEC 17 2010

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
GENE C. FULGENZI  
DEC 17 2010

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

4. Restricted Delivery (Extra Fee)  Yes

Send to:  
NM Taxation & Rev  
Unclaimed Property  
1200 S. St Francis  
Santa Fe, NM 87509

7006 0100 0005 0626 3475

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$6.49</b>



Williams Production Co LLC  
Dept 1111  
One Williams Ctr  
Tulsa, OK 74182

Instructions

7006 0100 0005 0626 3482

7006 0100 0005 0626 3499

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

SENDER: COMF

**RECEIVED MAIL**

ON DELIVERY

For delivery information visit our  
**OFFICIAL**

Postage	\$ 1.30
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.40

Oralia S. Rivera  
HC 74 Box 16  
Tierra Amarilla, NM 875

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

1. Article Addressed to:

Oralia S. Rivera  
HC 74 Box 16  
Tierra Amarilla, NM 87575-9601

A. Signature  
 Oralia S. Rivera  Agent  Addressee

B. Received by (Printed Name)  
Oralia S. Rivera

C. Date of Delivery  
12-16-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7006 0100 0005 0626 3499

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2614

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

SENDER: COMF

**RECEIVED MAIL**

ON DELIVERY

For delivery information visit our  
**OFFICIAL**

Postage	\$ .78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88

Adelante Oil & Gas LLC  
PO Box 2471  
Durango, CO 81302

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

1. Article Addressed to:

Adelante Oil & Gas LLC  
PO Box 2471  
Durango, CO 81302

A. Signature  
 Wendy Cox  Agent  Addressee

B. Received by (Printed Name)  
Wendy Cox

C. Date of Delivery  
12/20/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7006 0100 0005 0626 2614

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3512

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

SENDER: COMF

**RECEIVED MAIL**

ON DELIVERY

For delivery information visit our  
**OFFICIAL**

Postage	\$ 1.59
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.69

Renee Serrano  
PO Box 9692  
Albuquerque, NM 871

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Renee Serrano  
PO Box 9692  
Albuquerque, NM 87119

A. Signature  
 Ellen J. Cantford  Agent  Addressee

B. Received by (Printed Name)  
Ellen J. Cantford

C. Date of Delivery  
12-20-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7006 0100 0005 0626 3512

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 3529

U.S. Postal Service™  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

Chevron Midcontinent LP  
Prod Rev & Royalty Acctg  
PO Box 730365  
Dallas, TX 75373-0365

SENDER: COM1

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

1. Article Addressed to:

Chevron Midcontinent LP  
Prod Rev & Royalty Acctg  
PO Box 730365  
Dallas, TX 75373-0365

A. Signature  Agent  Addressee

B. Received by (Printed Name) *DEC 18 2010*

D. Is delivery address different from item 1?  Yes  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 3529

7006 0100 0005 0626 3536

U.S. Postal Service™  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

Rita Wasilevich  
1860 Ski Slope Circle  
Las Vegas, NV 89117

SENDER: COM1

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

1. Article Addressed to:

Rita Wasilevich  
1860 Ski Slope Circle  
Las Vegas, NV 89117

A. Signature  Agent  Addressee

B. Received by (Printed Name) *Rita M Wasilevich* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 3536

7006 0100 0005 0626 3543

U.S. Postal Service™  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

ConocoPhillips Co.  
22295 Network Pl  
Chicago, IL 60673-1222

SENDER: COMPL

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

1. Article Addressed to:

ConocoPhillips Co.  
22295 Network Pl  
Chicago, IL 60673-1222

A. Signature  Agent  Addressee

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

D. Is delivery address different from item 1?  Yes  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 3543

7006 0100 0005 0626 3550

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

Robert Edmund & Gay S Beam  
2603 Augusta Ste #1050  
Houston, TX 77057

**SENDER: COMPLETE**

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

1. Article Addressed to:

Robert Edmund & Gay S Beam Liv Tr  
2603 Augusta Ste #1050  
Houston, TX 77057

Signature

*R. M. Weber*  
Received by (Printed Name)  
*R. Weber*

Agent  
 Addressee

C. Date of Delivery  
12-20-10

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3550

102595-02-M-1540

2. Article Number  
(Transfer from service label)

Domestic Return Receipt

7006 0100 0005 0626 3567

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

Diannes Oil & Gas LLC  
160 Balfour Dr.  
Daniel Island, SC 29492

**SENDER: COMPLETE**

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

1. Article Addressed to:

Diannes Oil & Gas LLC  
160 Balfour Dr.  
Daniel Island, SC 29492

X

Signature  
*N. Smith*

Agent  
 Addressee

B. Received by (Printed Name)  
C. Date of Delivery  
12-28-10

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 3567

102595-02-M-1540

2. Article Number  
(Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004

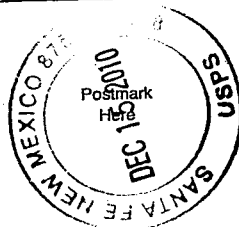
7006 0100 0005 0626 3574

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49



Edward M. Warner  
PO Box 480046  
Denver, CO 80248-0046

see for instructions

7006 0100 0005 0626 3611

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ 1.39  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.49

James D. & Patty M. Caulfield  
28102 Orsola  
Mission Viejo, CA 92692

**SENDER: COMPLETE THIS SECTION** **IN DELIVERY**

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

1. Article Addressed to:  
James D. & Patty M. Caulfield Tr.  
28102 Orsola  
Mission Viejo, CA 92692

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3611

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X P. Caulfield  
 B. Received by (Printed Name) P. Caulfield C. Date of Delivery

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

7006 0100 0005 0626 3632

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ 1.39  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.49

Mary Colleen Caulfield  
65174 High Ridge Dr.  
Bend, OR 97701

**SENDER: COMPLETE THIS SECTION** **IN DELIVERY**

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

1. Article Addressed to:  
Mary Colleen Caulfield Guy  
65174 High Ridge Dr.  
Bend, OR 97701

2. Article Number 7006 0100 0005 0626 3632

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X M. Guy  
 B. Received by (Printed Name) M. Guy C. Date of Delivery 12-18-10

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

7006 0100 0005 0626 3635

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ 1.39  
Certified Fee 2.81  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.49

Thomas L. Caulfield  
14547 Ranchview Terrace  
Chino Hills, CA 91709

**SENDER: COMPLETE THIS SECTION** **IN DELIVERY**

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

1. Article Addressed to:  
Thomas L. Caulfield  
14547 Ranchview Terrace  
Chino Hills, CA 91709

2. Article Number (Transfer from service label) 7006 0100 0005 0626 3635

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature  Agent  Addressee  
 X T. Caulfield  
 B. Received by (Printed Name) T. Caulfield C. Date of Delivery

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

CHINO HILLS CA 91709  
DEC 20 2010

7006 0100 0005 0626 3581

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**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

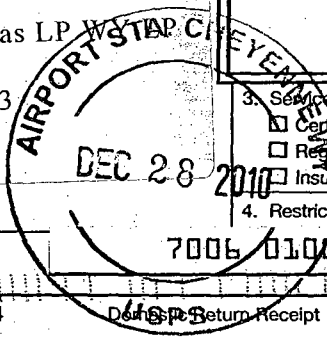
Greene Fam Oil & Gas LP V  
PO Box 3167  
Cheyenne, WY 82003

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Greene Fam Oil & Gas LP V  
PO Box 3167  
Cheyenne, WY 82003



2. Article Number (Transfer from service label)

7006 0100 0005 0626 3581

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Shelly Erickson*

B. Received by (Printed Name)  Agent  Addressee  
 Shelly Erickson

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

7006 0100 0005 0626 3598

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**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

James B. Fullerton  
621 17th St Ste 1040  
Denver, CO 80293



Use for Instructions.

7006 0100 0005 0626 3604

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

James B. & Barbara A. Fullerton  
621 17th St Ste 1040  
Denver, CO 80293



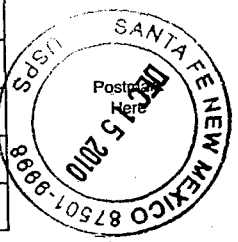
Use for Instructions.

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>



*Returned*

Trans Delta Oil & Gas Inc.  
 1330 Leyden St.  
 Denver, CO 80220

See back for instructions

249E 9290 5000 0010 9002

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

**SENDER'S CERTIFIED MAIL SECTION ON DELIVERY**

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

1. Article Addressed to:

WRW Energy Co.  
 600 17th St. Suite 2800 South  
 Denver, CO 80202

A. Signature: *Adam Gallegos*  Agent  Addressee

B. Received by (Printed Name): *Adam Gallegos* C. Date of Delivery: *12-17-10*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): **7002 0100 0005 0626 3659**

**SENDER'S CERTIFIED MAIL SECTION ON DELIVERY**

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

1. Article Addressed to:

BP America Production Co.  
 Attn: OOJI  
 PO Box 848103  
 Dallas, TX 75284-8103

A. Signature: *OOJI*  Agent  Addressee

B. Received by (Printed Name): *OOJI* C. Date of Delivery: *DEC 17 2010*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label): **7006 0100 0005 0626 3666**

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**OFFICIAL USE**

Postage	\$ 1.39
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.49</b>

BP America Production  
 Attn: OOJI  
 PO Box 848103  
 Dallas, TX 75284-8103

999E 9290 5000 0010 9002