

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. 10510

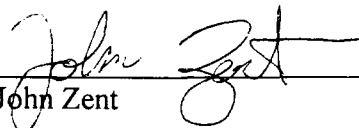
APPLICATION OF MERIDIAN OIL, INC.
FOR DOWNHOLE COMMINGLING AND FOR AN
ADMINISTRATIVE PROCEDURE FOR THE
HUERFANO UNIT, SAN JUAN COUNTY,
NEW MEXICO

CERTIFICATE OF MAILING

AND

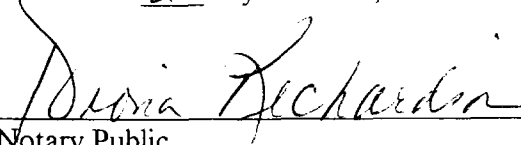
COMPLIANCE WITH ORDER R-8054

John Zent, 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 JULY 1, 1992, I caused to be mailed by certified mail return-receipt requested notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for JULY 23, 1992, to the parties shown in the application as evidenced by the attached copies of return receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



John Zent

SUBSCRIBED AND SWORN to before me this 23rd day of JULY, 1992.



Notary Public

My Commission Expires:

Oct 28, 1993

KELLAHIN, KELLAHIN AND AUBREY

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

W. THOMAS KELLAHIN
KAREN AUBREY

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW
*ALSO ADMITTED IN ARIZONA

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

JASON KELLAHIN (RETIRED (1991))

June 30, 1992

Mr. William J. LeMay
Oil Conservation Division
State Land Office Building
310 Old Santa Fe Trail, Room 218
Santa Fe, New Mexico 87501

HAND DELIVERED

RE: Application of Meridian Oil Inc.
for Downhole Commingling and for an
Administrative Downhole Commingling Procedure
for the Huerfano Unit, San Juan County, New
Mexico.

Dear Mr. LeMay:

On behalf of Meridian Oil Inc., we would appreciate you
setting the enclosed Application for a public hearing
on the Division's Examiner's docket now scheduled for
July 23, 1992.

By copy of this letter to all affected parties, we are
notifying them by certified mail-return receipt, that
they have the right to appear at the hearing, to make a
statement to the Division, to present evidence and
cross-examine witnesses either in support of or in
opposition to the application. Those parties are
directed to file a pre-hearing statement with the
Division and send a copy to the undersigned not later
than 4:00 PM on July 17, 1992.

Sincerely,



W. Thomas Kellahin

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:

RECEIVED

JUN 1 1961

OIL CONSERVATION DIVISION

APPLICATION OF MERIDIAN OIL INC.
FOR DOWNHOLE COMMINGLING AND FOR
AN ADMINISTRATIVE DOWNHOLE
COMMINGLING PROCEDURE FOR THE
HUERFANO UNIT, SAN JUAN COUNTY,
NEW MEXICO.

CASE:

A P P L I C A T I O N

Comes now MERIDIAN OIL INC., by and through its attorneys Kellahin, Kellahin & Aubrey, and applies to the New Mexico Oil Conservation Division for approval of an administrative procedure for the Huerfano Unit to downhole commingle production from the Gallegos Gallup Associated Pool and the Basin Dakota Gas Pool within the Huerfano Unit with the initial well for downhole commingling being its Huerfano Unit well #131, located

990 feet FWL and 880 feet FNL, (Unit D) Section 34, T26N, R10W, NMPM, San Juan County, New Mexico and in support thereof would state:

(1) Meridian Oil Inc. is the operator of the Huerfano Unit which consists of some 63,122, acres, more or less, as described on Exhibit A and as identified upon the plat attached as Exhibit B.

(2) Unit operations include the Huerfano Unit well #131, located in Unit C, Section 34, T26N, R10W, NMPM, San Juan County, New Mexico.

(3) The well was completed on May 19, 1991 as a gas well in the Basin Dakota Gas Pool with the N/2 of said Section 34 being dedicated to that production.

(4) Meridian proposes to recompleate the well as a downhole commingled oil-gas well between the Gallup formation and Basin Dakota Gas Pool.

(5) The subject well is located approximately two miles southeast of the Gallegos Gallup Associated Pool.

(6) Meridian anticipates that the Gallup formation at the location of the subject well will be a gas well and will be an extension of the Gallegos Gallup Associated Pool.

(7) The Gallegos Gallup Associated Pool spaces its gas wells on 320 acre gas spacing.

(8) Meridian proposes to dedicated the N/2 of said Section 34 to the Gallup production.

(9) In addition, Meridian further seeks an administrative procedure for obtaining further downhole commingling approvals for Gallup and Dakota wells within the Huerfano Unit without notice and hearing.

(10) Meridian has evaluated the potential to drill unit wells to the Gallup formation as a single completion, a dual completion with the Dakota or a downhole commingled completion with the Dakota.

(11) The only economic option is the downhole commingling of Gallup and Dakota production. This commingled production will be on a pump and compression until such time as lie pressures decrease. The gas production from the Dakota may also aid in the lifting of any Gallup oil.

(12) In accordance with Division Rule 303-C-1.(b), the Applicant states and will demonstrate at hearing:

1. That the commingling is necessary to permit the Gallup formation to be produced because it is

not otherwise economic to attempt to drill and complete a separate well for Gallup production.

2. That there will be no crossflow between the two zones commingled.

3. That while the ownership in each of the two participating areas is not common, the ownership interests in both pools have been fully committed to the Huerfano Unit. In addition, as a result of the ratification of that agreement by all royalty and working interest owners, the parties entitled to share in the production in the participating areas established for each subject pool have contractually agreed how they will participate and share in that production. Accordingly, no impairment of correlative rights will occur.

4. That it is expected that the bottom hole pressure of the lower pressure zone is not less than 50 percent of the bottom hole pressure of the higher pressure zone adjusted to a common datum.

5. That the value of the commingled production will not be less than the sum of the values of the individual production.

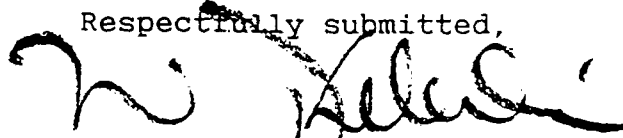
(13) Applicant seeks the approval of an allocation formula for the equitable distribution of production between the two pools based upon separate production tests of each zone prior to commingling.

(14) Applicant requests that this matter be docketed for hearing on the Division's Examiner docket now scheduled for July 23, 1992.

(15) Copy of this application has been sent to all offsetting operators and to the owners of interests in the affected production within the Huerfano Unit as set forth on Exhibit C.

WHEREFORE Applicant requests that this matter be set for hearing on July 23, 1992 before a duly appointed Examiner of the Oil Conservation Division and that after notice and hearing as required by law, the Division enter its order granting this application.

Respectfully submitted,



W. Thomas Kellahin
KELLAHIN, KELLAHIN & AUBREY
P. O. Box 2265
Santa Fe, New Mexico 87501
(505) 982-4285
Attorneys for Applicant

RUN DATE 06/26/92
RUN TIME 17:38:38

R E C A P I T U L A T I O N
SCHEDULE I

DESCRIPTION OF COMMITTED LANDS IN PARTICIPATING AREA:

DESCRIPTION OF NON-COMMITTED LANDS IN PARTICIPATING AREA:

TOWNSHIP 25N	RANGE 10W	TOWNSHIP 25N	RANGE 10W
SECTION 1	: ALL	SECTION 11	: SW/4
SECTION 10	: N/2, E/2 SE	SECTION 11	: NW/4
SECTION 12	: W/2 SE, SW/4	SECTION 11	: SE/4
SECTION 13	: N/2	SECTION 11	: NE/4
SECTION 13	: S/2	SECTION 2	: SW/4
SECTION 14	: S/2 SW	SECTION 2	: E/2 NW
SECTION 14	: N/2, SE/4, N/2 SW	SECTION 2	: SE/4
SECTION 3	: S/2	SECTION 2	: N/2 NE
SECTION 4	: N/2, SE/4, N/2 SW	SECTION 3	: N/2 NE, SE/NE
SECTION 4	: S/2	SECTION 3	: SW/NE
SECTION 4	: N/2, SE/4, N/2 SW	SECTION 3	: LOT 1
TOWNSHIP 25N	RANGE 9W	TOWNSHIP 25N	RANGE 9W
SECTION 10	: ALL	SECTION 16	: NE/NE
SECTION 11	: ALL	SECTION 16	: NE/SE
SECTION 14	: ALL	SECTION 16	: SW/SE
SECTION 15	: S/2, NE/4	SECTION 16	: SW/SE
SECTION 15	: NW/4	SECTION 16	: NW/SE
SECTION 16	: SE/SE	SECTION 16	: NW/NE
SECTION 16	: SE/SE	SECTION 2	: SE/SE
SECTION 16	: NW/SE	SECTION 2	: N/2 NE
SECTION 16	: NE/SE	SECTION 2	: S/2 NE
SECTION 16	: SE/NE, NW/4	TOWNSHIP 26N	RANGE 10W
SECTION 16	: SW/NE	SECTION 36	: NE/SE
SECTION 17	: NW/NE	TOWNSHIP 26N	RANGE 9W
SECTION 17	: E/2	SECTION 15	: ALL
SECTION 17	: SW/4, E/2 NW, SW/NW	SECTION 16	: SE/SE, NE/4
SECTION 18	: N/2, E/2 W/2, E/2 (ALL)	SECTION 16	: E/2 NW, SW/SE, N/2 SW
SECTION 2	: SW/NW, SE/SE, SW/SE	SECTION 32	: SW/NW
SECTION 2	: NW/SE	SECTION 32	: NE/NE, SW/NE, W/2 SE, SE/SE
SECTION 2	: NE/SE	SECTION 32	: RANGE 10W
SECTION 2	: SE/NW, N/2 SW, SW/SE	SECTION 19	: E/2
SECTION 3	: N/2, E/2 W/2, S/2 (ALL)	SECTION 30	: N/2, E/2 W/2, S/2 (ALL)
SECTION 4	: N/2, E/2 W/2, S/2 (ALL)	SECTION 34	: ALL
SECTION 5	: N/2, E/2 W/2, S/2 (ALL)	TOWNSHIP 27N	RANGE 11W
SECTION 6	: N/2, E/2 W/2, S/2 (ALL)	SECTION 24	: W/2
SECTION 7	: N/2, E/2 W/2, S/2 (ALL)	SECTION 24	: W/2
SECTION 7	: SE/SE	SECTION 24	: E/2
SECTION 8	: W/2 SW	SECTION 25	: ALL
SECTION 8	: N/2, SE/4, E/2 SW	SECTION 25	: ALL
SECTION 9	: ALL	SECTION 26	: W/2
TOWNSHIP 26N	RANGE 10W	SECTION 36	: W/2
SECTION 1	: SW/4	SECTION 36	: W/2
SECTION 1	: N/2, E/2 W/2, S/2 NE, SE/4		
SECTION 1	: N/2, E/2 W/2, S/2 NW		
SECTION 1	: E/2		
SECTION 10	: W/2		
SECTION 10	: SE/4		
SECTION 11	: NW/4		
SECTION 11	: SW/4		
SECTION 11	: NE/4		

RUN DATE 06/26/92
RUN TIME 17:38:38

DESCRIPTION OF COMMITTED LANDS IN PARTICIPATING AREA:

MERIDIAN OIL INC
SCHEDULE I
R E C A P I T U L A T I O N

DESCRIPTION OF NON-COMMITTED LANDS IN PARTICIPATING AREA:

SECTION 12	:	SE/4, NW/NW
SECTION 12	:	NE/4
SECTION 12	:	E/2 NW, SW/NW
SECTION 12	:	SW/4
SECTION 13	:	NE/4, SW/4
SECTION 13	:	SE/4
SECTION 14	:	NW/4
SECTION 14	:	SW/4
SECTION 14	:	SE/4
SECTION 14	:	NE/4
SECTION 15	:	N/2
SECTION 15	:	S/2
SECTION 16	:	SE/NW
SECTION 16	:	NE/NE, W/2 SE, SE/SE
SECTION 16	:	NW/NE, NW/SW
SECTION 16	:	SW/NW, SE/SW, NE/SE
SECTION 16	:	SW/NE
SECTION 16	:	N/2 NW, NE/SW, SW/SW
SECTION 17	:	S/2
SECTION 17	:	N/2
SECTION 18	:	LOTS 1-3, E/2 NW, NE/SW, NE/4, N/2SE
SECTION 18	:	LOT 4, SE/SW, S/2 SE
SECTION 19	:	LOT 4, SE/SW, S/2 SE
SECTION 19	:	LOTS 1&2, E/2 NW, NE/4
SECTION 19	:	LOT 3, NE/SW, N/2 SE
SECTION 2	:	E/2 SE
SECTION 2	:	SW/NE
SECTION 2	:	NE/NE (LOT 1)
SECTION 2	:	S/2 SW, SW/SE
SECTION 2	:	LOTS 2 & 3
SECTION 2	:	NE/SW, NW/SE
SECTION 2	:	S/2 NW, NW/SW
SECTION 2	:	LOT 4, SE/NE
SECTION 20	:	SW/4
SECTION 20	:	NW/4, SE/4
SECTION 20	:	NE/4
SECTION 21	:	NW/NE, SW/SE
SECTION 21	:	SW/4
SECTION 21	:	NW/4
SECTION 21	:	S/2 NE, N/2 SE, SE/SE
SECTION 21	:	NE/NE
SECTION 22	:	N/2 NW, SE/NW
SECTION 22	:	N/2 NE, SW/NE
SECTION 22	:	NE/SW
SECTION 22	:	W/2 SW, SW/NW
SECTION 22	:	S/2 NE
SECTION 22	:	SE/NE
SECTION 22	:	SE/4, SE/SW
SECTION 23	:	NW/4
SECTION 23	:	SW/4, S/2 NE, N/2 SE

RUN DATE 06/26/92
RUN TIME 17:38:38

MERIDIAN OIL, INC
SCHEDULE I
R E C A P I T U L A T I O N
DESCRIPTION OF NON-COMMITTED LANDS IN PARTICIPATING AREA:

PAGE 3
FED535AP-A

SECTION	DESCRIPTION OF COMMITTED LANDS IN PARTICIPATING AREA:
SECTION 23	: S/2 SE
SECTION 23	: N/2 NE
SECTION 24	: SW/4
SECTION 24	: E/2 NE, NW/NE
SECTION 24	: SW/NE, SE/4
SECTION 24	: NW/4
SECTION 25	: NW/4, N/2 NE
SECTION 25	: SE/4
SECTION 25	: SW/4
SECTION 25	: S/2 NE/4
SECTION 26	: ALL
SECTION 27	: W/2
SECTION 27	: E/2
SECTION 28	: S/2 NE, SW/4
SECTION 29	: N/2 SE
SECTION 29	: NW/4
SECTION 29	: N/2 NE
SECTION 29	: S/2 SE
SECTION 3	: LOTS 3&4, S/2 NW, SW/4
SECTION 3	: LOTS 1&2, SE/4, S/2 NE
SECTION 30	: LOTS 1&2, E/2 NW, E/2 NE, W/2 SE
SECTION 30	: W/2 NE, E/2 SE
SECTION 30	: LOTS 3&4, E/2 SW
SECTION 31	: NE/4
SECTION 31	: LOTS 1-4, E/2 W/2, W/2 SE, SE/SE
SECTION 31	: NE/SE
SECTION 32	: SW/NW
SECTION 32	: NW/SE
SECTION 32	: SE/NE, NE/SE, SW/SE
SECTION 32	: E/2 NW
SECTION 32	: SW/NE, SE/SE
SECTION 32	: SW/SW
SECTION 32	: NE/SW
SECTION 32	: NE/NE, SE/SW
SECTION 32	: NW/NE
SECTION 32	: NW/NW, NW/SW
SECTION 33	: NE/4, NE/NW
SECTION 33	: S/2
SECTION 33	: W/2 NW, SE/NW
SECTION 34	: N/2 NE/4
SECTION 34	: S/2
SECTION 34	: E/2 NW, S/2 NE
SECTION 34	: W/2 NW
SECTION 35	: W/2
SECTION 35	: E/2
SECTION 36	: NE/NW
SECTION 36	: SE/NW, SE/NE
SECTION 36	: SE/SW
SECTION 36	: N/2 SW, SW/SW, SW/SE
SECTION 36	: NW/NE, NW/NW

RUN DATE 06/26/92
RUN TIME 17:38:38

MERIDIAN OIL, INC
SCHEDULE I
R E C A P I T U L A T I O N
DESCRIPTION OF NON-COMMITTED LANDS IN PARTICIPATING AREA:
PAGE 4
FED535AP-A

DESCRIPTION OF COMMITTED LANDS IN PARTICIPATING AREA:

SECTION 36	:	SW/NW
SECTION 36	:	SW/NE
SECTION 36	:	NW/SE
SECTION 36	:	NE/NE
SECTION 36	:	SE/SE
SECTION 4	:	S/2
SECTION 4	:	LOTS 1-4, S/2 N/2 (N/2)
SECTION 5	:	LOTS 1-4, S/2 N/2, S/2 (A-L)
SECTION 6	:	E/2 SW/4
SECTION 6	:	LOTS 3-7, SE/NW
SECTION 6	:	LOTS 1&2, S/2 NE, SE/4
SECTION 7	:	LOTS 1-4, E/2 W/2, SE/4
SECTION 7	:	NE/4
SECTION 8	:	N/2 N/2
SECTION 8	:	SE/4
SECTION 8	:	SW/4
SECTION 8	:	S/2 N/2
SECTION 9	:	SE/4
SECTION 9	:	W/2
SECTION 9	:	NE/4
TOWNSHIP 26N	:	RANGE 11W
SECTION 1	:	LOTS 1-4, S/2 N/2, S/2 ALL
SECTION 12	:	E/2
TOWNSHIP 26N	:	RANGE 9W
SECTION 13	:	NW/4
SECTION 16	:	W/2 NW, SE/SW, W/2 SE
SECTION 16	:	NE/SE
SECTION 17	:	E/2
SECTION 17	:	W/2
SECTION 17	:	S/2 SE, NE/SE
SECTION 18	:	NW/SE
SECTION 18	:	LOTS 1-4, E/2 W/2, NE/4
SECTION 19	:	LOTS 1-4, E/2 W/2, E/2 (ALL)
SECTION 20	:	N/2, SW/4
SECTION 20	:	SE/4
SECTION 21	:	N/2
SECTION 21	:	S/2
SECTION 22	:	SW/4, S/2 SE, NW/SE
SECTION 22	:	N/2 N/2, SW/NW
SECTION 22	:	SE/NW
SECTION 22	:	NE/SE
SECTION 23	:	ALL
SECTION 26	:	N/2, SW/4
SECTION 26	:	SE/4
SECTION 27	:	W/2, SE/4
SECTION 27	:	NE/4
SECTION 28	:	ALL
SECTION 29	:	ALL
SECTION 30	:	LOTS 1-4, E/2 W/2, E/2 (ALL)
SECTION 31	:	LOTS 1-4, E/2 W/2, E/2 (ALL)
SECTION 32	:	NE/NW

RUN DATE 06/26/92
RUN TIME 17:38:38

SCHEDULE I
RECAPITULATION
DESCRIPTION OF NON-COMMITTED LANDS IN PARTICIPATING AREA

FED535AP-A

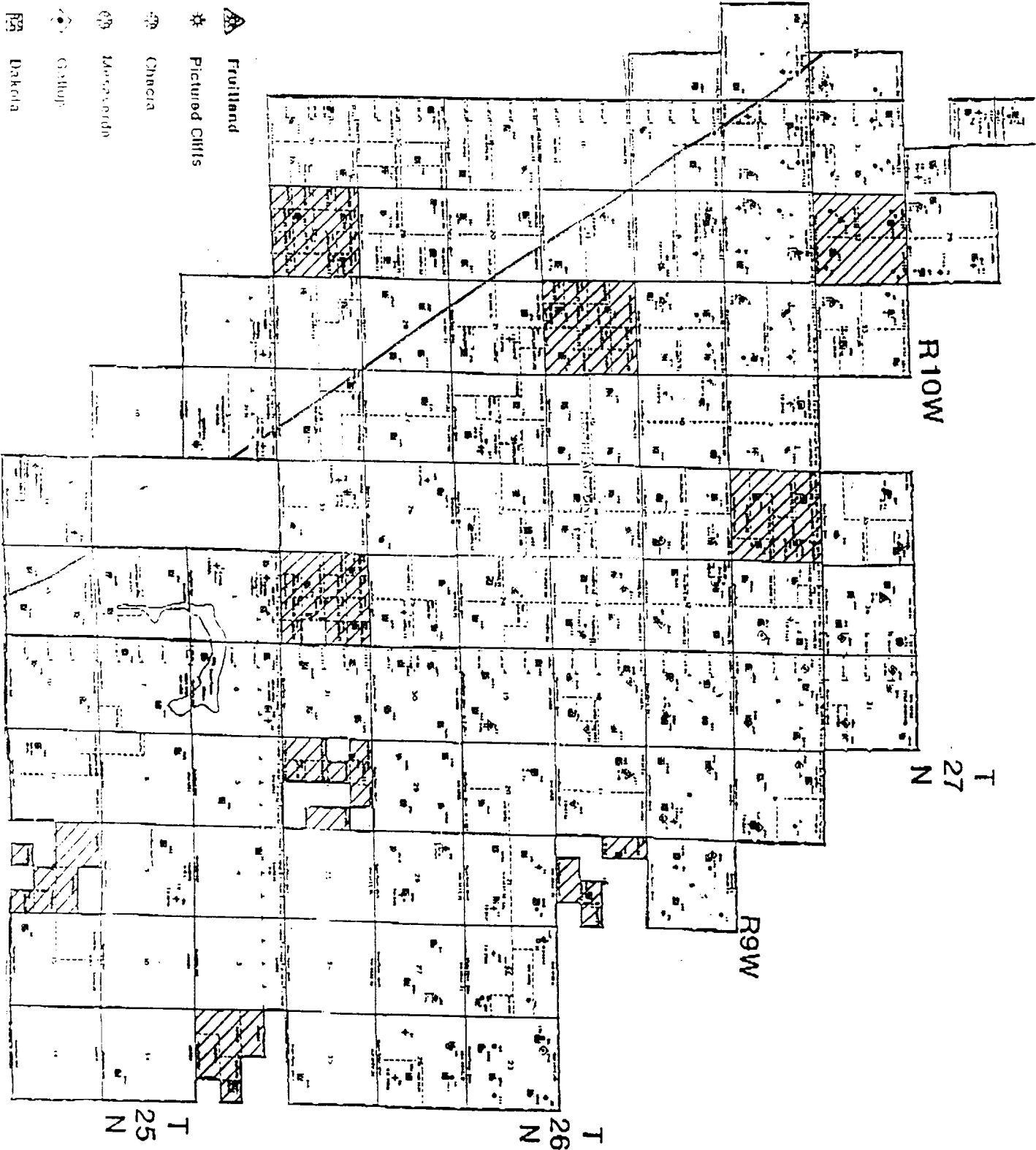
SECTION 32	:	NW/NE	:	
SECTION 32	:	NW/NW, SE/NW, SE/NE, SW/SW	:	
SECTION 32	:	NE/SE	:	
SECTION 32	:	N/2 SW	:	
SECTION 32	:	SE/SW	:	
SECTION 33	:	ALL	:	
SECTION 34	:	ALL	:	
SECTION 35	:	ALL	:	
SECTION 5	:	LOTS 3&4, S/2 NW, S/2	:	
SECTION 5	:	LOTS 1&2, S/2 NE	:	
SECTION 6	:	LOTS 1-7, SE/NW, E/2SW, S/2NE, SE/4	:	
SECTION 7	:	LOTS 1-4, E/2 W/2, E/2 (ALL)	:	
SECTION 8	:	ALL	:	
SECTION 9	:	ALL	:	
TOWNSHIP 27N	:	RANGE 10W	:	
SECTION 19	:	LOTS 3&4, E/2 SW	:	
SECTION 19	:	LOTS 1&2, E/2 NW	:	
SECTION 29	:	W/2	:	
SECTION 29	:	E/2	:	
SECTION 30	:	LOTS 1&2, E/2 NW, SE/4	:	
SECTION 31	:	LOTS 1-4, E/2 W/2, E/2 (ALL)	:	
SECTION 32	:	NW/4	:	
SECTION 32	:	SW/4	:	
SECTION 32	:	E/2	:	
SECTION 33	:	NE/4	:	
SECTION 33	:	N/2 SE, SW/4	:	
SECTION 33	:	S/2 SE	:	
SECTION 33	:	NW/4	:	
SECTION 35	:	S/2 S/2, N/2 SE	:	
SECTION 35	:	NW/4	:	
SECTION 35	:	N/2 SW	:	
SECTION 35	:	NE/4	:	
SECTION 36	:	LOTS 1-4, W/2 E/2, W/2 (ALL)	:	
TOWNSHIP 27N	:	RANGE 11W	:	
SECTION 36	:	E/2	:	
TOWNSHIP 27N	:	RANGE 9W	:	
SECTION 31	:	S/2 SE	:	
SECTION 31	:	LOTS 1-4, E/2 W/2, NE/4, N/2SE	:	
TOTAL COMMITTED:	:	56,792.79	:	

TOTAL NUMBER OF ACRES IN PARTICIPATING AREA:

64,400.93

TOTAL ACRES NON-COMMITTED:

7,608.14



OIL & GAS OWNED
STATE OF NEW ME

HUERFANO UP

MERIDIAN 1
LAND DEPARTMENT

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DANIEL D DUDEN TRUST B
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ROBERT W DUDEN
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PRUDENTIAL BACHE ENERGY I,
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PRUDENTIAL BACHE ENERGY I,
PRODUCTION PARTNERSHIP IIP-13,
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AND ANNA DOKUS EARNEST DECLARATION
OF TRUST DTD 5 4 79
944 MISSOURI ST
SAN DIEGO, CA 92109

WILLIAM C BRIGGS
C/O R B NIELSEN & ASSOCIATES
6424 BELTON RD #100
EL PASO, TX 79912

HERBERT R BRIGGS
C/O R B NIELSEN & ASSOCIATES
6424 BELTON STE 100
EL PASO, TX 79913

TOM GALT
332 FIFTH STREET
ATLANTIC BEACH, FL 32233

LANGDON D HARRISON
7517 TAMARRON PL NE
ALBUQUERQUE, NM 87109

JANE C GORDEN
11330 GREENBAY DR
HOUSTON, TX 77024

RICHARD B LODEWICK
2100 W WADLEY #21
MIDLAND, TX 79705

BARBARA ANN BRUSS
C/O SUNWEST BK OF ALBUQUERQUE
ATTN TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

JAMES GRANT PAULEK
1901 RANCH DR
FARMINGTON, NM 87401

FAY GREER TRUST
2816 KENTUCKY NE
ALBUQUERQUE, NM 87110

ROGER B NIELSEN
6424 BELTON STE 100
EL PASO, TX 79912

CAROLYN NIELSEN SEDBERRY
C/O R B NIELSEN & ASSOCIATES
6424 BELTON STE 100
EL PASO, TX 79912

UNITED NEW MEXICO TRUST CO TRT
U/W FOSTER MORRELL DECD
P O BOX 5614
HOBBS, NM 88241

LAURA PATRICIA LODEWICK
511 NEWELL
DALLAS, TX 75223

JOHN WIDNEY LODEWICK
3305 WENTWOOD
DALLAS, TX 75225

SUNWEST BANK OF ALBUQUERQUE
AGENT FOR C FRED LUTHY JR
PO BOX 26900
ALBUQUERQUE, NM 87125

ELIZABETH GALT CURRIER ESTATE
RODMAN GRISCOM & MADELINE
MOORE CO PERS REP
C/O MADELINE MOORE
P O BOX 77732
TUCSON, AZ 85703

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810
DENVER, CO 80217

ANNA LOU HOME
109 S MCCADDAN PL
LOS ANGELES, CA 90004

LUCILLE PIPKIN
P O BOX 1174
ROSWELL, NM 88202

FORREST GELBKE
AND JUNE GELBKE
12205 HEMLOCK DRIVE
AUBURN, CA 95603

JACK GREENLY
P O BOX 1629
ORANGE, CA 92668

ROBERTA JUNE DENOON THOMAS EX
EST CARL R DENOON
C/O DOROTHY E DENOON
RT 1 BOX 56
DESOTO, GA 31743

TERESA HOME
20321 CELTIC
CHATSWORTH, CA 91311

DAVID WILLIAM WALTERS
17761 ROCKHURST ROAD
CASTRO VALLEY, CA 94546

ANN HOME EMMERSON TR
1495 SW CLIFTON
PORTLAND, OR 97201

CHARLES ALBERT GREER AND
NANCIE A GREER TRUSTEES
221 PETROLEUM CENTER BLDG
FARMINGTON, NM 87401

SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE F MAPEL
TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

CHERYL L POTENZIANI
PO BOX 36600 STATION D
ALBUQUERQUE, NM 87176

CYNTHIA VOGL
403 S 5TH ST
DE KALB, IL 60115

JAMES B WOODARD
3613 IMPERIAL
MIDLAND, TX 79703

SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE L INMAN
PO BOX 26900
ALBUQUERQUE, NM 87125

DORIS F FAMBRO
#2 SURREY LANE
BRECKENRIDGE, TX 76424

FIRST NATL BK & WILFRED B
LANGMORE CO-TRUSTEES
ELEANOR WETMORE ESTATE
DEPT FL 0135 TREM AC#03073004
PO BOX 2080
JACKSONVILLE, FL 32231

WM M WESTERMAN PERSONAL REP
GUALTHERA WESTERMAN ESTATE
3777 KENWICK TRL SW
ROANOKE, VA 24018

CORINNE ROY KELLY INDVDLY
& AS EXECUTOR OF THE ESTATE OF
FRANK S KELLY
44 TEALWOOD
SHREVEPORT, LA 71104

DANIEL ALAGNA
67 52 179TH ST
FLUSHING, NY 11365

AMOCO PRODUCTION COMPANY
PO BOX 841521
DALLAS, TX 75284

ROGERS GIBBARD TRUST
C/O SUSAN ROGERS EVELAND
8608 HIDDEN MEADOW DR
FORT WORTH, TX 76179

ROBERT BEAMON TRUSTEE
THREE RIVERWAY STE 470
HOUSTON, TX 77056

MATAGORDA OIL COMPANY
C/O TEXAS COMMERCE BANK
TR MINERALS SEC 59677 01
PO BOX 200555
HOUSTON, TX 77216

MARALO INC
PO BOX 2923
HOUSTON, TX 77252

MELCONE CORPORATION
C/O MELVIN S COHN
5847 SAN FELIPE STE 1700
HOUSTON, TX 77057

GLOBAL NATURAL RESOURCES
CORPORATION OF NEVADA
PO BOX 200888
HOUSTON, TX 77216

TOM L HAIL TR
1201 LOUISIANA
SUITE 3428
HOUSTON, TX 77002

ELIZABETH H LUND TRUSTEE
MABELLE HARDIE ROYALTY TRUST
1065 LOS JARDINES
EL PASO, TX 79912

BEN R HOWELL ESTATE
TEXAS COMMERCE BANK TRUSTEE OF
THE BEN R HOWELL TRUST ET UX
PO BOX 722
EL PASO, TX 79944

ROBERT MURRAY FASKEN EXEC &
TRUSTEE U/W/O ANDREW FASKEN
500 W TEXAS STE 1160
MIDLAND, TX 79701

HUFFAKER GREEN AND HUFFAKER
P O BOX 419
TAHOKA, TX 79373

NATIONSBANK OF TX NA TRUSTEE
EULA MAY JOHNSTON TR 661
TRUST OIL & GAS SECTION
PO DRAWER 848703
DALLAS, TX 75284

LA PLATA GATHERING SYSTEM INC
ONE ENERGY SQUARE 852
4925 GREENVILLE AVENUE
DALLAS, TX 75206

AMERITRUST TEXAS NA TRUSTEE
MARY FRANCES TURNER JR TR 6743
PO BOX 951412
DALLAS, TX 75395

FIRST CITY TEXAS MIDLAND NA
TRUSTEE ACCT #99-0799-00
PO BOX 10966
MIDLAND, TX 79702

K PREWITT & M CHESSER TRUSTEES
V A JOHNSTON FAMILY TRUST
PO BOX 925
RALLS, TX 79357

SHOSS LEVINE TRUSTS 8146 8148
8152 8153 B LIPSHEY & D SHOSS
TRSTES U/W MORRIS LEVINE
1445 ROSS AVE STE 2600 LB 201
DALLAS, TX 75202

SHOSS LEVINE TRUSTS 8149 8150
8151 BRUCE A LIPSHEY & DAVID
SHOSS TRSTES U/W MORRIS LEVINE
5439 CASTLEWOOD ROAD
DALLAS, TX 75229

FIRST CITY TEXAS MIDLAND NA
U/W/O ROZELLE B CLEVELAND
ACCOUNT #20-0763-00
PO BOX 10966
MIDLAND, TX 79702

MONTEZ JOHNSON TRUSTEE
U/W OF LEAH B DOWNEY DECD
P O BOX 225
MIDLAND, TX 79702

ANNE SIMMONS INDEPENDENT
ADMINISTRATOR ESTATE OF
FRANCES ADAMS LANGMORE
KERRIGAN
3204 22ND STREET
LUBBOCK, TX 79410

FIRST CITY TEXAS - MIDLAND NA
EXECUTOR & TRUSTEE U/W/O
REESE CLEVELAND DECEASED
ACCT 99-1100-00
PO BOX 10966
MIDLAND, TX 79702

EVERGREEN RESOURCES INC
1512 LARIMER ST
1000 WRITER SQUARE
DENVER, CO 80202

BENSON MONTIN GREER
DRILLING CORP
221 PETROLEUM CENTER BLDG
FARMINGTON, NM 87401

DUGAN PRODUCTION CORPORATION
P O BOX 420
FARMINGTON, NM 87499

ELLIOTT OIL COMPANY
BOX 1355
ROSWELL, NM 88201

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 36600 STATION D
ALBUQUERQUE, NM 87176

BOLACK MINERALS COMPANY
TOM & TOMMY BOLACK
GENERAL PARTNERS
3901 BLOOMFIELD HIGHWAY
FARMINGTON, NM 87401

HANSON MCBRIDE PETROLEUM CO
PO BOX 1515
ROSWELL, NM 88201

STATE OF NEW MEXICO
PO BOX 1148
SANTA FE, NM 87501

H K RIDDLE TR OF HANSEL
KING RIDDLE II TRUST
P O BOX 13326
ALBUQUERQUE, NM 87192

PWG PARTNERSHIP
PO BOX 451
ALBUQUERQUE, NM 87103

UNITED NEW MEXICO TRUST CO TRT
EDNA E MORRELL LIVG TRUST
P O BOX 5614
HOBBS, NM 88241

MCCONNELL TRUST
C/O SUNWEST BANK SUCC TRUSTEE
ATTN TRUST DEPT
PO BOX 26900
ALBUQUERQUE, NM 87125

SUNLAND REFINING CORP
P O BOX 1345
BAKERSFIELD, CA 93302

EVKO DEVELOPMENT COMPANY
4710 CABRILLO ST
SAN FRANCISCO, CA 94121

UNION OIL CO OF CALIF
ATTN REVENUE ACCTG
PO BOX 9702135
DALLAS, TX 75397

CASSANDRA KEYSER
7170 ISABELLE CT
WINDSOR, ON N8S

JAMES MONTAGUE FARLEY &
ANNE MAY COLWILL CO-EXEC
OF CHARLES W COLWILL ESTATE
SUITE 302 - 345 CHURCH ST
OAKVILLE, ON L6J

JAMES LISLE HINKLE
P O BOX 2002
ROSWELL, NM 88201

BETTIANNE HINKLE BOWEN
1902 IVANHOE LANE
ABILENE, TX 79605

MINERALS MANAGEMENT SERVICE
A/C NAVAJO AGENCY ALLOTTED
ROYALTY MANAGEMENT PROGRAM
P O BOX 5810
DENVER, CO 80217

JUNE ELAINE MACDONALD
1219 LEXINGTON DR
VISTA, CA 92084

EDNA IONE HALL SOLE TRUSTEE
OF THE EDNA IONE HALL TRUST
C/O ELLIOTT OIL COMPANY
BOX 1355
ROSWELL, NM 88201

WILLIAM FREDERICK JEFFS JR
RT 1 BOX 20
GORMAN, TX 76454

AMOCO PRODUCTION COMPANY
A/C CONOCO INC
PO BOX 841521
DALLAS, TX 75284

F A CRONICAN JR & P B CRONICAN
TRUSTEES F A CRONICAN SR & H B
CRONICAN TRUST
C/O R B NEILSEN & ASSOCIATES
6424 BELTON STE 100
EL PASO, TX 79912

FRANK O ELLIOTT TRUSTEE OF
THE FRANK O ELLIOTT LIVING TR
P O BOX 1355
ROSWELL, NM 88201

CHARLES E HINKLE
LONOAK RT BOX 4
KING CITY, CA 93930

CYNTHIA HINKLE TRUSTEE FOR
HERSELF KRISTIN HINKLE AND
JENNA HINKLE
ROUTE 3 BOX 519
CARMEL, CA 93923

JULIE LEVINE MULLEN
4747 EMORY
EL PASO, TX 79922

BARRON PROPERTIES LTD
C/O FIRST CITY TX MIDLAND NA
ACCOUNT #50 1079 0
PO BOX 10966
MIDLAND, TX 79702

JOHN T HINKLE
P O BOX 1793
ROSWELL, NM 88201

LILLIAN T HINKLE
P O BOX 2002
ROSWELL, NM 88201

SHELIA MARIE LEVINE TRUST 8151
NCNB TEXAS NAT BANK A/C BRUCE
LIPSHEY & DAVID SHOSS TRUSTEES
TRUST OIL & GAS DEPT
PO BOX 852029
DALLAS, TX 75285

PRUDENTIAL BACHE ENERGY INCOME
PRODUCTION PARTNERSHIP IIP-10
C/O GRAHAM ROYALTY LTD
P O BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
PRODUCTION PARTNERSHIP II P-11
P O BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
PRODUCTION PARTNERSHIP IIP-12
PO BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
PRODUCTION PARTNERSHIP IIP-13
PO BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
PRODUCTION PARTNERSHIP IIP-14
PO BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
PRODUCTION PARTNERSHIP IIP-15
PO BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
LIMITED PARTNERSHIP IV P-16
PO BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY INCOME
LIMITED PARTNERSHIP IV P-17
PO BOX 840300
DALLAS, TX 75284

PRUDENTIAL BACHE ENERGY
PRODUCTION INC
PO BOX 840300
DALLAS, TX 75284

HENRY B KRAUSE
1405 S MOUNTAIN VIEW RD
CASTLE ROCK, CO 80104

JANE HARDIE TRUSTEE
WILLIAM B HARDIE SR ROYALTY TR
1065 LOS JARDINES
EL PASO, TX 79912

VIRGINIA SIMMONS
P O BOX 270
MEXIA, TX 76667

JUDY WINDLE
1258 PINECREST AVE
CHARLOTTE, NC 28205

JANE WINDLE
202 BERLIN ST
MONTPELIER, VT 05602

GERALD FITZGERALD JR TRUSTEE
GERALD FITZGERALD JR TRUST
9125 EVANGELINE NE
ALBUQUERQUE, NM 87111

SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR BARBARA BRUSS TRSTE
PETER BRUSS TRUST
ATTN TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR BARBARA BRUSS TRSTE
ERNEST BRUSS III TRUST
ATTN TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

SOUTHERN NATL BANK OF HOUSTON
C/O TEXAS STATE TREASURY
UNCLAIMED PROPERTY DIV
PO BOX 12608 CAPITOL STATION
AUSTIN, TX 78711

BALLARD EXPLORATION CO INC
1021 MAIN ST STE 1705
HOUSTON, TX 77002

HOWELL GRANDCHILDRENS TRUST
ESTATE (5-38010)
C/O TEXAS COMMERCE BANK NA
EL PASO TRUSTEE
P O BOX 722
EL PASO, TX 79944

RICHARD PARKER LANGFORD
1512 JERSEY DR
AUSTIN, TX 78758

BEN HOWELL LANGFORD
PO BOX 722
EL PASO, TX 79944

MADOLINE HOWELL JASTRZEMBSKI
1106 MESITA
EL PASO, TX 79902

JO ANN SCHMIDT
HER SOLE & SEPARATE PROPERTY
6819 OAKLAWN WAY
FAIR OAKS, CA 95628

JAMES R PAYNE & JEAN PAYNE
525 SIERRA DR SE
ALBUQUERQUE, NM 87108

GEORGIA PETTIE IND EXECUTOR
INEZ PETTIE ESTATE
PO BOX 92
SLATEN, TX 79364

EMILY MONTEZE HAMILTON TRUSTEE
J J HAMILTON & E MONTEZE
HAMILTON FAMILY TRUST 1988
C/O SUNWEST BK/ALBUQUERQUE NA
PO BOX 26900
ALBUQUERQUE, NM 87125

ROBERT WALTER LUNDELL
1616 S VOSS #870
HOUSTON, TX 77057

MERIDIAN OIL PRODUCTION
801 CHERRY STREET
FORT WORTH, TX 76102

EL PASO PRODUCTION CO
P O BOX 910497
DALLAS, TX 75391

PRIME ENERGY CORPORATION
PO BOX 160206
SAN ANTONIO, TX 78280

DEOBRAH K SLAUGHTER TRUSTEE
A & D CHILDRENS TRUST
963 RATCLIFF
SHREVEPORT, LA 71104

LOWE PARTNERS LP
PO BOX 2923
HOUSTON, TX 77252

DIANNE CLEES & HOMER N CLEES
JOINT TENANTS
PO BOX 236
ALTON, NM 88312

SANDRA CHAMBERS
PO BOX 583
SNYDER, TX 79549

LAURA DICHTER
2324 DAHLIA ST
DENVER, CO 80207

MARK S SEXTON
C/O EVERGREEN PROPERTIES
1000 WRITER SQUARE
1512 LARIMER ST
DENVER, CO 80202

JAMES C RYAN JR
PO BOX 2485
GREENVILLE, SC 29602

JOHN J RYAN III
CHERYL F LAWSON AIF
PO BOX 10221
GREENVILLE, SC 29603

LARRY D ESTRIDGE
PO BOX 728
GREENVILLE, SC 29602

TIMOTHY G COREY
PO BOX 2485
GREENVILLE, SC 29602

CARYL C CLOVER
PO BOX 2485
GREENVILLE, SC 29602

SAN JUAN 1990-A LP
C/O AMERITRUST PETROLEUM CORP
PO BOX 951424
DALLAS, TX 75395

FRANK A SCHULTZ TRUSTEE
500 N AKARD ST STE 2160 LB-1
DALLAS, TX 75201

MARYAN KLINGER TRUSTEE
MARYAN KLINGER TRUST
4777 GROUSE RUN #140
STOCKTON, CA 95207

JAMES ROBERT BEAMON TRUSTEE
THREE RIVERWAY STE 470
HOUSTON, TX 77056

CATHRYN BEAMON
446 SOUTHCHESTER
HOUSTON, TX 77079

CLAUDIA MARCIA LUNDELL GILMER
18 S CYPRESS PINE
WOODLANDS, TX 77381

GEORGE GALERSTEIN TRUSTEE
OF FAMILY TRUST U/W/O
HARRY LIPSHY
3817 VINECREST
DALLAS, TX 75229

LINDA JEANNE LUNDELL LINDSEY
P O BOX 631565
NACOGDOCHES, TX 75963

SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR MARCIA BERGER
PO BOX 26900
ALBUQUERQUE, NM 87125

SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR WWR ENTERPRISES INC
PO BOX 26900
ALBUQUERQUE, NM 87125

CAROLYN BEAMON TILLEY
5225 PRESTON HAVEN
DALLAS, TX 75229

SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR BARBARA BRUSS TRSTE
ADAM BRUSS TRUST
C/O TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR BARBARA BRUSS TRSTE
JON BRUSS TRUST
ATTN TRUST DIVISION
PO BOX 26900

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 4a & b.
- Attach 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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 956
AMOCO PRODUCTION COMPANY
PO BOX 841521
DALLAS, TX 75284

4a. Article Number

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

5. Signature (Addressee)

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

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 4a & b.
- Attach 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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 918
BERT R GREER
1 PETROLEUM CENTER BLDG
IRMINGTON, NM 87401

4a. Article Number

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

5. Signature (Addressee)

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

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 4a & b.
- Attach 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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 944
ANN HOMER EMMERSON TR
1495 SW CLIFTON
PORTLAND, OR 97201

4a. Article Number

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

5. Signature (Addressee)

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

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 4a & b.
- Attach 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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 704 002
AMOCO PRODUCTION COMPANY,
A/C CONOCO INC
PO BOX 841521
DALLAS, TX 75284

4a. Article Number

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

5. Signature (Addressee)

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

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 831
 ANNA MERITZ
 52 FOSTER ST
 NEWINGTON, CT 06111

4a. Article Number: **6 1992**

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

7. Date of Delivery: **JUL 6 1992**

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

9. Signature (Agent): *Shirley Cleveland*

10. Signature (Addressee): *Shirley Cleveland*

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 937
 ANNA LOU HOME
 109 S MCCADDAN PL
 LOS ANGELES, CA 90004

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Agent): *Shirley Cleveland*

10. Signature (Addressee): *Shirley Cleveland*

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 977
 ANNE SIMMONS INDEPENDENT,
 ADMINISTRATOR ESTATE OF
 FRANCES ADAMS LANGMORE KERRIGAN
 3204 22ND STREET
 LUBBOCK, TX 79410

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Agent): *Shirley Cleveland*

10. Signature (Addressee): *Shirley Cleveland*

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 875
 ANNE LEVINGER
 5101 LEISURE DR
 MIDLAND, TX 79703

4a. Article Number

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

7. Date of Delivery: **7-6-92**

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

9. Signature (Agent): *Shirley Cleveland*

10. Signature (Addressee): *Shirley Cleveland*

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Agent)

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

P 081 701055
BALLARD EXPLORATION CO INC
1021 MAIN ST STE 1705
HOUSTON, TX 77002



Signature (Agent)
[Signature]

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Agent)

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

P 081 703 836
ANNE ZACHAREK
166 JEWETT AVE
JERSEY CITY, NJ 7301

Signature (Agent)
[Signature]

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Agent)

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

P 081 704 008
BARRON PROPERTIES LTD.
C/O FIRST CITY TX MIDL AND NA
PO BOX 10966
MIDLAND, TX 79702

Signature (Agent)
[Signature]

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Agent)

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

P 081 703 926
BARBARA ANN BRUNS
C/O SUNWEST BK OF ALBUQUERQUE
ATTN TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

Signature (Agent)
[Signature]

PS Form 3811, November 1980 • U.S. POSTAL SERVICE • DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 965
BEN HOWELL ESTATE
TEXAS COMMERCE BANK TRUSTEE OF
THE BEN HOWELL TRUST ET UN
PO BOX 722
PASO, TX 79944

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006 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.

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

9. Signature (Agent)

10. Signature (Agent)

11. Signature (Agent)

12. Signature (Agent)

13. Signature (Agent)

14. Signature (Agent)

15. Signature (Agent)

16. Signature (Agent)

17. Signature (Agent)

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22. Signature (Agent)

23. Signature (Agent)

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44. Signature (Agent)

45. Signature (Agent)

46. Signature (Agent)

47. Signature (Agent)

48. Signature (Agent)

49. Signature (Agent)

50. Signature (Agent)

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 981
BOLACK MINERAL'S COMPANY,
TOM & TOMMY BOLACK,
GENERAL PARTNERS
3901 BLOOMFIELD HIGHWAY
FARMINGTON, NM 87401

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006 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.

4a. Article Number

4b. Service Type

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

7. Date of Delivery

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

9. Signature (Agent)

10. Signature (Agent)

11. Signature (Agent)

12. Signature (Agent)

13. Signature (Agent)

14. Signature (Agent)

15. Signature (Agent)

16. Signature (Agent)

17. Signature (Agent)

18. Signature (Agent)

19. Signature (Agent)

20. Signature (Agent)

21. Signature (Agent)

22. Signature (Agent)

23. Signature (Agent)

SENDER:

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- Complete items 3, and 4a & b.
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- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 980
BENSON MOUNTAIN GREER DRILLING CORP
221 PETROLEUM CENTER BLDG
FARMINGTON, NM 87401

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
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P 081 703 980
BENSON MOUNTAIN GREER DRILLING CORP
221 PETROLEUM CENTER BLDG
FARMINGTON, NM 87401

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
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 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

4a. Article Number
 4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise
 7. Date of Delivery
 JUL - 9 1992

8. Addressee's Address (Only if requested and fee is paid)
 Signature (Addressee)
 JUL - 9 1992
 DOMESTIC RETURN RECEIPT

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.
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 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

4a. Article Number
 4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise
 7. Date of Delivery
 JUL - 9 1992

8. Addressee's Address (Only if requested and fee is paid)
 Signature (Addressee)
 JUL - 9 1992
 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.
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1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number
 4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise
 7. Date of Delivery
 JUL - 9 1992

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 Signature (Addressee)
 JUL - 9 1992
 DOMESTIC RETURN RECEIPT

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 Complete items 3, 4a, and 4b.
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 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number
 4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise
 7. Date of Delivery
 JUL - 9 1992

8. Addressee's Address (Only if requested and fee is paid)
 Signature (Addressee)
 JUL - 9 1992
 DOMESTIC RETURN RECEIPT

SENDER:
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 Complete items 3, 4a & b.
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 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:
 4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery
 7-7-92
 8. Addressee's Address (Only if requested and fee is paid)
 5. Signature (Addressee)
 Barbara B. Williams
 6. Signature (Agent)
 P081 703 915
 CLYDE E WILLIAMS JR AND BARBARA WILLIAMS
 38-642 WISTERIA DRIVE
 PALM DESERT, CA 92260

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006* DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:
 4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)
 5. Signature (Addressee)
 Claudia Gilman
 6. Signature (Agent)
 P081 704 044
 CLAUDIA MARELA LINDER
 CITY PRESS PINE
 WOODLANDS, TX
 77381

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006* DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:
 4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery
 7-6-92
 8. Addressee's Address (Only if requested and fee is paid)
 5. Signature (Addressee)
 Cheryl L. Potenziani
 6. Signature (Agent)
 P081 703 947
 CHERYL L. POTENZIANI
 PO BOX 36600 STATION D
 ALBUQUERQUE, NM 87176

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006* DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.
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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:
 4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery
 7-6-92
 8. Addressee's Address (Only if requested and fee is paid)
 5. Signature (Addressee)
 Charles E. Hinkle
 6. Signature (Agent)
 P081 704 005
 CHARLES E. HINKLE
 LOSOAK RE BOX 4
 KING CITY, CA 95030

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006* DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 955
DANIEL ALAGNA
67 52 179TH ST
FLUSHING, NY 11365

4a. Article Number

4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD

Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 • U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 954
CORINNE ROY KELLY INDIVIDUALLY & AS EXECUTOR
OF THE ESTATE OF FRANK S KELLY
44 TEAL WOOD
SHREVEPORT, LA 71104

4a. Article Number

4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD

Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 • U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 863
DANIEL D DUDEN
PO BOX 162481
AUSTIN, TX 78716

4a. Article Number

4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD

Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 • U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 862
DANIEL D DUDEN
PO BOX 162481
AUSTIN, TX 78716

4a. Article Number

4b. Service Type
☐ Registered
☒ Certified
☐ Insured
☐ COD

Express Mail ☐ Return Receipt for Merchandise ☐

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 • U.S. GPO: 1991-27-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 703 943
DAVID WILLIAM WALTERS
17761 ROCKHURST ROAD
CASTRO VALLEY, CA 94546

4a. Article Number
2081703943

4b. Service Type

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

7. Date of Delivery
11-8-92

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

5. Signature (Addressee)
David Williams Walters

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 703 904
DAVID G MCCLANE
P O BOX 214430
DALLAS, TX 75221

4a. Article Number

4b. Service Type

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

7. Date of Delivery
11-8-92

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

5. Signature (Addressee)

6. Signature (Agent)
David G. McClane

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 703 908
DEBBIE LEE SHROSS
307 LAKESHORE DR
LEXINGTON, KY 40502

4a. Article Number

4b. Service Type

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

7. Date of Delivery
11-8-92

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

5. Signature (Addressee)
Debbie Lee Shross

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 081 703 908
DEBBIE LEE SHROSS
307 LAKESHORE DR
LEXINGTON, KY 40502

4a. Article Number

4b. Service Type

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

7. Date of Delivery
11-8-92

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

5. Signature (Addressee)
Debbie Lee Shross

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☒ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-387-008

DOMESTIC RETURN RECEIPT

SENDER:

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- Complete items 3, 4a & b.
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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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-387-008

DOMESTIC RETURN RECEIPT

SENDER:

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- Complete items 3, 4a & b.
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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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-387-008

DOMESTIC RETURN RECEIPT

SENDER:

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- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-387-008

DOMESTIC RETURN RECEIPT

SENDER:

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

3. Article Addressed to:

4a. Article Number

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

5. Date of Delivery

6. Signature (Addressee)
 7. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.
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 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

4a. Article Number

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

5. Date of Delivery

6. Signature (Addressee)
 7. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

4a. Article Number

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

5. Date of Delivery

6. Signature (Addressee)
 7. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a & b.
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1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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

5. Date of Delivery

6. Signature (Addressee)
 7. Signature (Agent)

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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

P 081 703 964
ELIZABETH LUND TRUSTEE,
MEBBLE HARDE ROYALTY TRUST
1065 LOS JARDINES
EL PASO, TX 79912

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
- 7. Date of Delivery**

5. Signature (Addressee)
William B. Hardesty

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-008

DOMESTIC RETURN RECEIPT

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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 982
ELLIOTT OIL COMPANY
BOX 1355
ROSWELL, NM 88204

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
- 7. Date of Delivery**

5. Signature (Addressee)
Marky

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-008

DOMESTIC RETURN RECEIPT

SENDER:

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3. Article Addressed to:

P 081 703 901
ELIZABETH JEANNE TURNER CALLOWAY
SEPARATE PROPERTY
4801 ST JOHNS DR
DALLAS, TX 75205

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
- 7. Date of Delivery**

5. Signature (Addressee)
Elizabeth Calloway

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-008

DOMESTIC RETURN RECEIPT

SENDER:

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3. Article Addressed to:

P 081 703 935
ELIZABETH GALT CURRIER ESTATE,
RODMAN GRISCOM & MADELINE,
MOORE CO PERS REP, C/O MADELINE MOORE,
P O BOX 77732
TUCSON, AZ 85703

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
- 7. Date of Delivery**

5. Signature (Addressee)
Elizabeth Galt Currier

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-008

DOMESTIC RETURN RECEIPT

SENDER:
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• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

P 081 703 855
EMILY D GRAMMING
916 CHERRY HILL LANE
EL PASO, TX 79912

4a. Article Number

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

7. Date of Delivery
JUL 0 6 1992

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:
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1. ☐ Addressee's Address
2. ☒ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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

7. Date of Delivery
JUL 7 - 1992

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:
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• Complete items 3, 4a & b.
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1. ☐ Addressee's Address
2. ☒ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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

7. Date of Delivery
JUL 7 - 1992

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

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• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

4a. Article Number
P081703906

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

7. Date of Delivery
JUL 7 1992

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:

4a. Article Number

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

7. Date of Delivery
JUL 7 1992

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:
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2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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

7. Date of Delivery
JUL 7 1992

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

9. Signature (Addressee)

10. Signature (Agent)

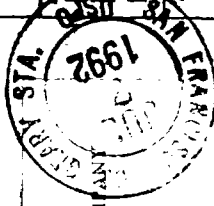
PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

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3. Article Addressed to:

P 081 703 992
EVKO DEVELOPMENT COMPANY
4710 CARRILLO ST
SAN FRANCISCO, CA 94114

**4a. Article Number**

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

7. Date of Delivery

- 5. Signature (Addressee)**
Metella Pagan
- 8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

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- Complete items 3, 4a & b.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 971
FIRST CITY TEXAS MIDDLE AND NA
TRUSTEE ACCT #93-0799-00
PO BOX 10966
MIDLAND, TX 79702

4a. Article Number

- 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)**

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

- Complete items 1 and/or 2 for additional services.
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3. Article Addressed to:

P 081 703 979
EVERGREEN RESOURCES INC
15121 ARMYER ST
1060 WRITER SQUARE
DENVER, CO 80202

4a. Article Number

- 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)**

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 928
FAY GREER TRUST
2816 KENTUCKY NE
ALBUQUERQUE, NM 87110

4a. Article Number

- 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)**

PS Form 3811, November 1980 *U.S. GPO: 1981-27-008 DOMESTIC RETURN RECEIPT

SENDER:

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1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

DOMESTIC RETURN RECEIPT

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☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

DOMESTIC RETURN RECEIPT

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1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

DOMESTIC RETURN RECEIPT

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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL - 6 1992

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

7/6/92

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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- Complete items 3, 4a & b.
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Consult postmaster for fee.

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4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL - 6 1992

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL - 6 1992

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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• Complete items 3, 4a & b.
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• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 701 045
GEORGE GALERSTEIN TRUSTEE OF
FAMILY TRUST U/W/O HARRY LIPSHY
3817 VINECREST
DALLAS, TX 75229

4a. Article Number

- 4b. Service Type**
☐ Registered
☒ Certified
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

7-7-92

- 5. Signature (Addressee)**
6. Signature (Agent)

Shirrell Potter

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
• Complete items 3, 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 permit.
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

P 081 701 045
GEORGE GALERSTEIN TRUSTEE OF
FAMILY TRUST U/W/O HARRY LIPSHY
3817 VINECREST
DALLAS, TX 75229

4a. Article Number

- 4b. Service Type**
☐ Registered
☒ Certified
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

7-6-92

- 5. Signature (Addressee)**
6. Signature (Agent)

Shirrell Potter

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

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• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 701 962
GLOBAL NATURAL RESOURCES
CORPORATION OF NEVADA
PO BOX 200588
HOUSTON, TX 77216

4a. Article Number

- 4b. Service Type**
☐ Registered
☒ Certified
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

7 JUL - 7 1992

- 5. Signature (Addressee)**
6. Signature (Agent)

[Signature]

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 704 026
GERALD FITZGERALD JR TRUSTEE
EVANGELINE NE
ALBUQUERQUE, NM 87111

4a. Article Number

- 4b. Service Type**
☐ Registered
☒ Certified
☐ Express Mail
☐ Return Receipt for Merchandise

7. Date of Delivery

7-6-92

- 5. Signature (Addressee)**
6. Signature (Agent)

[Signature]

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
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 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:
 081 703 867
 UY A WELL CUNLODAN
 DE 79TH ST #20A
 EW YORK, NY 10021

4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery 7-6-92

5. Signature (Addressee)
 6. Signature (Agent)
 PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:
 P 081 703 985
 HANSON MICRIDE PETROLEUM
 PO BOX 1515
 ROSWELL, NM 88201

4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery 7-7-92

5. Signature (Addressee)
 6. Signature (Agent)
 PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:
 081 703 866
 UY A WELL
 DE 79TH ST (20A)
 EW YORK, NY 10021

4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery 7-6-92

5. Signature (Addressee)
 6. Signature (Agent)
 PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
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 The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:
 P 081 703 905
 HALEY AYCOCK
 C/O ACCT 301 660 5
 MIDLAND NATIONAL BANK
 BOX 2097
 MIDLAND, TX 79702

4a. Article Number
 4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise
 7. Date of Delivery JUL - 6 1992

5. Signature (Addressee)
 6. Signature (Agent)
 PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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3. Article Addressed to:

P 081 704 076
LOWELL GRANDCHILDRENS TRUST ESTATE
C/O TEXAS COMMERCE BANK N A F T PASO TRUSTEE
P O BOX 722
PASO, TX 79444

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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3. Article Addressed to:

P 081 703 854
ELEN G PIENKOWSKI
BROAD ST APT 10
JEFFERSON, NJ 728

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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3. Article Addressed to:

P 081 703 853
IRIS GUTTERMAN
11 AARON BURR CT CONCORDIA
CRANFORD, NJ 8512

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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3. Article Addressed to:

P 081 703 967
HUTCHER GREEN AND HUTCHER
P O BOX 419
TAHOCA, TX 79373

4a. Article Number

- 4b. Service Type**
- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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Consult postmaster for fee.

4a. Article Number

P 081 703 899
GLENN TURNER JR 500 LTV CTR
2001 ROSS AVE
DALLAS, TX 75201

- 4b. Service Type
- ☐ Registered
 - ☒ Certified
 - ☐ Insured
 - ☐ COD
 - ☐ Express Mail
 - ☐ 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, November 1980 *U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

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Consult postmaster for fee.

4a. Article Number

1869
FEDERAL REVENUE SERVICE
ERT L BREED LOVE ACS
2502
S. IN 18101

- 4b. Service Type
- ☐ Registered
 - ☒ Certified
 - ☐ Insured
 - ☐ COD
 - ☐ Express Mail
 - ☐ 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, November 1980 *U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

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Consult postmaster for fee.

4a. Article Number

P 081 703 949
JAMES B WOODARD
3611 IMPERIAL
MIDLAND, TX 79703

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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Consult postmaster for fee.

4a. Article Number

P 081 703 940
JACK GREENLY
P O BOX 1629
ORANGE, CA 92668

- 4b. Service Type
- ☐ Registered
 - ☒ Certified
 - ☐ Insured
 - ☐ COD
 - ☐ Express Mail
 - ☐ 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, November 1980 *U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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- Complete items 3, 4a & b.
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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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

7-27-92

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

7-9-92

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

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- Complete items 3, 4a & b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

7-6-92

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

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- Complete items 3, 4a & b.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

7-10-92

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

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 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

4a. Article Number

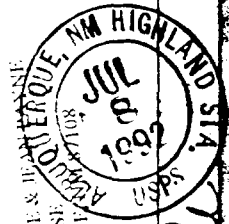
4b. Service Type
☐ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)
 Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-006 DOMESTIC RETURN RECEIPT



P 081 704 061
 JAMES R PAYNE & HEATHER
 55 SIERRA DRIVE
 ALBUQUERQUE, NM 87108

SENDER:
 Complete items 1 and/or 2 for additional services.
 • Complete items 3, 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 permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

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)

9. Signature (Addressee)
 Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-006 DOMESTIC RETURN RECEIPT

P 081 703 996
 JAMES LITTLE HINKLE
 P O BOX 2002
 ROSWELL, NM 88201

SENDER:
 Complete items 1 and/or 2 for additional services.
 • Complete items 3, 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 permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

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)

9. Signature (Addressee)
 Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-006 DOMESTIC RETURN RECEIPT

P 081 704 891
 JAMES ROBERT MARTIN
 P O BOX 8617
 HOUSTON, TX 77056

SENDER:
 Complete items 1 and/or 2 for additional services.
 • Complete items 3, 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 permit.
 • Write "Return Receipt Requested" on the mailpiece below the article number.
 • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

3. Article Addressed to:

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)

9. Signature (Addressee)
 Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-257-006 DOMESTIC RETURN RECEIPT

P 081 704 042
 JAMES ROBERT BEAMON TRUSTEE
 THREE RIVERWAY STE 470
 HOUSTON, TX 77056

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 704 022
JANE HARDIE TRUSTEE
WILLIAM F. HARDIE SR ROYALTY TRUST
1065 LOS JARDINES
EL PASO, TX 79912

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 703 924
NE C GORDEN
330 GREENBAY DR
DUSTON, TX 77024

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 703 850
JEAN SAMMONS
2038 EAST 6TH ST
BROOKLYN, NY 11234

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 704 025
JANE WINDLE
1202 BERTIN ST
MONTPELIER, VT 5602

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

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 permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		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: <i>John A. Brantling</i> <i>716 Cherry Blvd #A</i> <i>El Paso, TX 79912</i>		4a. Article Number: <i>P-001-704-017</i>	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ COD ☐ Return Receipt for Merchandise		7. Date of Delivery JUL 0 6 1992	
5. Signature (Addressee) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid) [Blank]	
6. Signature (Agent) [Blank]		[Blank]	

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 704 009
JOHN T HINKLE
PO BOX 1793
ROSWELL, NM 88201

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-066 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 81 703 860
WIN P WINDLE PERSONAL REPRESENTATIVE FOR
E ESTATE OF LOUISE WINDLE DEC'D
PHILLIPS STREET
STON, MA 014

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-066 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 859
JOSEPH D OULHAY
1437 SCOTT AND AVE
CHARLOTTE, NC 28207

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-066 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

P 081 703 933
JOHN WIDNEY LODGEWICK
3305 WENTWOOD
DALLAS, TX 75225

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

Date of Delivery

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

Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-066 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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.

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

4a. Article Number

3. Article Addressed to:
 P 081 704 007
 JULIE LEVINEN-MULLEN
 4747 EMORY
 EL PASO, TX 79922

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

7. Date of Delivery
 JUL 6 1992

5. Signature (Addressee)
Julie Mullen

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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.

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

4a. Article Number

3. Article Addressed to:
 P 081 703 857
 JULIA SIMPSON
 12300 RADDOYKA DR
 SARATOGA, CA 95070

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

7. Date of Delivery
 7-7-92

5. Signature (Addressee)
Julia Simpson

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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.

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

4a. Article Number

3. Article Addressed to:
 73
 LITV INDEPENDENT AND ANCILLARY ADMINISTRATORS
 LITV INC
 CREEK DRIVE
 ROCK, TX 78081

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

7. Date of Delivery
 7-6-92

5. Signature (Addressee)
Julia M. Lilly

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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.

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

4a. Article Number

3. Article Addressed to:
 P 081 704 024
 JUDY WINDLE
 1258 PINECREST AVE
 CHARLOTTE, NC 28205

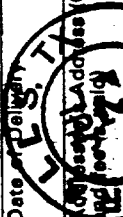
4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
Judy Windle

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER: * Complete items 1 and/or 2 for additional services. ☒ Complete items 3, 4 & 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 permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		Article Addressed to: POST BOX 972 K PREWITT & MICHESSER TRUSTEES V A JOHNSON FAMILY TRUST PO BOX 925 RALLS, TX 79357	
1. I also wish to receive the following services (for an extra fee): ☐ Addressee's Address ☐ Restricted Delivery Consult postmaster for fee.		4a. Article Number 4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise	
3. Article Addressed to: <i>Katherine Prewitt</i>		7. Date of Payment 	
5. Signature (Addressee) <i>Katherine Prewitt</i>		8. Addressee's Address Only If requested ADDRESSEE'S ADDRESS ONLY IF REQUESTED	
6. Signature (Agent) _____		9. RETURN RECEIPT Form 3811, November 1980 • U.S. GPO 1981-587-088	

[illegible]

SENDER:
 Complete items 1 and/or 2 for additional services following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 4a. Article Number **1**

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

7. Date of Delivery **7-7-92**

8. Addressee's Address (Only if requested and fee is paid)
 9. Signature (Addressee)
 10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 4a. Article Number

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

7. Date of Delivery **JUL 6 - 1992**

8. Addressee's Address (Only if requested and fee is paid)
 9. Signature (Addressee)
 10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 4a. Article Number

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

7. Date of Delivery **7-8-92**

8. Addressee's Address (Only if requested and fee is paid)
 9. Signature (Addressee)
 10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 4a. Article Number **JUL 10 1992**

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

7. Date of Delivery **JUL 06 1992**

8. Addressee's Address (Only if requested and fee is paid)
 9. Signature (Addressee)
 10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Article Number: 09773801

4a. Article Addressed to:

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 703 861
LEO A. ACHTSCHEN
6335 W. NORTHWEST HWY. 1917
DALLAS, TX 75225

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Article Number: 7-6-92

4a. Article Addressed to:

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 703 885
LEE ETTA HEDBERG
PO BOX 470337
FORT WORTH, TX 76147

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Article Number: 09773801

4a. Article Addressed to:

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 704 016
LILLIAN ANN LUNDLE LINDSEY
PO BOX 631565
NACOGDOCHES, TX 75963

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Article Number: 78192

4a. Article Addressed to:

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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)

P 081 704 010
LILLIAN THINKLE
PO BOX 2002
ROSWEIL, NM 88201

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

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

4a. Article Addressed to:
 P 081 703 028
 LUCILLE PIRPIN
 PO BOX 1174
 HOUSTON, TX 77252

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

7. Date of Delivery
 JUL 7 - 1992

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

9. Signature (Agent)
[Signature]

10. Signature (Agent)
[Signature]

PS Form 3811, November 1990 *U.S. GPO: 1991-387-000 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

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

4a. Article Addressed to:
 P 081 704 029
 LOWE PARTNERS LP
 PO BOX 2923
 HOUSTON, TX 77252

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

7. Date of Delivery
 JUL 7 - 1992

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

9. Signature (Agent)
[Signature]

10. Signature (Agent)
[Signature]

PS Form 3811, November 1990 *U.S. GPO: 1991-387-000 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

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

4a. Article Addressed to:
 P 081 703 960
 MARAL O INC
 PO BOX 2924
 HOUSTON, TX 77252

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

7. Date of Delivery
 1992

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

9. Signature (Agent)
[Signature]

10. Signature (Agent)
[Signature]

PS Form 3811, November 1990 *U.S. GPO: 1991-387-000 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 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 permit.

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

4a. Article Addressed to:
 P 081 704 059
 MADOLINE HOWELL JASTRZEMBSKI
 1106 MESITA
 EL PASO, TX 79902

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

7. Date of Delivery
 JUL 6 1992

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

9. Signature (Agent)
[Signature]

10. Signature (Agent)
[Signature]

PS Form 3811, November 1990 *U.S. GPO: 1991-387-000 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

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 permit.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

Ray Rodriguez

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

1-0861-704-016

McConnell Trust

40 Sunset Bank Bldg. Trust

P.O. Box 26700

Albuquerque, N.M.

507123

50861

NEW

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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

Ray Rodriguez

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

JUL 7 1992

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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

Ray Rodriguez

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

JUL 7 1992

P 081 703 959
MATAGORDA OIL COMPANY,
C/O TEXAS COMMERCE BANK,
TR MINERAL SEC 5967701
PO BOX 200525
HOUSTON, TX 77216

3. Article Addressed to:

4a. Article Number

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 permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

Ray Rodriguez

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

JUL 7 1992

P 081 703 961
MELCONE CORPORATION,
C/O MELVIN S COHN
5847 SAN FELIPE STE 1700
HOUSTON, TX 77057

3. Article Addressed to:

4a. Article Number

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a & b.

Print your name and address on the reverse of this form so that we can return it to you.

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

1. ☐ Registered Mail2. ☐ Insured3. ☐ Certified4. ☐ COD5. ☐ Express Mail6. ☐ Return Receipt for Merchandise

7. Date of Delivery

P 081 703 946

MINERAL MANAGEMENT SERVICE,

ROYALTY MANAGEMENT PROGRAM

PO BOX 5810

DENVER, CO 80217

3. Article Addressed to:

4a. Article Number

4b. Service Type

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

7. Date of Delivery

CHAMPION MESSENGER

Address: PO BOX 6954

DENVER, CO 80206

A/C NAVAJO AGENCY ALLOTTED

PO BOX 5810

DENVER, CO 80217

6. Signature (Addressed to Addressee's Address Only if requested and fee is paid)

Signature (Agent)

PS Form 3811, November 1980 * U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a & b.

Print your name and address on the reverse of this form so that we can return it to you.

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

1. ☐ Registered Mail2. ☐ Insured3. ☐ Certified4. ☐ COD5. ☐ Express Mail6. ☐ Return Receipt for Merchandise

7. Date of Delivery

P 081 703 998

MINERAL MANAGEMENT SERVICE,

A/C NAVAJO AGENCY ALLOTTED,

ROYALTY MANAGEMENT PROGRAM,

PO BOX 5810

DENVER, CO 80217

4b. Service Type

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

7. Date of Delivery

CHAMPION MESSENGER

Address: PO BOX 6954

DENVER, CO 80206

A/C NAVAJO AGENCY ALLOTTED

PO BOX 5810

DENVER, CO 80217

6. Signature (Addressed to Addressee's Address Only if requested and fee is paid)

Signature (Agent)

PS Form 3811, November 1980 * U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a & b.

Print your name and address on the reverse of this form so that we can return it to you.

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

1. ☐ Registered Mail2. ☐ Insured3. ☐ Certified4. ☐ COD5. ☐ Express Mail6. ☐ Return Receipt for Merchandise

7. Date of Delivery

P 081 703 888

MINERAL MANAGEMENT SERVICE,

ROYALTY MANAGEMENT PROGRAM

PO BOX 5810

DENVER, CO 80217

3. Article Addressed to:

4a. Article Number

4b. Service Type

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

7. Date of Delivery

Signature (Addressed to Addressee's Address Only if requested and fee is paid)

Signature (Agent)

PS Form 3811, November 1980 * U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a & b.

Print your name and address on the reverse of this form so that we can return it to you.

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

1. ☐ Registered Mail2. ☐ Insured3. ☐ Certified4. ☐ COD5. ☐ Express Mail6. ☐ Return Receipt for Merchandise

7. Date of Delivery

P 081 703 976

MONTEZ JOHNSON TRUSTEE,

UAW OF LEAH B DOWNEY DEC'D

PO BOX 225

MIDLAND, TN 37052

4b. Service Type

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

7. Date of Delivery

Signature (Addressed to Addressee's Address Only if requested and fee is paid)

Signature (Agent)

PS Form 3811, November 1980 * U.S. GPO: 1981-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

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

2. ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

3. ☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

4. Article Addressed to:

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

7. Date of Delivery
JUL 06 1992

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

5. Signature (Addressee)
 6. Signature (Agent)

PS Form 3811, November 1990 *U.S. APC 1901-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

2. ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

3. ☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

4. Article Addressed to:

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

7. Date of Delivery
JUL 06 1992

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

5. Signature (Addressee)
 6. Signature (Agent)

PS Form 3811, November 1990 *U.S. APC 1901-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

2. ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

3. ☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

4. Article Addressed to:

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

7. Date of Delivery
JUL 06 1992

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

5. Signature (Addressee)
 6. Signature (Agent)

PS Form 3811, November 1990 *U.S. APC 1901-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

2. ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.

3. ☐ Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

4. Article Addressed to:

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

7. Date of Delivery
JUL 06 1992

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

5. Signature (Addressee)
 6. Signature (Agent)

PS Form 3811, November 1990 *U.S. APC 1901-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.

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

1. ☐ Addressee's Address

POST 701027
PRIME ENERGY CORPORATION
PO BOX 36600
SAN ANTONIO, TX 78280

- 4b. Service Type
☐ Registered
☒ Certified
☐ 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)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

P 081 703 983
POTENZIANI FAMILY FESP,
C/O FRANK POTENZIANI
PO BOX 36600 STATION D
ALBUQUERQUE, NM 87176

4a. Article Number

- 4b. Service Type
☐ Registered
☒ Certified
☐ 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)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.

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

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

POST 701020
PRUDENTIAL BACH ENTERTAINMENT INC
PO BOX 810000
DALLAS, TX 75281

- 4b. Service Type
☐ Registered
☒ Certified
☐ 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)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
Complete items 3, 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 permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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:

PW & Partnership
P.O. Box 451
Albuquerque, NM 87103

4a. Article Number

- 4b. Service Type
☐ Registered
☒ Certified
☐ 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)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

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

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

1. ☐ Insured
2. ☐ COD
3. ☐ Express Mail
4. ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

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

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

1. ☐ Insured
2. ☐ COD
3. ☐ Express Mail
4. ☐ Return Receipt for Merchandise

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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

9. Signature (Addressee)

10. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-008

DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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 Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressed to Address
 2. ☐ Restricted Delivery
 3. ☐ Insured
 4. ☐ COD
 5. ☐ Return Receipt for Merchandise

6. Signature (Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

P 081 703 957
 ROGERS GIBBARD TRUST
 C/O SUSAN ROGERS FULTON
 8608 HIDDEN MEADOW DR
 FORT WORTH, TX 76179

DOMESTIC RETURN RECEIPT
 Form 3811, November 1990 *U.S. EPS: 1991-287-009

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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 Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressed to Address
 2. ☐ Restricted Delivery
 3. ☐ Insured
 4. ☐ COD
 5. ☐ Return Receipt for Merchandise

6. Signature (Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

P 081 701 064
 ROBERT WATLER LUNDILL
 1616 S VONSS #870
 HOUSTON, TX 77057

DOMESTIC RETURN RECEIPT
 Form 3811, November 1990 *U.S. EPS: 1991-287-009

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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 Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressed to Address
 2. ☐ Restricted Delivery
 3. ☐ Insured
 4. ☐ COD
 5. ☐ Return Receipt for Merchandise

6. Signature (Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

P 081 703 941
 ROBERTA JUNE DE NOON THOMAS EX
 EST CARL R DE NOON, C/O DOROTHY E DE NOON
 RT 1 BOX 56
 DESOTO, GA 31713

DOMESTIC RETURN RECEIPT
 Form 3811, November 1990 *U.S. EPS: 1991-287-009

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4, and 5.
 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 Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressed to Address
 2. ☐ Restricted Delivery
 3. ☐ Insured
 4. ☐ COD
 5. ☐ Return Receipt for Merchandise

6. Signature (Agent)
 7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

P 081 870
 ROBERT WATLER LUNDILL
 1616 S VONSS #870
 HOUSTON, TX 77057

DOMESTIC RETURN RECEIPT
 Form 3811, November 1990 *U.S. EPS: 1991-287-009

SENDER:
Complete items 1 and/or 2 for additional services.
• Complete items 3, 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 permit.

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
3. Article Addressed to:

4a. Article Number

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

SENDER:
Complete items 1 and/or 2 for additional services.
• Complete items 3, 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 permit.

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
3. Article Addressed to:

4a. Article Number

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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2. ☐ Restricted Delivery
3. Article Addressed to:

4a. Article Number

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

7. Date of Delivery

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5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

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1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

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1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

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- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

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)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
I also wish to receive the following services (for an extra fee):
1. ☐ Registered ☐ Insured
2. ☐ Certified ☐ COD
3. ☐ Express Mail ☐ Return Receipt for Merchandise
4. ☐ Date of Delivery

3. Article Addressed to:

P 081 703 872
NEW HEDENLIN
21 WESTPARK DR
ANTA, GA 30336

4a. Article Number

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

5. Signature (Addressee)

Address (Only if requested and fee is paid)

6. Signature (Agent)

Address (Only if requested and fee is paid)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
I also wish to receive the following services (for an extra fee):
1. ☐ Registered ☐ Insured
2. ☐ Certified ☐ COD
3. ☐ Express Mail ☐ Return Receipt for Merchandise
4. ☐ Date of Delivery

3. Article Addressed to:

P 081 703 843
SIDNEY E. LICHT & MARTIN CLIGHT EXECUTORS
C/O SUMMIT SOLOMON & FELDESMAN
445 PARK AVE
NEW YORK, NY 10022

4a. Article Number

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

5. Signature (Addressee)

Address (Only if requested and fee is paid)

6. Signature (Agent)

Address (Only if requested and fee is paid)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
I also wish to receive the following services (for an extra fee):
1. ☐ Registered ☐ Insured
2. ☐ Certified ☐ COD
3. ☐ Express Mail ☐ Return Receipt for Merchandise
4. ☐ Date of Delivery

3. Article Addressed to:

P 081 703 980
STATE OF NEW MEXICO
PO BOX 1148
SANTA FE, NM 87501

4a. Article Number

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

5. Signature (Addressee)

Address (Only if requested and fee is paid)

6. Signature (Agent)

Address (Only if requested and fee is paid)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

Complete items 1 and/or 2 for additional services.
I also wish to receive the following services (for an extra fee):
1. ☐ Registered ☐ Insured
2. ☐ Certified ☐ COD
3. ☐ Express Mail ☐ Return Receipt for Merchandise
4. ☐ Date of Delivery

3. Article Addressed to:

P 081 704 054
SOUTHERN NATL BANK OF HOUSTON,
C/O TEXAS STATE TREASURY,
UNCLAIMED PROPERTY DIV
PO BOX 12608 CAPITOL STATION
AUSTIN, TX 78711

4a. Article Number

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

5. Signature (Addressee)

Address (Only if requested and fee is paid)

6. Signature (Agent)

Address (Only if requested and fee is paid)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006

DOMESTIC RETURN RECEIPT

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. ☐ Return Receipt for Merchandise

4. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

7. Article Addressed to:

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

9. Service Type

10. Registered

11. Certified

12. Insured

13. Express Mail

14. COD

15. Return Receipt for Merchandise

16. Date of Delivery

17. JUL - 7 1992

18. PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

19. DOMESTIC RETURN RECEIPT

20. SENDER:

21. Complete items 1 and/or 2 for additional services.

22. Complete items 3, 4a & b.

23. Print your name and address on the reverse of this form so that we can return the card to you.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. ☐ Return Receipt for Merchandise

4. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

7. Article Addressed to:

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

9. Service Type

10. Registered

11. Certified

12. Insured

13. Express Mail

14. COD

15. Return Receipt for Merchandise

16. Date of Delivery

17. JUL - 7 1992

18. PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

19. DOMESTIC RETURN RECEIPT

20. SENDER:

21. Complete items 1 and/or 2 for additional services.

22. Complete items 3, 4a & b.

23. Print your name and address on the reverse of this form so that we can return the card to you.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. ☐ Return Receipt for Merchandise

4. Date of Delivery

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. ☐ Return Receipt for Merchandise

4. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

7. Article Addressed to:

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

9. Service Type

10. Registered

11. Certified

12. Insured

13. Express Mail

14. COD

15. Return Receipt for Merchandise

16. Date of Delivery

17. JUL - 7 1992

18. PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

19. DOMESTIC RETURN RECEIPT

20. SENDER:

21. Complete items 1 and/or 2 for additional services.

22. Complete items 3, 4a & b.

23. Print your name and address on the reverse of this form so that we can return the card to you.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. ☐ Return Receipt for Merchandise

4. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

7. Article Addressed to:

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

9. Service Type

10. Registered

11. Certified

12. Insured

13. Express Mail

14. COD

15. Return Receipt for Merchandise

16. Date of Delivery

17. JUL - 7 1992

18. PS Form 3811, November 1980 *U.S. GPO: 1981-287-006

19. DOMESTIC RETURN RECEIPT

20. SENDER:

21. Complete items 1 and/or 2 for additional services.

22. Complete items 3, 4a & b.

23. Print your name and address on the reverse of this form so that we can return the card to you.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

3. ☐ Return Receipt for Merchandise

4. Date of Delivery

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 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 permit.

1. ☐ Addressee's Address

P 081 704 050

SUNWEST BANK OF ALBUQUERQUE, N.A.
AGENT FOR BARBARA BRUSS TRUSTE,
ADAM BRUSS TRUST CO TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 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 permit.

1. ☐ Addressee's Address

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

4a. Article Number

P-081-704-013

4b. Service Type
☒ Registered
☐ Certified
☐ Insured
☐ COD
☐ Express Mail
☐ Return Receipt for Merchandise
7. Date of Delivery - 7 1992

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 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 permit.

1. ☐ Addressee's Address

P 081 703 950

SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE F. INMAN
PO BOX 26900
ALBUQUERQUE, NM 87125

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

5. Signature (Addressee)

6. Signature (Agent)

Ray Rodriguez

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 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 permit.

1. ☐ Addressee's Address

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

4a. Article Number

P 081 703 946
SUNWEST BANK OF ALBUQUERQUE
CYRENE F. MAPEL TRUST DIVISION
PO BOX 26900
ALBUQUERQUE, NM 87125

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

5. Signature (Addressee)

6. Signature (Agent)

Ray Rodriguez

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

3. Article Addressed to:

P 081 703 963
TOM L HAIL TR
1201 LOUISIANA, SUITE 3128
HOUSTON, TX 77002

4a. Article Number

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

7. Date of Delivery

7-6-92

8. Addressee's Address (Only if requested and fee is paid)**5. Signature (Addressee)****6. Signature (Agent)**

Ala slars

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

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:

P 081 703 963
TOM L HAIL TR
1201 LOUISIANA, SUITE 3128
HOUSTON, TX 77002

4a. Article Number

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

7. Date of Delivery

7-6-92

8. Addressee's Address (Only if requested and fee is paid)**5. Signature (Addressee)****6. Signature (Agent)**

Tom L Hail
7
1992

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

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

3. Article Addressed to:

P 081 703 922
TOM L HAIL TR
1201 LOUISIANA, SUITE 3128
HOUSTON, TX 77002

4a. Article Number

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

7. Date of Delivery

7-6-92

8. Addressee's Address (Only if requested and fee is paid)**5. Signature (Addressee)****6. Signature (Agent)**

Tom L Hail

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

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:

P 081 704 037
TIMOTHY G COREY
PO BOX 2485
GREENVILLE, SC 29602

4a. Article Number

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

7. Date of Delivery

7-6-92

8. Addressee's Address (Only if requested and fee is paid)**5. Signature (Addressee)****6. Signature (Agent)**

Timothy G Corey

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

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

3. Article Addressed to:**4a. Article Number**

POST 703 987 JK RIDDLE
TR OF HANSLER KING RIDDLE TRUST
P O BOX 13326
ALBUQUERQUE, NM 87192

4b. Service Type

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

7. Date of Delivery

11-7-1992

5. Signature (Addressee)

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

6. Signature (Agent)

R. Riddle

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

3. Article Addressed to:**4a. Article Number**

P 081 703 849
TOTAL MINATOMIE CORPORATION
PO BOX 201769
HOUSTON, TX 77216

4b. Service Type

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

7. Date of Delivery

11-7-1992

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

3. Article Addressed to:**4a. Article Number**

POST 703 912
VICKIE KAMLER
141 N HAUER ST
PAISADE, CO 81252

4b. Service Type

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

7. Date of Delivery

11-7-1992

5. Signature (Addressee)

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

6. Signature (Agent)

Grant Allen

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

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

3. Article Addressed to:**4a. Article Number**

P 081 703 931
UNITED NEW MEXICO TRUST CO LTD
UAW FOSTER MORRILL DUCD
P O BOX 5614
HOBBBS, NM 88241

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)

Mary McQuinn 7892

PS Form 3811, November 1990 *U.S. GPO: 1991-287-008 DOMESTIC RETURN RECEIPT

SENDER:

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

Print your name and address on the reverse of this form so that we can return this card to you.

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

3. Article Addressed to:

P 081 703 830

WENTON HARRISON III
SOLIS COUNTRY CLUB
ATLANTA, FL 33462

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery**5. Signature (Addressee)**

Wenton Harrison III

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

Print your name and address on the reverse of this form so that we can return this card to you.

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

3. Article Addressed to:

P 081 703 846

WALLACE'S KARUIZ
1741 NE 22ND TER
FORT LAUDERDALE, FL 33405

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery**5. Signature (Addressee)**

Wallace's Karuiz

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

Print your name and address on the reverse of this form so that we can return this card to you.

3. Article Addressed to:

P 081 703 024

VIRGINIA SIMMONS
P O BOX 270
MUNFORD, TN 37007

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery**5. Signature (Addressee)**

Martha Lynne

6. Signature (Agent)

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER:

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

Print your name and address on the reverse of this form so that we can return this card to you.

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

3. Article Addressed to:

P 081 703 895

VIOLA STEWART
P O BOX 2460
LIVELAND, TX 78802

4a. Article Number**4b. Service Type**

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery**5. Signature (Addressee)**

Viola Stewart

6. Signature (Agent)

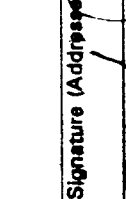
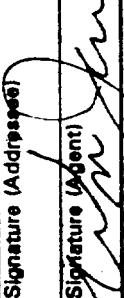
8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-006 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 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 package.		I also wish to receive the following services (for an extra fee): 1. ☐ Addressed Air Mail 2. ☐ Registered Mail 3. ☐ Insured 4. ☐ COD 5. ☐ Express Mail 6. ☐ Return Receipt for Merchandise	
3. Article Addressed to: COST 764 000 WILLIAM FREDERICK JULIUS JR. 34 LILTON 20 NORMAN, TN 36454		4a. Article Number	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise		7. Date of Delivery 2-6-92	
5. Signature (Addressee) William Frederick Julius Jr.		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Sender) [Signature]		9. Signature (Post) [Signature]	

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 permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	P 081 703 911 WILLIAM G WEDD MCKENZIE & BAER 1525 ELM ST 2ND FLOOR DALLAS, TX 75201 3. Article Addressed to: 4a. Article Number: 4b. Service Type: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date Rec'd Delivery: 7-6-92
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) <i>Gary Messhell</i>	DOMESTIC RETURN RECEIPT PS Form 3811, November 1990 *U.S. GPO: 1991-222-008

SENDER: Complete items 1 and/or 2 for additional services. ☐ Complete items 3, 4, and 5. Print your name and address on the reverse of this form so that we can return the card to you.	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: POST 7014003 PACIFIC ELECTRONIC TRUSTEE ELECTRONIC ELECTRONIC TRUST CO. INDIANAPOLIS, IN 6124 BELTON ST. 100 EL PASO, TX 79912	4a. Article Number 4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Address) Signature Agent	8. Addressee's Address (Only if requested and fee is paid) Rodriguez

3. Article Addressed to: PO BOX 1465 MIDLAND, TX 79701		4a. Article Number 	
4b. Service Type ☐ Registered ☒ Certified ☐ Express Mail ☐ Return Receipt for Merchandise		5. Date of Delivery 1-6-91	
6. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid) 	
9. Signature (Agent) 		10. Addressee's Address (Only if requested and fee is paid) 	

SENDER:
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

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

SENDER:
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

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

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 Fee will provide you the signature of the person delivered to and the date of delivery.

Article Addressed to:

P 081 703 907

PAT LLOYD WOOD

PO BOX 1999

BRISBANE, TX 76017

Signature (Addressee)

Pat Lloyd Wood

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

SENDER:
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

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

SENDER:
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

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

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

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

P 081 703 879

DAW BARKLEY

BOX 872

BLAND, TX 79702

Signature (Addressee)

Pat Lloyd Wood

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

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 Fee will provide you the signature of the person delivered to and the date of delivery.

Article Addressed to:

P 081 703 970

AMERITRUST FINANCIAL TRUSTEE

MARY FRANCES TURNER JR TR 6743

PO BOX 951412

DALLAS, TX 75295

Signature (Addressee)

Mary Frances Turner Jr

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

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 Fee will provide you the signature of the person delivered to and the date of delivery.

Article Addressed to:

P 081 703 848

GROSS OIL DELAWARE CORP

919 THIRD AVE STE 1501

NEW YORK, NY 10022

Signature (Addressee)

Pat Lloyd Wood

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

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 Fee will provide you the signature of the person delivered to and the date of delivery.

Article Addressed to:

P 081 703 848

GROSS OIL DELAWARE CORP

919 THIRD AVE STE 1501

NEW YORK, NY 10022

Signature (Addressee)

Pat Lloyd Wood

PS Form 3811, November 1990 *U.S. GPO: 1990-287-006 DOMESTIC RETURN RECEIPT

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4, and 4a & b.
 * The Return Receipt Fee will provide you the signature and date of delivery.
 Consult postmaster for fee.

3. Article Addressed to:
 P 081 703 829
 MARIANNE WHEELER
 75 MERCER AVE
 HAVESDALE, NY 10849

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

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

5. Signature (Addressee)
M. Wheeler

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4, and 4a & b.
 * The Return Receipt Fee will provide you the signature and date of delivery.
 Consult postmaster for fee.

3. Article Addressed to:
 P 081 703 840
 LAWRENCE L. LAVALLE
 2600 N. MILITARY TRAIL
 BOCA RATON, FL 33431

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

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

5. Signature (Addressee)
Lawrence L. LaValle

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4, and 4a & b.
 * The Return Receipt Fee will provide you the signature and date of delivery.
 Consult postmaster for fee.

3. Article Addressed to:
 P 081 703 871
 MAXINE S. GRAHAM
 1501 SOPHIA ROAD SE
 ALBUQUERQUE, NM 87123

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

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

5. Signature (Addressee)
Maxine S. Graham

6. Signature (Agent)

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008 DOMESTIC RETURN RECEIPT

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

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:
 POST 70384
 MARIE HELEN WHEEL
 5 PADDINGTON RD
 SCARSDALE, NY 10583

4a. Article Number

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

7. Date of Delivery

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

Signature (Agent) *Maria Helen Wheel* 7/10/92

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

RECIPIENT:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

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:
 POST 703913
 CHESTER E THOMPSON JR
 5202 CENTRAL SW
 ALBUQUERQUE, NM 87105

4a. Article Number

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

7. Date of Delivery 7/14/92

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

Signature (Agent) *Chester E Thompson Jr*

PS Form 3811, November 1980 *U.S. GPO: 1981-287-008

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 permit. - Write "Return Receipt Requested" on the mailpiece below the article number. - The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		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:		4a. Article Number	
P 081 703 930 EDITH BRIGGS REVOCABLE TR. C/O R B NIELSEN & ASSOCIATES 6424 BELTON RD STE 100 EL PASO, TX 79912		4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery	
5. Signature (Addressee) KIMBERLY YOUNG		8. Addressee's Address (Only if requested and fee is paid) EL PASO, TX 79912	
6. Signature (Agent)			
PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

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 permit. - Write "Return Receipt Requested" on the mailpiece below the article number. - The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		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:		4a. Article Number	
P 081 703 948 CYNTHIA VOGL 4035 5TH ST DE KALB, IL 60115		4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery	
5. Signature (Addressee) KIMBERLY YOUNG		8. Addressee's Address (Only if requested and fee is paid) EL PASO, TX 79912	
6. Signature (Agent)			
PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

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 permit. - Write "Return Receipt Requested" on the mailpiece below the article number. - The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		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:		4a. Article Number	
P 081 703 917 EDITH BRIGGS REVOCABLE TR. C/O R B NIELSEN & ASSOCIATES 6424 BELTON RD STE 100 EL PASO, TX 79912		4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery	
5. Signature (Addressee) KIMBERLY YOUNG		8. Addressee's Address (Only if requested and fee is paid) EL PASO, TX 79912	
6. Signature (Agent)			
PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

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 permit. - Write "Return Receipt Requested" on the mailpiece below the article number. - The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		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:		4a. Article Number	
P 081 703 930 CAROLYN NIELSEN SEDBERRY, C/O R B NIELSEN & ASSOCIATES 6424 BELTON STE 100 EL PASO, TX 79912		4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery	
5. Signature (Addressee) KIMBERLY YOUNG		8. Addressee's Address (Only if requested and fee is paid) EL PASO, TX 79912	
6. Signature (Agent)			
PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

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

2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

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☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

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PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

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3. Article Addressed to:

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ 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, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

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☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

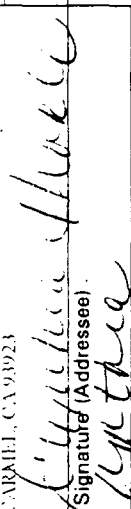
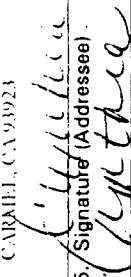
8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

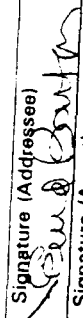
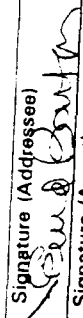
6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

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3. Article Addressed to: P 081 704 006 CYNTHIA HINKLE TRUSTEE FOR, HERSELF KRISTIN HINKLE AND JENNA HINKLE ROUTE 3 BOX 519 CARROLL, CA 93923 		4a. Article Number 4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery 7-16-92 8. Addressee's Address (Only if requested and fee is paid)	
5. Signature (Addressee): 		6. Signature (Agent)	

PS Form 3811, November 1990 * U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

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 Fee will provide you the signature of the person delivered to and the date of delivery.		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: P 081 703 845 EMIL CAROL BARTON 174 SUMMIT AVE. SUMMIT, NJ 7091 		4a. Article Number 4b. Service Type ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery 11-10-92 8. Addressee's Address (Only if requested and fee is paid)	
5. Signature (Addressee): 		6. Signature (Agent)	

PS Form 3811, November 1990 * U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 081 703 994

MAIL

ERIDIAN OIL

lian Oil, 3535 E. 30th St., P.O. Box 4289
ington, New Mexico 87499-4289

P 081 703 994
CASSANDRA KEYSER
7170 ISABELLE CT
WINDSOR, ON N8S

RETURN TO SENDER
CERTIFIED MAIL FOR
COUNTRIES

MO-0042 (Rev. 3-90)

POSTMARK OF

REGISTERED NO.

R765353353

Reg. Fee \$4.50	Special Delivery \$	
Handling Charge \$	Return Receipt \$1.00	
Postage \$1.55	Restricted Delivery	
Received by <i>MD</i>	☐ Int	
Customer must declare Full value \$ <i>NU</i>	☐ With Postal Insurance	☐ Without Postal Insurance
	\$25,000 Domestic Ins. Limit	
FROM <i>Mexidian Oil</i>		
	<i>3535 E 30th</i>	
	<i>Edmonton, NM 87402</i>	
	<i>Keyser</i>	
	<i>7170 Isabelle Ct</i>	
	<i>Windsor, ON N8S</i>	<i>Canada</i>

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)
June 1986 (See Information on Reverse)

Receipt for Certified Mail

Signature: *Cassandra Keyser*

Address: *7170 Isabelle Ct Windsor, ON N8S*

Postmark: *7/9/92*

Amount: \$

Alan 3806

Fold at line over top of envelope to the
right of the return address

CERTIFIED

P 081 703 835

MAIL

MERIDIAN OIL

Meridian Oil, 3535 E. 30th St., P.O. Box 4289
Farmington, New Mexico 87499-4289

P 081 703 835

MARGARET JENSIS

1615 PUTNAM AVE

RIDGEWOOD, NY 11385

MO-0042 (Rev. 3-90)

right of the return address

CERTIFIED

P 0611 7113 852

MAIL

MERIDIAN OIL

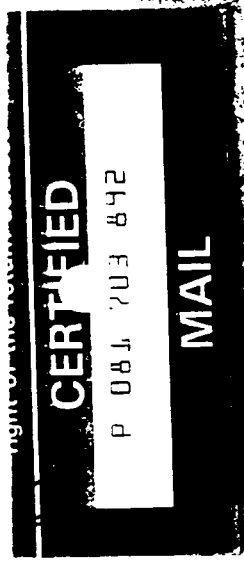
Meridian Oil, 3535 E. 30th St., P.O. Box 4289
Farmington, New Mexico 87499-4289

RETURNED TO
MAILING SERVICE
ADDRESS CHANGED
EXPIRED
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

P 081 703 852
FLORENCE DUBILIER AW
C/O STEELE HECTOR DAVE
PO BOX 2367
PALM BEACH, FL 33480

[Handwritten signature]

NAME *[Handwritten signature]*



MERIDIAN OIL

Meridian Oil, 3535 E. 30th St., P.O. Box 4289
Farmington, New Mexico 87499-4289

P 081 703 892
WILLIAM LEVINE DEC'D
6126 AVERILL WAY APT 110
DALLAS, TX 75225

ATTENTION: VMC
RETURNED TO
SENDER
DO NOT KNOW
235-9998

P 081 703 831

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

PS Form 3800, June 1991

7-2-92

P 081 703 838

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

PS Form 3800, June 1991

7-2-92

P 081 703 842

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

PS Form 3800, June 1991

7-2-92

P 081 703 868

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

PS Form 3800, June 1991

7-2-92

P 081 703 834

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

PS Form 3800, June 1991

7-2-92

P 081 703 929

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

PS Form 3800, June 1991

7-2-92

P 081 703 876

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

PS Form 3800, June 1991

7-2-92

P 081 703 878

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

PS Form 3800, June 1991

7-2-92

P 081 704 021

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

PS Form 3800, June 1991

7-2-92



Receipt for Certified Mail

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

P 081 704 030
DIANNE CLEES & HOMER N CLEES
JOINT TENANTS
PO BOX 236
ALTON, NM 88312

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	

7-2-92



Receipt for Certified Mail

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

P 081 704 032
LAURA DICHTER
2324 DAHLIA ST
DENVER, CO 80207

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	

7-2-92



Receipt for Certified Mail

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

P 081 703 997
BETTIANNE HINKLE BOWEN
1902 IVANHOE LANE
ABILENE, TX 79605

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	

7-2-92



Receipt for Certified Mail

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

P 081 703 993
UNION OIL CO OF CALIF
ATTN REVENUE ACCTG
PO BOX 9702135
DALLAS, TX 75397

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	

7-2-92



Receipt for Certified Mail

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

P 081 703 995
JAMES MONTAGUE FARLEY & ANNE MAY COLW
CO-EXEC OF CHARLES W COLWILL ESTATE
SUITE 302 - 345 CHURCH ST
OAKVILLE, ON L6J

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	

7-2-92



Receipt for Certified Mail

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

P 081 704 043
CATHRYN BEAMON
446 SOUTHCHESTER
HOUSTON, TX 77079

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	

7-2-92