

Submitted by:  
McElvain Oil & Gas Properties, Inc.  
Hearing Date: September 20, 2001

7000 0520 0022 9542 6013

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage)		<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____		Article Addressed to:  Arriba Company Ltd. P. O. Box 35304 Tulsa, OK 74153		A. Received by (Please Print Clearly) <u>C. R. MORRIS</u> B. Date of Delivery <u>5-16-99</u> C. Signature <u>X C R Morris</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
Recipient: Arriba Company Ltd. P. O. Box 35304 Tulsa, OK 74153		Article Number (Copy from service label) <u>7000-0520-0022-9542-6013</u>		3. Service Type <u>Return Rept.</u> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7000 0520 0022 9542 6020

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage)		<b>SENDER: COMPLETE THIS SECTION</b> 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.		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		Article Addressed to:  Hooper, Kimball & Williams, Inc. 5550 South Lewis, Suite 301 Tulsa, OK 74105		A. Received by (Please Print Clearly) <u>[Signature]</u> B. Date of Delivery <u>5-15</u> C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
Recipient: Hooper, Kimball & Williams, Inc. 5550 South Lewis, Suite 301 Tulsa, OK 74105		Article Number (Copy from service label) <u>7000 0520 0022 9542 6020</u>		3. Service Type <u>Return Rept</u> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7099 3220 0006 3444 5477

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

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

May

Post Office

Name: **Noseco Corporation**      **NOS**  
 7400 East Murray Drive      **7400**  
 Street: **Reno, Nevada 89511**      **REN**  
 City, State, Zip

PS Form 3800, July 1999      See Reverse for Instructions

**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.

Article Addressed to:

**NOSECO CORPORATION**  
**7400 LAKESIDE DRIVE**  
**RENO, NV 89511**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery  
*HAROLD M. HANSEN*      *5/31/99*  
 C. Signature       Agent  
 Addressee  
 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

Article Number (Copy from service label): **7099 3220 0006 3444 5477**  
 3811, July 1999      Domestic Return Receipt      102595-00-M-0952

7099 3220 0006 3444 5464

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

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

Mo

Post Office

Name: **NM&O Operating Company**  
 6 East 5<sup>th</sup> Street, Suite 200  
 Street: **Tulsa, OK 74103**  
 City, State, Zip

PS Form 3800, July 1999      See Reverse for Instructions

**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.

Article Addressed to:

**NM&O Operating Company**  
**6 East 5<sup>th</sup> Street, Suite 200**  
**Tulsa, OK 74103**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery  
*Helex Thomas*      *5/19*  
 C. Signature       Agent  
 Addressee  
 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

Article Number (Copy from service label): **7099 3220 0006 3444 5464**  
 PS Form 3811, July 1999      Domestic Return Receipt      102595-00-M-0952

7099 3220 0006 3444 5877

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

(Domestic Mail Only; No Insurance Coverage)

**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.

Article Addressed to:

Petco Limited  
P. O. Box 911  
Breckenridge, TX 76424-0911

Article Number (Copy from service label)

7099 3220 0006 3444 5877

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Cheryl Bird B. Date of Delivery 5-14-01  
C. Signature Cheryl Bird  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

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

Article Sent To:

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

May

Name: Petco Limited  
P. O. Box 911  
Street: Breckenridge, TX 76424-0911  
City, St:

PS Form 3800, July 1999

See Reverse for

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0005 9425 5233

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

(Domestic Mail Only; No Insurance Coverage)

**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.

Article Addressed to:

Ibex Partnership  
P. O. Box 911  
Breckenridge, TX 76424-0911

Article Number (Copy from service label)

7099 3220 0005 9425 5233

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Cheryl Bird B. Date of Delivery 5-14-01  
C. Signature Cheryl Bird  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

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

Article Sent To:

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

May

Name (P): Ibex Partnership  
P. O. Box 911  
Street, A: Breckenridge, TX 76424-0911  
City, St:

PS Form 3800, July 1999

See Reverse for

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0006 3444 5907

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

(Domestic Mail Only; No Insurance Coverage) **SENDER: COMPLETE THIS SECTION**

Article Sent To:

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.

Article Addressed to:

Carolyn Clark Oatman  
Drawer 310  
Bastrop, TX 78602

Name (i) Carolyn Clark Oatman  
Drawer 310  
Street, Bastrop, TX 78602  
City, St

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Jill Green B. Date of Delivery 5/15/01

C. Signature Jill Green  Agent  Addressee

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

3. Service Type RETURN RCPT

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, July 1999

See Rev

Article Number (Copy from service label)

7099 3220 0006 3444 5907

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0005 9425 5226

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

(Domestic Mail Only; No Insurance Coverage) **SENDER: COMPLETE THIS SECTION**

Article Sent To:

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.

Article Addressed to:

Premier Operating Co.  
P. O. Box 35984  
Tulsa, OK 74153-0984

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

Name (Please) Premier Operating Co.  
P. O. Box 35984  
Street, Apt. N Tulsa, OK 74153-0984  
City, State, Zi

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery 5-16-01

C. Signature [Signature]  Agent  Addressee

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, July 1999

See Rev

Article Number (Copy from service label)

7099 3220 0005 9425 5226

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0006 3444 5488

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

Article Sent To:

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

Name (Print)  
Street, Apt.  
City, State

Neumann Family Trust  
c/o Peter C. Neumann  
P. O. Box 1170  
Reno, NV 89504

**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.

Article Addressed to:  
*Ma*  
Neumann Family Trust  
c/o Peter C. Neumann  
P. O. Box 1170  
Reno, Nevada 89504

Article Number (Copy from service label)  
7099 3220 0006 3444 5488

S Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
MAY 16 2001

C. Signature  
*X* *Peter C. Neumann*  Agent  Addressee

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, July 1999

See Reverse for Instructions

Domestic Return Receipt

102595-00-M-0952

7000 0520 0022 9542 5887

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

Article Sent To:

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

Recipient's Name (Print)  
Street, Apt.  
City, State

Williams Production Company  
P. O. Box 3102  
Tulsa, OK 74101

**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.

Article Addressed to:  
*May 1*  
Williams Production Company  
P. O. Box 3102  
Tulsa, OK 74101

Article Number (Copy from service label)  
7000 0520 0022 9542 5887

S Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
MAY 16 2001

C. Signature  
*X* *Stanley*  Agent  Addressee

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, February 2000

See Reverse for Instructions

Domestic Return Receipt

102595-00-M-0952

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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.

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

May

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

Gavilan Dome Properties  
1800 Cedarwood Drive  
Moraga, CA 94556

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X *[Signature]*

4a. Article Number  
7000-0520-0022-9542-6006

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

7. Date of Delivery  
5/14/01

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

Recipient: Gavilan Dome Properties  
1800 Cedarwood Drive  
Moraga, CA 94556

Street, Apt.  
City, State,

PS Form 3800, February 2000 See Reverse for

PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

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

(Domestic Mail Only; No Insurance Coverage)

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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.

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

May

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

Mesa Grande Ltd.  
6 East 5<sup>th</sup> Street, Suite 200  
Tulsa, OK 74103

5. Received By: (Print Name)  
Helen Thomas

6. Signature: (Addressee or Agent)  
X *[Signature]*

4a. Article Number  
7000-0520-0022-9542-5793

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

7. Date of Delivery  
5-14

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

Recipient: Mesa Grande Ltd.  
6 East 5<sup>th</sup> Street, Suite 200  
Tulsa, OK 74103

Street, Apt.  
City, State,

PS Form 3800, February 2000 See Reverse for

PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

7000 0520 0022 9542 5993

*Return Coeysa Com 5-2*

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

7099 3220 0006 3444 5884

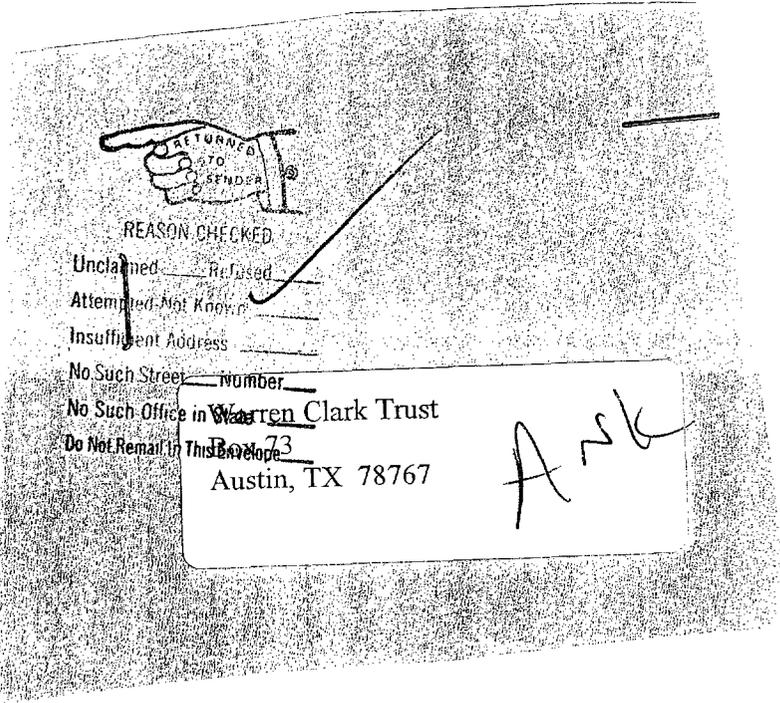
Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total F</b>	

*May 11*  
Postmark Here

Name: Warren Clark Trust  
Box 73  
Street: Austin, TX 78767  
City, St:

PS Form 3800, July, 1999 See Reverse for Instructions



**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.

Article Addressed to:

Warren Clark Trust  
Box 73  
Austin, TX 78767

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Article Number (Copy from service label)  
*7099 3220 0006 3444 5884*

*Reverse Copy #5-2*

**RETURNED TO SENDER**

**REASON CHECKED**

Unclaimed  Refused

Attempted Not Known

Insufficient Address

No Such Street  Number

No Such Office in State

Do Not Remail in This Envelope

Testamentary Trust u/w/o W. Clark  
Box 1846  
Austin, TX 78767

*AAK*

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

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Postmark Here: *May 11*

Name (Testamentary Trust u/w/o W. Clark)  
Street, Box 1846  
City, St. Austin, TX 78767

PS Form 3811, July 1999 See Reverse for Instructions

7099 3220 0006 3444 5891

**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:

Testamentary Trust u/w/o W. Clark  
Box 1846  
Austin, TX 78767

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

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 (Copy from service label)  
7099 3220 0006 3444 5891

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

**CERTIFIED MAIL**

7099 3220 0006 3444 5891

**Return Receipt Requested**

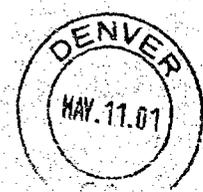
CERTIFIED MAIL



7000 0520 0022 9542 5986

Return Receipt Requested

REQUEST



3000013433



278314

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

7000 0520 0022 9542 5986

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

M

Recip Mesa Grande Resources, Inc.  
1318 Philtower Bldg  
Street, Tulsa, OK 74103  
City, S

PS Form 3800, February 2000 See Reverse

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- 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):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Mesa Grande Resources, Inc.  
1318 Philtower Bldg  
Tulsa, OK 74103

4a. Article Number  
7000-0520-0022 - Return Rept  
9542-5986

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

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

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

REASON CHECKED

Unclaimed

Refused

Attempted Not Known

Insufficient Address

No Such Street

No Such Number

No Such Office in State

Do not re-mail in this envelope

NOTICED  
5/17/01

Mesa Grande Resources, Inc.  
1318 Philtower Bldg  
Tulsa, OK 74103



Thank you for using Return Receipt