

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

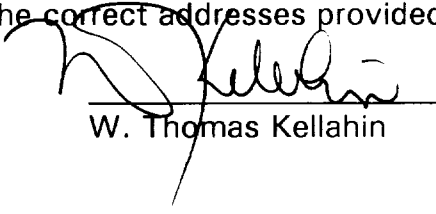
In the matter of the hearing called
by the Oil Conservation Division
for the purpose of considering:

CASE NO. 11284

Application of Meridian Oil Inc.
for Downhole Commingling,
Sunray H Com Well No.6, A-11-30N-10W
San Juan County, New Mexico.

**CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Meridian Oil Inc., states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 25th day of April, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for May 18, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.


W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 17th day of May, 1995.


Notary Public

My Commission Expires: June 15, 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Richard W Rowell
3455 Sunridge Drive South
Salem, OR 97302

4a. Article Number
091 495 969

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

2 091 495 969

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail.
(See Reverse)

Sent to
Richard W Rowell
3455 Sunridge Drive South
Salem, OR 97302

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Billie-Dalenewbro Williams
6556 Rosebay Street
Long Beach, CA 90808

4a. Article Number
091 495 967

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-2-95

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

2 091 495 967

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail.
(See Reverse)

Billie-Dalenewbro Williams
6556 Rosebay Street
Long Beach, CA 90808

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Olive C. Gerlach
1189 W. Camino Sagasta
Green Valley, AZ 85614

4a. Article Number
091 495 965

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

2 091 495 965

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail.
(See Reverse)

Sent to
Olive C. Gerlach
1189 W. Camino Sagasta
Green Valley, AZ 85614

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$

10, March 1993

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)

April 25 1995

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Gordon L. Gottstein
9433 North East 14
Bellevue, WA 98004

4a. Article Number

091 495 964

4b. Service Type

- ☒ Registered ☐ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

4-29

5. Signature (Addressee)

Gordon L. Gottstein

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

2 091 495 964



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Gordon L. Gottstein
9433 North East 14
Bellevue, WA 98004

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)

April 25, 1995

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and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jay Gottstein, Trustee
Jay Gottstein Trust
577 Dogwood Road
Lake Ozarks, MO 65049

4a. Article Number

091 495 963

4b. Service Type

- ☒ Registered ☐ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

Jay Gottstein

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

2 091 495 963



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Jay Gottstein, Trustee
Jay Gottstein Trust
577 Dogwood Road
Lake Ozarks, MO 65049

Special Delivery Fee

2 091 495 963

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)

April 25, 1995

- We
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le number,
d the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Benjamin Joseph Mansfield
2615 Everett Drive
Reno, NV 89503

4a. Article Number

091 495 959

4b. Service Type

- ☒ Registered ☐ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

4/29/95

5. Signature (Addressee)

B. J. Mansfield

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Benjamin Joseph Mansfield
2615 Everett Drive
Reno, NV 89503

00, March 1993

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom,
Date, and Addressee's Address

TOTAL Postage
& Fees

\$

Postmark or Date

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95) k if space
April 25, 1995 article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Youngblood Family Trust
c/o Walter P Youngblood
2292 Roth Place
White Bear Lake, MN 55110

4a. Article Number
091 495 955

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
Walter P. Youngblood

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 091 495 955



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Youngblood Family Trust
c/o Walter P Youngblood
2292 Roth Place
White Bear Lake, MN 55110

Z 091 495 945

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95) space
April 25, 1995 e number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
ENCAP Investments LC
6688 N. Central Expy,
Ste. 1100
Dallas, TX 75206

4a. Article Number
091 495 945 CHN

4b. Service Type
☒ Certified ☐ Insured
☐ Express Mail ☐ COD
☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)
Bill Young

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

ENCAP Investments LC
6688 N. Central Expy,
Ste. 1100
Dallas, TX 75206

Z 091 495 945

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95) article number.
April 25, 1995 d and the date
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Walter P Youngblood, Trustee
Rose M Blount Estate
2292 Roth Place
White Bear Lake, MN 55110

4a. Article Number
091 495 943

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
Walter P. Youngblood

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

1800, March 1993



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Walter P Youngblood, Trustee
Rose M Blount Estate
2292 Roth Place
White Bear Lake, MN 55110

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach to the reverse of this form.
• Write the date delivered.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
El Paso Production Company
3535 E. 30th Street
Farmington, NM 87402

4a. Article Number
091 495 937

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4-26-95

5. Signature (Addressee)

6. Signature (Agent)
Carolyn Curry

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 091 495 937



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

El Paso Production Company
3535 E. 30th Street
Farmington, NM 87402

Z 091 495 957

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach to the reverse of this form.
• Write the date delivered.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Aline G. Miller
1915 Holiday Road
Newport Beach, CA 92660

4a. Article Number
091 495 957

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
APR 28 1995

5. Signature (Addressee)
Aline G. Miller

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Aline G. Miller
1915 Holiday Road
Newport Beach, CA 92660

Z 091 495 936

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach to the reverse of this form.
• Write the date delivered.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Robert Unbach
c/o Total Minatome Corp.
POB 201769
Houston, TX 77216-1769

4a. Article Number
091 495 936

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
APR 28 1995

5. Signature (Addressee)

6. Signature (Agent)
L. DUPREE

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Robert Unbach
c/o Total Minatome Corp.
POB 201769
Houston, TX 77216-1769

1800, March 1993

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
Meridian/Sunray(05/18/95)
April 25, 1995

• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Devon Energy Corp.
1500 Mid American Tower
20 North Broadway
Oklahoma City, OK 73102-8250
Attn: Mr. Steve Cromwell

4a. Article Number
091 495 938
4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
4-26

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)
Dan Reynolds

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

2 091 495 938



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Devon Energy Corp.
1500 Mid American Tower
20 North Broadway
Oklahoma City, OK 73102-8250
Attn: Mr. Steve Cromwell

2 091 495 939

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
Meridian/Sunray(05/18/95)
April 25, 1995

• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Vastar Resources Inc.
15375 Memorial Drive
Houston, TX 77079
Attn: Carrie Shull

4a. Article Number
091 495 939
4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery
4/27/95

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)
[Signature]

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Vastar Resources Inc.
15375 Memorial Drive
Houston, TX 77079
Attn: Carrie Shull

Special Delivery Fee	
Restricted Delivery Fee	

2 091 495 940

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this to you.
• Attach does not
• Write
• The Return Receipt will show to whom the article was delivered and the date delivered.
Meridian/Sunray(05/18/95)
April 25, 1995

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Minerals Management Service
Royalty Management Program
POB 5810
Denver, CO 80217-5810

4a. Article Number
091 495 940
4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise
7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)
P.O. BOX 5854
DENVER, CO 80206

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Minerals Management Service
Royalty Management Program
POB 5810
Denver, CO 80217-5810

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

3800, March 1993
Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form.

Meridian/Sunray(05/18/95)

April 25, 1995

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jane Barbara Baer Estate
1st Interstate Bank Denver
POB 5825
Denver, CO 80217
Attn: Trust Minerals 023

4a. Article Number

4b. Service Type

☒ Registered☐ Certified☐ Express Mail☐ Insured☐ COD☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

2 091 495 941

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Street and No.

Jane Barbara Baer Estate
1st Interstate Bank Denver
POB 5825
Denver, CO 80217
Attn: Trust Minerals 023

Restricted Delivery Fee

2 091 495 944

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form.

Meridian/Sunray(05/18/95)

April 25, 1995

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number.

the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ruth Demeree
15 Terrace Hill Road
Bainbridge, NY 13733

4a. Article Number

4b. Service Type

☒ Registered☐ Certified☐ Express Mail☐ Insured☐ COD☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Street and No.

Ruth Demeree
15 Terrace Hill Road
Bainbridge, NY 13733

2 091 495 946

**Receipt for Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

George W Unbach
c/o Total Minatome Corp
POB 201769
Houston, TX 77216-1769

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form.

Meridian/Sunray(05/18/95)

April 25, 1995

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

George W Unbach
c/o Total Minatome Corp
POB 201769
Houston, TX 77216-1769

4a. Article Number

4b. Service Type

☒ Registered☐ Certified☐ Express Mail☐ Insured☐ COD☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

L. DUPREE

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

3800, March 1993

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, and Addressee's Address

TOTAL Postage & Fees

Postmark or Date

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Moore Loyal Trust
403 N. Marienfeld
Midland, TX 79701-4397

4a. Article Number
091 495 947

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4-27-95

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 091 495 947



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Moore Loyal Trust
403 N. Marienfeld
Midland, TX 79701-4397

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Conoco Inc
10 Desta Drive
Ste 100W
Midland, TX 79705-4500
Attn: Jerry Hoover

4a. Article Number
091 495 948

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4-27-95

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 091 495 948



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Conoco Inc
10 Desta Drive
Ste 100W
Midland, TX 79705-4500
Attn: Jerry Hoover

Special Delivery Fee	
----------------------	--

2 091 495 948

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Amoco Production Company
POB 800
Denver, CO 80201

4a. Article Number
091 495 949

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4-27-95

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

300, March 1993



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Amoco Production Company
POB 800
Denver, CO 80201

Special Delivery Fee	
Restricted Delivery Fee	
Postage	\$

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.

Meridian/Sunray(05/18/95)
April 25, 1995

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
John Lee Turner
POB 797215
Dallas, TX 75379-7215

4a. Article Number
091 495 951

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
APR 25 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)
John Lee Turner

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

2 091 495 951



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
John Lee Turner
POB 797215
Dallas, TX 75379-7215

2 091 495 952

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.

Meridian/Sunray(05/18/95)
April 25, 1995

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
J Glenn Turner Jr
3131 Turtle Creek Blvd
Ste 1201
Dallas, TX 75219

4a. Article Number
091 495 952

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4/28/95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)
J Glenn Turner Jr

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
J Glenn Turner Jr
3131 Turtle Creek Blvd
Ste 1201
Dallas, TX 75219

193

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing	

2 091 495 954

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.

Meridian/Sunray(05/18/95)
April 25, 1995

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Elizabeth Jeanne Turner Calloway
4801 St Johns Drive
Dallas, TX 75205

4a. Article Number
091 495 954

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
4/27/95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Elizabeth Jeanne Turner Calloway

6. Signature (Agent)
Elizabeth Jeanne Turner Calloway

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

1800, March 1993

Sent to
Elizabeth Jeanne Turner Calloway
4801 St Johns Drive
Dallas, TX 75205

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return it to you.
• Attach this form to the back of the mail piece.
• Write the date.
• The delivery date.

Meridian/Sunray(05/18/95)
April 25, 1995

3. Article Addressed to:
Frederick Eugene Turner
One Energy Square
Ste 853
4925 Greenville Ave
Dallas, TX 75205

4a. Article Number
091 495 953

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
4-27-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Frederick Eugene Turner

6. Signature (Agent)

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Frederick Eugene Turner
One Energy Square
Ste 853
4925 Greenville Ave
Dallas, TX 75205

Special Delivery Fee	
Restricted Delivery Fee	

Z 091 495 953

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return it to you.
• Attach this form to the back of the mail piece.
• Write the date.
• The delivery date.

Meridian/Sunray(05/18/95)
April 26, 1995

3. Article Addressed to:
Mary R Hawkins
2805 Argyle Drive South
Salem, OR 97302

4a. Article Number
091 495 962

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
29 April 95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Mary R Hawkins

6. Signature (Agent)

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Mary R Hawkins
2805 Argyle Drive South
Salem, OR 97302

Z 091 495 962

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return it to you.
• Attach this form to the back of the mail piece.
• Write the date.
• The delivery date.

Meridian/Sunray(05/18/95)
April 26, 1995

3. Article Addressed to:
Suzanne Martha Newbro
POB 1355
Post Falls, ID 83854

4a. Article Number
206 001 985

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
4-29-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)
Suzanne Martha Newbro

6. Signature (Agent)
Wayne Kozel

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to
Suzanne Martha Newbro
POB 1355
Post Falls, ID 83854

Special Delivery Fee	
Restricted Delivery Fee	

3800, June 1991

Meridian/Sunray(05/18/95)
April 26, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this to you.

Meridian/Sunray(05/18/95)
April 26, 1995

- Attach to envelope.
- Write on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

San Juan Basin Pool, Ltd
POB 1237
Panhandle, TX 79068

at we can
f space
icle number
and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

091 495 968

4b. Service Type

- ☒ Registered ☐ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

4-28-95

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

2 091 495 968



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

San Juan Basin Pool, Ltd
POB 1237
Panhandle, TX 79068

Special Delivery Fee

2 091 495 971



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

David P Rowell
565 Leffelle Street South
Salem OR 97302

Special Delivery Fee

Restricted Delivery Fee

2 091 495 972



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Patricia Parker
Life Estate
3202 Bridle Path Ct
Garland, TX 75044

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom
Date, and Addressee's Address

TOTAL Postage
& Fees

\$

Meridian/Sunray(05/18/95)
April 26, 1995

10, March 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this to you.

Meridian/Sunray(05/18/95)
April 26, 1995

- Attach to envelope.
- Write on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

David P Rowell
565 Leffelle Street South
Salem OR 97302

4a. Article Number

091 495 971

4b. Service Type

- ☒ Registered ☐ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

4-28-95

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this to you.

Meridian/Sunray(05/18/95)
April 26, 1995

- Attach to envelope.
- Write on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Patricia Parker
Life Estate
3202 Bridle Path Ct
Garland, TX 75044

4a. Article Number

091 495 972

4b. Service Type

- ☒ Registered ☒ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

4-29-95

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

★U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 26, 1995

space
number
the date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Ann Lockie
146 N Gunston Drive
Los Angeles, CA 90049

4a. Article Number
091 495 961

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-11-95

5. Signature (Addressee)
Ann Lockie

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Ann Lockie
146 N Gunston Drive
Los Angeles, CA 90049

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Fee	

091 495 961

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 26, 1995

space
number
the date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Gaynor Newbro Willson
11902 Central Ave
Apt 117A
Chino, CA 91710

4a. Article Number
091 495 966

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-12-95

5. Signature (Addressee)
Gaynor Newbro Willson

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Gaynor Newbro Willson
11902 Central Ave
Apt 117A
Chino, CA 91710

Special Delivery Fee	
Restricted Delivery Fee	

091 495 966

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.

Meridian/Sunray(05/18/95)
April 26, 1995

space
number
the date

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
William Hall Newbro, Jr
534 E Cornell Drive
Burbank, CA 91504

4a. Article Number
670 814 321

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-2-95 MAY 02 1995

5. Signature (Addressee)
William Hall Newbro, Jr

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

William Hall Newbro, Jr
534 E Cornell Drive
Burbank, CA 91504

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Meridian/Sunray(05/18/95)
April 26, 1995

3800 June 1990

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach does not
- Write "Meridian/Sunray(05/18/95)"
- The Ret April 25, 1995

3. Article Addressed to:
David G Newbro
2016 Vista Cajon
Newport Beach, CA 92660

4a. Article Number
091 495 956

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

David G Newbro
2016 Vista Cajon
Newport Beach, CA 92660

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not
- Write "Meridian/Sunray(05/18/95)"
- The Ret April 25, 1995

3. Article Addressed to:
Donna Mellenthin
3318 Oakdell Road
Studio City, CA 91604

4a. Article Number
091 495 958

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Donna Mellenthin
3318 Oakdell Road
Studio City, CA 91604

Special Delivery Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach does not
- Write "Meridian/Sunray(05/18/95)"
- The Ret April 25, 1995

3. Article Addressed to:
Palmer L Long
6352 Reubens Drive
Huntington Beach, CA 92647

4a. Article Number
091 495 960

4b. Service Type
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
5-3-95

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

Thank you for using Return Receipt Service.



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Palmer L Long
6352 Reubens Drive
Huntington Beach, CA 92647

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

300, March 1993

Meridian/Sunray(05/18/95)
April 25, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form.

Meridian/Sunray(05/18/95)

April 26, 1995

3. Article Addressed to:

Lucile O Quigley trustee
Lucile O Quigley Trust
POB 1107
Salem, OR 97308

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

we can

space

number,

the date

4a. Article Number

091 495 970

4b. Service Type

- ☒ Registered ☐ Insured
- ☐ Certified ☐ COD
- ☐ Express Mail ☒ ~~Registered~~ ~~Insured~~ ~~COD~~ ~~Express Mail~~

7. Date of Delivery

5/1/95

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 091 495 970



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Lucile O Quigley trustee
Lucile O Quigley Trust
POB 1107
Salem, OR 97308

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

Meridian/Sunray(05/18/95)
April 26, 1995

PS 100, March 1993