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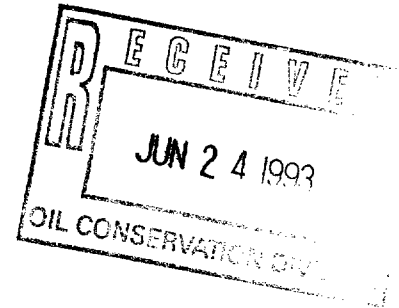
Transmittal Memo

VIA HAND DELIVERY

DATE: June 23, 1993

TO: David R. Catanach
NM Department of Energy & Minerals
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 97502

RE: MERIDIAN OIL INC.
NMOCD CASE NO. 10743



*CASE FILE
10743*

The following documents are enclosed:

The notarized Certificate of Mailing for the Application of Meridian Oil Inc. for downhole commingling an administrative procedure for the Allison Unit, San Juan County, New Mexico.

PLEASE:

 x For your information and review.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Thomas Kellahin". The signature is fluid and cursive, with a large loop at the end. It is positioned above the typed name of the sender.

W. Thomas Kellahin

cc: Alan Alexander
WTK/mg
Enclosure

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. 10743

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

CERTIFICATE OF MAILING

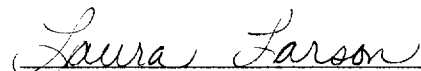
AND

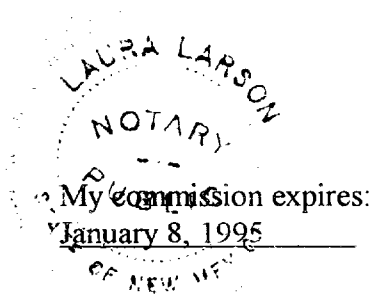
COMPLIANCE WITH ORDER R-8054

Alan Alexander, 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 address of all interested parties entitled to receive notice, that on May 21, 1993, 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, along with the cover letter, at least twenty days prior to the hearing set of June 17, 1993, 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.


Alan Alexander

SUBSCRIBED AND SWORN to before me this 11th day of June, 1993.


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DENVER, CO 80217

P 144 970 908
HELEN M GOODLOE TRUSTEE
JAMES BLAKE TOUCHSTONE
778 HILL RD
BRENTWOOD, TN 37027

P 144 970 909
MAXINE C ANDERSON
PO BOX 416
IGNACIO, CO 81137

P 144 970 910
LOIS RICE
1108 NORTH CENTER STREET
STOCKTON, CA 95202

P 144 970 911
ARTHUR C SCHROEDER DECD
4971 PASEO DALI
IRVINE, CA 92715

P 144 970 912
WILLIAM MOHRMANN
1864 SOUTH HIGHWAY 49
SAN ANDREAS, CA 95249

P 144 970 913
MARGUERITE ATKINSON & EVALEE MILLER
200 WEST ARBOR VITA
INGLEWOOD, CA 90301

P 144 970 914
NEAL SELF
7318 RUSH RIVER DR
SACRAMENTO, CA 95831

P 144 970 915
BLOSSOM MCBRIER
6721 BRIER HILL RD
FAIRVIEW, PA 16415

P 144 970 916
JOY MAE HARTWICK
875 COMSTOCK AVE STE 12B
LOS ANGELES, CA 90024

P 144 970 917
CONSTANCE Z HUFF
175 BLUEJAY WAY
SANTA ROSA, CA 95405

P 144 970 918
BARBARA MCCOLLOUGH
2367 N E 16TH COURT
JENSEN BEACH, FL 34957

P 144 970 919
MARIE RICE
1108 NORTH CENTER STREET
STOCKTON, CA 95202

P 144 970 920
PATRICIA COLE
30127 CUTHBERT RD
MALIBU, CA 90265

P 144 970 921
SALOMON V ARCHULETA
PO BOX 358
DURANGO, CO 81302

P 144 970 922
LENA M COCHRAN
24377 NEWHALL AVE #201
NEWHALL, CA 91321

P 144 970 923
PORTIA PATTERSON
12347 GRANDEE RD
SAN DIEGO, CA 92128

P 144 970 924
BERNICE SNYDER
5543 1/2 HAROLD WAY
HOLLYWOOD, CA 90028

P 144 970 925
ROLAND MOHRMANN
P O BOX 324
SUTTER CREEK, CA 95685

P 144 970 926
ANNA MAY VOLLBRECHT
6058 E PINE STREET
LODI, CA 95240

P 144 970 927
KAREN SELF HIGASHINO
8470 CUTLER WAY
SACRAMENTO, CA 95828

P 144 970 928
EARL B SELF C/O ALICE SUTHERLIN
11371 TWIN CITIES RD
GALT, CA 95632

P 144 970 929
WILLIE LOU COTTERELL
1034 BERRUM LN
RENO, NV 89509

P 144 970 930
JANICE CHULICK
ROUTE 1 BOX 47 A
SUTTER CREEK, CA 95685

P 144 970 931
ELEANOR LORRAINE STEVENS
139 N CRESCENT AVENUE
LODI, CA 95240

P 144 970 932
DIANE D LABARRE
27049 RIO BOSQUE DRIVE
VALENCIA, CA 91354

P 144 970 933
JACK FLOYD ANDERSON DECD
E 5004 9TH AVE
SPOKANE, WA 99212

P 144 970 934
DIAN SELF
1355 42ND STREET
SACRAMENTO, CA 95819

P 144 970 935
KATHLEEN L GELBACH DECD
129 SO 96TH ST
TACOMA, WA 98444

P 144 970 936
KEITH W CHATFIELD
P O BOX 609
SCAPPOOSE, OR 97056

P 144 970 937
KAY DIANE BOWLES TR
KATHERINE MOORE CLAMMER TRUST
5336 FALMOUTH RD
BETHESDA, MD 20816

P 144 970 938
ESTANISLAO M MADARANG OR
MADELINE MADARANG
705 BURTON ST
ROCKY MOUNT, NC 27801

P 144 970 939
MILDRED C MAITLEN
BOX 365
WATERFLOW, NM 87421

P 144 970 940
CATHERINE MCELVAIN HARVEY
A/K/A CATHERINE M HARVEY
PO BOX 2148
SANTA FE, NM 87504

P 144 970 941
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE F MAPEL
PO BOX 26900
ALBUQUERQUE, NM 87125

P 144 970 942
JACQUELINE FIELDS CAMPBELL
P O BOX 112
OURAY, CO 81427

P 144 970 943
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE L INMAN
PO BOX 26900
ALBUQUERQUE, NM 87125

P 144 970 944
JOHN CHRISTOPHER FAVERINO
301 PINION
AZTEC, NM 87410

P 144 970 945
BILLIE JEAN FAVERINO
2170 THYME DR
CORONA, CA 91719

P 144 971 210
THOMAS S SENTER
1440 VENTURA
ENUMCLAW, WA 98022

P 144 971 211
AMOCO PRODUCTION COMPANY
PO BOX 841521
DALLAS, TX 75284

P 144 971 212
ORA R HALL TRUST
BOX 797
PERRY, OK 73077

P 144 971 213
STILLWATER NATL BK TRUSTEE
C R SMITH FBO CURTIS R KELLER
PO BOX 3688
TULSA, OK 74101

P 144 971 214
NORTH CENTRAL OIL CORP
P O BOX 200201
HOUSTON, TX 77216

P 144 971 215
JAMES M RAYMOND
PO BOX 1445
KERRVILLE, TX 78029

P 144 971 216
WINTERGREEN ENERGY CORP
SUITE 125
5735 PINELAND DR
DALLAS, TX 75231

P 144 971 217
NCNB TX NATL BK-FT WORTH
UTA 8-11-60 EX JL TATUM TRST
P O DRAWER 848703
DALLAS, TX 75284

P 144 971 218
AMERITRUST TEXAS NA TRUSTEE
A/C M J FLORANCE TRUST
P O BOX 951412
DALLAS, TX 75395

P 144 971 219
NATIONSBANK OF TEXAS NA
ESCROW AGENT
SABINE ROYALTY TRUST
DALLAS, TX 75284

P 144 971 220
UNITED BANK OF IGNACIO
615 GODDARD AVENUE
BOX 869
IGNACIO, CO 81137

P 144 971 221
EVERGREEN RESOURCES INC
1512 LARIMER ST
1000 WRITER SQUARE
DENVER, CO 80202

P 144 971 222
PAUL H UMBACH ESTATE
PO BOX 5310
FARMINGTON, NM 87499

P 144 971 223
MRS CATHERINE B MCELVAIN
INDIV & EXECX T H MCELVAIN
P O BOX 2148
SANTA FE, NM 87504

P 144 971 224
T H MCELVAIN OIL & GAS PROPERTIES
PO BOX 2148
SANTA FE, NM 87504

P 144 971 225
FRANK O ELLIOTT DBA
ELLIOTT OIL CO
P O BOX 1355
ROSWELL, NM 88201

P 144 971 226
FRANCIS H MARTIN AND
ROSELYN MARTIN TRUSTEES
PO BOX 539
FARMINGTON, NM 87499

P 144 971 227
STATE OF NEW MEXICO
PO BOX 1148
SANTA FE, NM 87501

P 144 971 228
S W AND DOROTHY C
HORSTMAN TRUST
476 SOARDS ROAD
GEORGETOWN, KY 40324

P 144 971 229
THE BOARD OF TRUSTEES LELAND
STANFORD JUNIOR UNIVERSITY
P O BOX 951424
DALLAS, TX 75395

P 144 971 230
MARTHA T TUFFLI ELIZ T CLAYTON
TRUSTEES FOR CATHERINE C
76 EASTFIELD DR
ROLLING HILLS, CA 90274

P 144 971 231
ARTHUR E SHOTTS
OIL & GAS PROPERTIES
BOX 506
WEATHERFORD, OK 73096

P 144 971 232
EMILY SMOUSE O'RILEY
BOX 743
FRUITLAND, NM 87416

P 144 971 233
HELEN RICE SCHLICHT
1527 RED BUD LANE
MCALLISTER, OK 74501

P 144 971 234
MERLE RICE
P O BOX 194
LOCKEFORD, CA 95327

P 144 971 235
ST STANISLAUS CHURCH
C/O REV MICHAEL SAWLEWICZ
616 NORTH DEARBORN AVE
KANKAKEE, IL 60901

P 144 971 236
SUSAN A ESTEP
3804 CEMETERY HILL
CARROLLTON, TX 75007

P 144 971 237
TRANSAMERICA MINERALS COMPANY
1150 SOUTH OLIVE SUITE 2200
LOS ANGELES, CA 90015

P 144 971 238
LOUISE HEALY
P O BOX 4182
REDDING, CA 96099

P 144 971 239
JOSEPHINE MONTOYA
PO BOX 70182
SUNNYVALE, CA 94086

P 144 971 240
DAVID J MARTINEZ DECD
C/O LINDA MARTINEZ
12658 PORTADA PL
SAN DIEGO, CA 92130

P 144 971 241
JOSEPH L MARTINEZ
RT 1 BOX 199A
DEMING, NM 88030

P 144 971 242
SOUTHERN UTE TRIBE
SOUTHERN UTE LOCKBOX
P O BOX 696
IGNACIO, CO 81137

P 144 971 243
VAUGHAN MCELVAIN ENERGY INC
215 OLD KENNETT RD
KENNETT SQ, PA 19348

P 144 971 244
HENRIETTA ABEYTA
2571 W 6075 S
ROY, UT 84067

P 144 971 245
BARBARA GALLEGOS
4771 MT ST HELEN DRIVE
SAN DIEGO, CA 92117

P 144 971 246
LARRY D SEIBEL
P O BOX 368
IGNACIO, CO 81137

P 144 971 247
JEAN M MCCOY
RR #2 BOX 425
CORNISH, NH 03745

P 144 971 248
MARIE M MCCAULEY
C/O JEAN M MCCOY
RR #2 BOX 425
CORNISH, NH 03745

P 144 971 249
CHARLES W SMITH
10559 NORTN ST
HOUSTON, TX 77043

P 144 971 250
CONOCO INC/DELHI
C/O AMOCO PRODUCTION CO
PO BOX 841521
DALLAS, TX 75284

P 144 971 251
SUNWEST BANK OF ALBUQUERQUE
F A CRONICAN SR & HB CRONICAN TRST
PO BOX 26900
ALBUQUERQUE, NM 87125

P 144 971 252
JAMES M RAYMOND TRUSTEE
MAYDELL MILLER MAST TRUST
PO BOX 1445
KERRVILLE, TX 78029

P 144 971 253
JAMES M RAYMOND TRUSTEE OF
THE CORINNE MILLER GAY TRUST
P O BOX 1445
KERRVILLE, TX 78029

P 144 971 254
ESTATE OF JOHN A KROEGER DEC
RUBY B KROEGER PERS REP
P O BOX 597
DURANGO, CO 81302

P 144 971 255
JAMES A MACKEY & STACY A MACKEY
2380 C R 328
IGNACIO, CO 81137

P 144 971 256
DEBRA LEE DUPRAY
12040 EAST JEFSUMARK CIRCLE
TUCSON, AZ 85749

P 144 971 257
GREGORY D HARKINS
1846 ASHBERRY DR
PALM DALE, CA 93551

P 144 971 258
LOUISE A CHAVEZ
2920 ARIZONA PLACE NE
ALBUQUERQUE, NM 87110

P 144 971 259
BANK IV TOPEKA TRUSTEE
JULIE J BISTLINE MARTIN
PO BOX 48348
WICHITA, KS 67201

P 144 971 260
ROBERT LODGE RIEDEL
367 NW 42ND ST
BOCA RATON, FL 33431

P 144 971 261
CHARLES SALTER
5029 PAPPAS DR
INDIANAPOLIS, IN 76237

P 144 971 262
FREDRICK CHARLES JULIAN
500 WEST PARK LANE
COLUMBIA, MO 65201

P 144 971 263
DELORES MAE WENTZ
11160 5TH ST E
TREASURE ISLAND, FL 33706

P 144 971 264
JIMMIE LEE COLLIER
P O BOX 63
ELGIN, OK 73538

P 144 971 265
STANICO ENERGY CORPORATION
P O BOX 32467
OKLAHOMA CITY, OK 73123

P 144 971 266
CORRINE BERKE
1800 ATRIUM PKY APT 255
NAPA, CA 94559

P 144 971 267
STILLWATER NATL BK & TR CO
CR SMITH & FBO GRETCHEN KEELER
P O BOX 1988
STILLWATER, OK 74076

P 144 971 268
HELENA L NETHERCUTT PER REP
OF CARL C NETHERCUTT JR EST
1050 NORTH AVENIDA VENADO
TUSCON, AZ 85710

P 144 971 269
MARJORIE HENSHAW SKOPECEK TRTE
MARJORIE HENSHAW SKOPECEK TRST
2729 MIRADERO DR
SANTA BARBARA, CA 93105

P 144 971 270
THOMAS L DUQUE & JANE HENSHAW
DUQUE TRUSTEES FOR THE DUQUE
5315 L AVENIDA ENCINAS
CARLSBAD, CA 92008

P 144 971 271
CHARLES L PARCELL
140 CONVENT COURT
SAN RAFAEL, CA 94901

P 144 971 272
RUTH M LANPHIER & DAYTON ELISABETH SARGENT BURKART
3220 REPUBLIC PLZ 370 SEVENTEENTH ST
DENVER, CO 80202

P 144 971 273
BETTY BLOOM
3821 NW 33RD STREET
OKLAHOMA CITY, OK 73112

P 144 971 274
SAN JUAN ROYALTY PARTNERS
PO BOX 3759
MIDLAND, TX 79702

P 144 971 275
MILDRED T DEWEY
1304 FAIRVIEW AVE
FARMINGTON, NM 87401

P 144 971 276
DEWEY T SMOUSE
1430 CABALLO LANE
BOSQUE FARMS, NM 87068

P 144 971 277
K & W GAS PARTNERS LP
C/O AMERITRUST PETROLEUM CORP
P O BOX 951424
DALLAS, TX 75395

P 144 971 278
LAURA DICHTER
2324 DAHLIA ST
DENVER, CO 80207

P 144 971 279
MARK S SEXTON C/O EVERGREEN PROPERTIES
1000 WRITER SQUARE 1512 LARIMER ST
DENVER, CO 80202

P 144 971 280
JAMES C RYAN JR
PO BOX 2485
GREENVILLE, SC 29602

P 144 971 281
JOHN J RYAN III
CHERYL F LAWSON AIF
PO BOX 10221
GREENVILLE, SC 29603

P 144 971 282
LARRY D ESTRIDGE
PO BOX 728
GREENVILLE, SC 29602

P 144 971 283
TIMOTHY G COREY
PO BOX 2485
GREENVILLE, SC 29602

P 144 971 284
CARYL C CLOVER
PO BOX 2485
GREENVILLE, SC 29602

P 144 971 286
ROBERT D NIGH TRUSTEE
THE NIGH REVOCABLE TRUST
7080 DEAN ROAD
INDIANAPOLIS, IN 46220

P 144 971 288
MANHATTAN CHRISTIAN COLLEGE
1415 ANDERSON AVENUE
MANHATTAN, KS 66502

P 144 971 290
DOUGLAS CAMERON MCLEOD
518 17TH ST STE 1455
DENVER, CO 80202

P 144 971 292
TERRY A & CARLA K WHITE JT
PO BOX 27
TONKAWA, OK 74653

P 144 971 294
LLOYD D OLGUIN
983 COUNTY RD 327
IGNACIO, CO 81137

P 144 971 296
SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR WWR ENTERPRISES INC
PO BOX 26900
ALBUQUERQUE, NM 87125

P 144 971 298
MARJORIE L BLOMSTROM TRUSTEE
MARJORIE L BLOMSTROM TRUST
9413 GLEN OAKS CIR
SUN CITY, AZ 85351

P 144 971 300
DOREEN M GALLEGOS
2520 DOWNER AVE
RICHMOND, CA 94804

P 144 971 302
SUSANNA P KELLY JR
8383 CHAPMAN
BOZEMAN, MT 59715

P 144 971 285
HARRIE L PERRY JR & MAXINE J
PERRY TRTEES FBO KAIULANI LEI BUMPUS
P O BOX 396
DE RIDDER, LA 70634

P 144 971 287
EUNICE A RICE
JACKIE ATTEBERRY POA
RR 1 BOX 238
GEFF, IL 62842

P 144 971 289
SAN JUAN 1990-A LP
C/O AMERITRUST PETROLEUM CORP
PO BOX 951424
DALLAS, TX 75395

P 144 971 291
JENNIE L CHATFIELD
P O BOX 1145
CABAZON, CA 92230

P 144 971 293
CARL SELF
12771 CHEROKEE LN
GALT, CA 95632

P 144 971 295
SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR MARCIA BERGER
PO BOX 26900
ALBUQUERQUE, NM 87125

P 144 971 297
OZARK CHRISTIAN COLLEGE
1111 NORTH MAIN STREET
JOPLIN, MO 64801

P 144 971 299
MYRNA L TUCKER TRUSTEE
LUCILLE E GRIM REVOCABLE TRUST
3900 COUNTY RD 250
DURANGO, CO 81301

P 144 971 301
JOHN C MAJOR & STEPHEN A MAJOR
JOHN CHARLES MAJOR TRUST
P O BOX 540
JONES, OK 73049

P 144 971 303
ANDREW KELLY JR

P 144 971 304
JO ANN SCHMIDT
HER SOLE & SEPARATE PROPERTY
6819 OAKLAWN WAY
FAIR OAKS, CA 95628

P 144 971 305
JAMES R PAYNE & JEAN PAYNE
525 SIERRA DR SE
ALBUQUERQUE, NM 87108

P 144 971 306
TRUSTEES OF NORTHLAND COLLEGE
1411 ELLIS AVE
ASHLAND, WI 54806

P 144 971 307
BIRDIE F CORYELL
4502 W 29TH ST
LITTLE ROCK, AR 72204

P 144 971 308
CHARLES KELLY
8412 NW 100
Oklahoma City, OK 73132

P 144 971 309
MILTON M KRASNE
9821 SEWARD ST
OMAHA, NE 68114

P 144 971 310
JUDY G ZWEIBACK
8914 FARNAM CT
OMAHA, NE 68114

P 144 971 311
GARY MIZEL A/K/A/ GARY DEAN MIZEL
C/O PAMELA STAECK
3900 E. MEXICO AVE #700
DENVER, CO 80210

P 144 971 312
VICKI MIZEL
C/O PASSION QUEST
1775 BROADWAY 7TH FLOOR
NEW YORK, NY 10019

P 144 971 313
JERRY J ANDREW
408 LONGWOODS DR
HOUSTON, TX 77024

P 144 971 314
JAMES J JOHNSTON
ELEVEN GREENWAY PLZ STE 2608
HOUSTON, TX 77046

P 144 971 315
GUS E MERIWETHER INDEP EXEC
ESTATE OF MARY CECILE FOREHAND
306 E HOUSTON
CROCKETT, TX 75835

P 144 971 316
R E BEAMON III
A/K/A ROBERT E BEAMON III
THREE RIVERWAY STE 470
HOUSTON, TX 77056

P 144 971 335
PATTIE ANN BEAMON LUNDELL
1616 S VOSS RD STE 870
HOUTSON, TX 77057

P 144 971 317
JESSIE MAE WAKELAND
603 W PETER SMITH
FORT WORTH, TX 76104

P 144 971 318
JAMES B FULLERTON
1645 COURT PL #406
DENVER, CO 80202

P 144 971 319
ROGERS GIBBARD TRUST
C/O SUSAN ROGERS EVELAND
8608 HIDDEN MEADOW DR.
FORT WORTH, TX 76179

P 144 971 320
NATIONS BK OF TX NA TRSTE
EULA MAY JOHNSTON
P.O. DRAWER 840738
DALLAS, TX 75284

P 144 971 321
V A JOHNSTON FAMILY TRUST
P.O. BOX 925
RALLS, TX 79357

P 144 971 322
UNION OIL CO OF CALIF
P.O. BOX 9702135
DALLAS, TX 75397

P 144 971 323
ROBERT WITTEN & FEDERIC S NATHAN TRTEES U/W BARBARA ANN
WITTEN FBO ANDREW WITTEN C/O ROBERT C WITTEN
535 EAST 86TH STREET
NEW YORK, NY 10028

P 144 971 324
GEORGE B BROOME
P.O. BOX 2148
SANTA FE, NM 87504

P 144 971 325
ROBERT E BEAMON III PER REP
ANCILLARY ESTATE OF ALMA MURPHY B ANDERSON
THREE RIVERWAY #470
HOUSTON, TX 77056

P 144 971 326
DANIEL HENRY RAFFKIND & MYRNA GIMP RAFFKIND
RAFFKIND REVOCABLE TRUST
3800 DANBURY
AMARILLO, TX 79109

P 144 971 327
ROBERT W AUSTIN
P.O. BOX 37
COOKEVILLE, TN 38503

P 144 971 328
LINDA A SEYKORA
2002 E 4TH ST
GREENVILLE, NC 27858

P 144 971 329
CONSTANCE A KUNCICKY
1122 ROSEWOOD DR
TALLAHASSEE, FL 32301

P 144 971 330
ROBERT E LAUTH
P.O. BOX 776
DURANGO, CO 81302

P 144 971 331
THOMAS H CONNELLY
518 17TH ST STE 1000
DENVER, CO 80202

P 144 971 332
EARL & SONS INC.
4352 COUNTY RD 330
IGNACIO, CO 81137

P 144 971 333
THOMAS C MORAN
3415 S RACE ST
ENGLEWOOD, CO 80110

P 144 971 334
RT 1 BOX 427
FORDLAND, MO 65652

P 144 970 001
CONSTANCE Z HUFF
P.O. BOX 14808
SANTA ROSA, CA 95402-6808

P 144 970 002
MARCELLA RUPEL
BOX 291
CHARLESTON, IL 61920

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 720
 GLEN SWEARINGEN
 1066 BURR OAK LN
 SALINA, KS 67401

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

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 fees.

4a. Article Number

4b. Service Type

- Registered Insured
- Certified CCB
- Express Mail Return Receipt for Merchandise

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 722
 SAMUEL H WAALLEN
 44 CERRETTA ST #7
 STAMFORD, CT 06907

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

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 fees.

4a. Article Number

4b. Service Type

- Registered Insured
- Certified CCB
- Express Mail Return Receipt for Merchandise

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

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 fees.

3. Article Addressed to:

P 144 970 723
 DEZZIE HECTOR
 203 AMHURST ST
 HEMPSTEAD, NY 11550

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

DOMESTIC RETURN RECEIPT

is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 728
 DOROTHY M TAYLOR
 3505 EDGAR PARK
 EL PASO, TX 79904

5. Signature (Addressee)

6. Signature (Agent)

MAY 27 1993

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)

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 729
 JEAN SNADER
 1546 E THIRD AVE
 MESA, AZ 85204

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

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)

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 730
 BANK OF NEW YORK
 A/C ELAINE WALSH
 PO BOX 11200
 NEW YORK, NY 10044

5. Signature (Addressee)

6. Signature (Agent)

THE BANK OF NEW YORK
MAY 29 1993
REGISTRY OFFICE

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)

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 731
 EMIL MOSBACHER JR
 C/O MOSBACHER ENERGY CO
 PO BOX 201678
 HOUSTON, TX 77216

5. Signature (Addressee)

6. Signature (Agent)

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)

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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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3. Article Addressed to:

P 144 970 732
EMMA CLOW
220 NE 7TH
HERMISTON, OR 97838

6. Signature (Agent)

Emma Clow

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

DOMESTIC RETURN RECEIPT

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
 - Restricted Delivery
 - Return Receipt for Merchandise
- Consult postmaster for fee.

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-1

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

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 734
TOTAL MINATOME CORPORATION
PO BOX 201769
HOUSTON, TX 77216

6. Signature (Agent)

Patricia

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

DOMESTIC RETURN RECEIPT

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

MAY 28 1993

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

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 733
JOSEPH G GUAGLIARDI JR
RD 1 MOUNTAIN VILLAGE EST.
MACUNGIE, PA 18062

6. Signature (Agent)

Joseph Guagliardi

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

DOMESTIC RETURN RECEIPT

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

5-28-93

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

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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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 will show to whom the article was delivered and the date delivered.

P 144 970 736
 JOHN A THIEKE TRUSTEE OF THE
 BAYARD WALKER OIL TRUST
 PO BOX 11160
 NEW YORK, NY 10049

THE BANK OF AMERICA
 MAY 29 1993
 REGISTRY C

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

3. Article Addressed to:

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

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)

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

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SENDER:

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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 will show to whom the article was delivered and the date delivered.

P 144 970 737
 EDNA C VOGEL,
 3 MULBERRY LN
 COLTS NECK, NJ 07722

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

3. Article Addressed to:

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

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)

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

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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 will show to whom the article was delivered and the date delivered.

P 144 970 738
 ORLANDO STELLA
 2900 NW 56TH AVE
 LAUDERHILL, FL 33313

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

3. Article Addressed to:

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

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)

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

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

P 144 970 739
 STANLEY PENCOSKE & GENEVIEVA PENCOSKE
 C/O DELORES PINKOS
 405 E KINNEY ST
 NEWARK, NJ 07105

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

3. Article Addressed to:

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

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)

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 742
JUNNIS T HARRIS & KATHERINE T HARRIS
PO BOX 283
BELLE GLADE, FL 33430

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

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 743
NORMA C MATTHEWS
12100 WORNALL RR #337
KANSAS CITY, MO 64145

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

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

4a. Article Number: 144 970 742

4b. Service Type: Registered Insured Certified COD

7. Date of Delivery: MAY 28 1993

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 741
CASTLE INC
502 KEYSTONE DR
WARRENDALE, PA 15086

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

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

4a. Article Number: 144

4b. Service Type: Registered Insured Certified COD

7. Date of Delivery: MAY 28 1993

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

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 744
DANIEL C PIRTLE
7001 142ND AVE NORTH 219
LARGO, FL 34641

Signature (Addressee) *Daniel C Pirtle*
Signature (Agent)

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

4a. Article Number

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

7. Date of Delivery *5-25-93*

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

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

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 746
JOSEPH C CLARK
RR 11 BOX 470
WEST TERRE HAUTE, IN 47885

Signature (Addressee) *Joseph C Clark*
Signature (Agent)

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

4a. Article Number

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

7. Date of Delivery *5-25-93*

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

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

Your RETURN ADDRESS completed on the reverse side?

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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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3. Article Addressed to:

P 144 970 745
JUSTIN L TOWNSLEY
2102 OXFORD AVE
CINCINNATI, OH 45230

Signature (Addressee) *Justin L Townsley*
Signature (Agent)

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

4a. Article Number

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

7. Date of Delivery *5-25-93*

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

I also wish to receive the following services (for an extra fee):
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 2. Restricted Delivery
 Consult postmaster for fee.

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3. Article Addressed to:

P 144 970 747
JUNE CLARK
7190 S 400 E
MARKLEVILLE, IN 46056

Signature (Addressee) *June Clark*
Signature (Agent)

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

4a. Article Number

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

7. Date of Delivery *6-1-93*

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

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 748
HAROLD BOYD
1818 S 23RD ST
TERRE HAUTE, IN 47808

5. Signature (Addressee)
Harold Boyd

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

MAY 28 1993

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 749
MARGARET WIGGINS
4305 N 15TH ST
TERRE HAUTE, IN 47805

5. Signature (Addressee)
Margaret Wiggins

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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)

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 750
STEPHEN CLARK
2018 E 34TH PLACE
HOBART, IN 46342

5. Signature (Addressee)
Stephen Clark

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

5/19/93

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 751
MRS GENE L AMBERT
7160 S 400 E
MARKLEVILLE, IN 46056

5. Signature (Addressee)
Gene Lambert

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

5/22/93

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

P 144 970 752
DORA JANE PIERSON
2425 TAMARAC DRIVE
FORT COLLINS, CO 80521

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

4a. Article Number

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)

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

2. Restricted Delivery
 Consult postmaster for fee.

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 753
BESSIE CUNNINGHAM
C/O MAXINE WYNN
505 N DIVISION #55
CHARLESTON, IL 61920

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

4a. Article Number

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)

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

2. Restricted Delivery
 Consult postmaster for fee.

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

your RETURN ADDRESS completed on the reverse side?

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 754
LILLIAN EKIRSTEN
616 N CATALINA STREET
BURBANK, CA 91505

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

4a. Article Number

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)

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

2. Restricted Delivery
 Consult postmaster for fee.

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

your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 755
MADONNA K HEALY
11 HOLIDAY DR
KIMBERLING CITY, MO 65686

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

4a. Article Number

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)

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

2. Restricted Delivery
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 756
 FAYE FINNEY C/O DICK FINNEY
 P O BOX 1006
 PARIS, IL 61944

5. Signature (Addressee)
Faye Finney

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail

7. Date of Delivery
 6-1-93

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

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

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 738
 SHRINERS HOSPITALS FOR
 CRIPPLED CHILDREN
 PO BOX 0050
 TAMPA, FL 33655

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail

7. Date of Delivery
 5/21/93

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

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

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 757
 MAY NEWELL
 116 DEBORAH DR
 WARNER ROBINS, GA 31093

5. Signature (Addressee)
Mae Newell

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail

7. Date of Delivery
 5/18/93

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

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

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 759
 JAMES E MCELVAIN EX
 EST CARL R MCELVAIN DECD
 ROUTE 647 BOX 63
 MORRIS, IL 60450

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail

7. Date of Delivery
 6/12/93

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

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

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 760
 JEAN MCIVER OLLIS
 HC 60 BOX 565
 CABLE, WI 54821

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

Signature of Jean Mciver Ollis

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery

5/28/93

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

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 761
 SOUTHWEST BANK ALBUQUERQUE
 CHARLES W MCCARTY TRUST
 PO BOX 26900
 ALBUQUERQUE, NM 87125

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

Signature of Kimberly Young

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery

1993 MAY 27

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

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 762
 ROBERT A BROWN
 BOX 66
 FLETCHER, OK 73541

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

Signature of Robert A Brown

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery

5/28/93

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

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 763
 MARY F ROBERTS
 C/O SOUTHWEST BK ALBUQUERQUE NA
 PO BOX 26900
 ALBUQUERQUE, NM 87125

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

Signature of Kimberly Young

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery

1993 MAY 27

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

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 764
 DAVID C DAVIES
 7222 SOUTH ATLANTA AVENUE
 TULSA, OK 74136

5. Signature (Addressee)
David C. Davies

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified

7. Date of Delivery
 JUN 1 1991

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 765
 HOMER A SWEARINGEN
 2364 NORTH RICHMOND ST
 WICHITA, KS 67204

5. Signature (Addressee)
Homer A. Swearingen

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified

7. Date of Delivery
 5/28/93

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

DOMESTIC RETURN RECEIPT

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your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 766
 CAROLYN W BILLINGS
 1219 EAST 26TH STREET
 TULSA, OK 74114

5. Signature (Addressee)
Carolyn W. Billings

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified

7. Date of Delivery
 5-28-93

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

DOMESTIC RETURN RECEIPT

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your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 767
 MARILYN LOUISE ULEVSTAD
 2805 DOUGLAS
 MIDLAND, TX 79701

5. Signature (Addressee)
Marilyn Louise Ulevstad

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified

7. Date of Delivery
 5/29/93

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 768
WILLDAL SMITH
217 N HOWARD
ELK CITY, OK 73644

4a. Article Number

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

7. Date of Delivery
November 28 1993

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

6. Signature (Agent)
Willdal Smith

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 769
VIRGINIA COLLIER
P O BOX 418
FLETCHER, OK 73541

4a. Article Number

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

7. Date of Delivery
5/29/93

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

6. Signature (Agent)
Virginia Collier

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 770
FRANKIE SMITH AGENCY
C/O THE STILLWATER NATIONAL BANK
PO BOX 3688
TULSA, OK 74101

4a. Article Number

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

7. Date of Delivery
May 8 1993

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

6. Signature (Agent)
Frankie Smith

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

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 770
FRANKIE SMITH AGENCY
C/O THE STILLWATER NATIONAL BANK
PO BOX 3688
TULSA, OK 74101

4a. Article Number

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

7. Date of Delivery
May 8 1993

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

6. Signature (Agent)
Frankie Smith

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 772
E GLEASON BROWN
7002 W ORANGE DRIVE
GLENDALE, AZ 85303

4a. Article Number:

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

7. Date of Delivery: 5/28/93

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

6. Signature (Agent): *E. Gleason Brown*

PS Form 3811 December 1991 U.S. GPO: 1992-323-492 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service. your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 773
HELEN JOYCE SWEARINGEN HARDGRAVE
P.O. BOX 514
ANTLERS, OK 74523

4a. Article Number:

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

7. Date of Delivery: 5-28-93

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

6. Signature (Agent): *Helen Swearingen*

PS Form 3811 December 1991 U.S. GPO: 1992-323-492 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 774
ROBERT A COLLIER
P O BOX 449
FLETCHER, OK 73541

4a. Article Number:

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

7. Date of Delivery: 5/28/93

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

6. Signature (Agent): *Robert A. Collier*

PS Form 3811 December 1991 U.S. GPO: 1992-323-492 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 775
MARVEL DIANE STANLEY
9530 WHITE CEDAR COURT
VIENNA, VA 22180

4a. Article Number:

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

7. Date of Delivery: JUN 5 1993

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

6. Signature (Agent): *Marvel Diane Stanley*

PS Form 3811 December 1991 U.S. GPO: 1992-323-492 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 776
ROBBYE F BAKER
C/O SUNNVEST BK ALBUQUERQUE NA
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)
KIMBERLY YOUNG

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
MAY 1993

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

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

2. Restricted Delivery
Consult postmaster for fee.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 777
CAROL CONRY HALL
10214 MILLRIDGE BEND
HOUSTON, TX 77070

5. Signature (Addressee)
Carol Conry Hall

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
JUN 8 1993

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

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

2. Restricted Delivery
Consult postmaster for fee.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 778
EDWARD E DAVIES JR
1228 E 18TH
TULSA, OK 74120

5. Signature (Addressee)
Edward E Davies Jr

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery

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

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

2. Restricted Delivery
Consult postmaster for fee.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 779
KELLY H BAXTER
PO BOX 11193
MIDLAND, TX 79702

5. Signature (Addressee)
Kelly H Baxter

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
JUN - 8 1993

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

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

2. Restricted Delivery
Consult postmaster for fee.

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

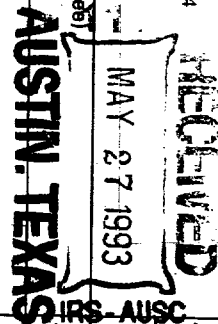
1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 780
 INTERNAL REVENUE SERVICE
 A/C STEVEN J CONRY
 PO BOX 149047
 AUSTIN, TX 78714



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

7. Date of Delivery
 MAY 27 1993

5. Signature (Addressee)

Signature (Agent)

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 782
 MICHAEL CONRY
 3212 E COUNTRY RD 136
 MIDLAND, TX 79701

5. Signature (Addressee)
 Signature (Agent)

4a. Article Number

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

7. Date of Delivery
 MAY 28 1993

8. Addressee's Address (Only if requested and fee is paid)
 5911 Meadow Creek

5. Signature (Addressee)

Signature (Agent)

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 781
 JUDY ULVESTAD LISTER
 7306 CANTYEN CIRCLE
 AUSTIN, TX 78749

5. Signature (Addressee)
 Signature (Agent)

4a. Article Number

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

7. Date of Delivery
 MAY 28 1993

5. Signature (Addressee)

Signature (Agent)

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 783
 HOMER EUGENE BROWN INDEPENDENT
 EXEC. OF THE EST. OF JUNE BROWN DECD
 5711 MEADOWCREEK LANE
 HOUSTON, TX 77017

5. Signature (Addressee)
 Signature (Agent)

4a. Article Number

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

7. Date of Delivery
 MAY 28 1993

5. Signature (Addressee)

Signature (Agent)

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 784
 FREDERICK EUGENE TURNER
 ONE ENERGY SQ STE 852
 4925 GREENVILLE AVE
 DALLAS, TX 75206

5. Signature (Addressee)
Frederick Eugene Turner
 6. Signature (Agent)

4b. Article Number

- 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)

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

- Addressee's Address
- Restricted Delivery
- Return Receipt for fee.

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 786
 ELIZABETH T CALLOWAY
 4801 ST JOHNS DR
 DALLAS, TX 75205

5. Signature (Addressee)
Elizabeth T Calloway
 6. Signature (Agent)

4a. Article Number

- 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)

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

- Addressee's Address
- Restricted Delivery
- Return Receipt for fee.

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

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3. Article Addressed to:

P 144 970 785
 J GLENN TURNER JR
 STE 1201 3131 TURPLE CREEK BLVD
 DALLAS, TX 75219

5. Signature (Addressee)
J Glenn Turner Jr
 6. Signature (Agent)

4b. Article Number

- 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)

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

- Addressee's Address
- Restricted Delivery
- Return Receipt for fee.

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 787
 PATRICIA P SCHEPPER
 C/O J THOMAS SCHEPPER
 201 MAIN ST STE 1640
 FORT WORTH, TX 76102

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

4a. Article Number

- 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)

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

- Addressee's Address
- Restricted Delivery
- Return Receipt for fee.

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

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

3. Article Addressed to:
P 144 970 788
VIRGINIA OLIVER HATFIELD
ONE SUTTON PLACE
350 THUNDERBIRD
EL PASO, TX 79912

4a. Article Number: 144 970 788

4b. Service Type: Registered Insured

7. Date of Delivery: 12/11/91

8. Addressee's Address (Only if requested and fee is paid):
144 970 788

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 789
MARY C MARTIN
510 E 15TH ST
FARMINGTON, NM 87401

4a. Article Number

4b. Service Type: Registered Insured

Certified COD

7. Date of Delivery: 5-26-93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

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

your RETURN ADDRESS completed on the reverse side?

your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 790
SUSANNA DEHJ JIPS KELLY
BAR K RANCI
BOX 585
CAMERON, MT 59720

4a. Article Number

4b. Service Type: Registered Insured

Certified COD

7. Date of Delivery

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 791
SUSAN CONRY MEYER
RD 1 SOUTH CANTON ROAD
POTSDAM, NY 13676

4a. Article Number

4b. Service Type: Registered Insured

Certified COD

7. Date of Delivery: 6-2-93

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

5. Signature (Addressee): [Signature]

6. Signature (Agent): [Signature]

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

your RETURN ADDRESS completed on the reverse side?

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 792
 CLYDE HARGIS & IONE M HARGIS
 718 SINCLAIR AVE
 MIDLAND, TX 79705

5. Signature (Addressee)

Clyde Hargis

6. Signature (Agent)

PA [Signature]

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, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 793
 JOAN CONRY HAUPTMAN
 5824 OGDEN CT
 BETHESDA, MD 20816

5. Signature (Addressee)

Joan Conry Hauptman

6. Signature (Agent)

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

4a. Article Number

4b. Service Type

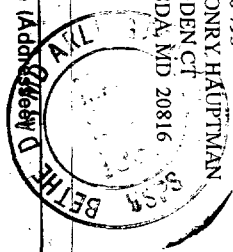
- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

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

DOMESTIC RETURN RECEIPT



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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 will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 794
 ROBERT S TAVUM
 C/O THE FIRST NATL BANK AGENT
 P O DRAWER 848703
 DALLAS, TX 75284

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

[Signature]

4a. Article Number

4b. Service Type

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

7. Date of Delivery

MAY 28 1993

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

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

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 795
 JANE PHILLIPS
 120 LARCHWOOD DR
 BUTLER, PA 16001

5. Signature (Addressee)

Jane Phillips

6. Signature (Agent)

[Signature]

4a. Article Number

4b. Service Type

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

7. Date of Delivery

[Signature]

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

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

DOMESTIC RETURN RECEIPT

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- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 796
 GREG ULVESTAD
 1404 MABERRY ST
 MIDLAND, TX 79701

4a. Article Number
P144970296

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

7. Date of Delivery
5/29/93

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

5. Signature (Addressee)
Greg Ulvestad

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 797
 JOHN LEE TURNER
 PO BOX 797215
 DALLAS, TX 75379

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)
John Lee Turner

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT



your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 798
 VERNON H JONES
 4046 COLUMBIA STREET
 DES MOINES, IA 50313

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)

6. Signature (Agent)

5. Signature (Addressee)
Mrs Vernon H Jones

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

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 144 970 799
 SUZANNE CHAMBERS
 1341 SQUIRES
 ARLIENE, TX 79602

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)

6. Signature (Agent)

5. Signature (Addressee)
Suzanne Chambers

PS Form 3811, November 1990

*U.S. GPO: 1991-287-098

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 P 144 970 800
 MILDRED A WRIGHT TRSTE
 P.O. BOX 13057
 FARMINGTON, NM 87499

4a. Article Number
 P 144 970 800

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

7. Date of Delivery
 5-27-93

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

5. Signature (Addressee)
 Mildred Wright

6. Signature (Agent)
 [Signature]

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

DOMESTIC RETURN RECEIPT

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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 P 144 970 802
 ERNEST REDFORD
 111 NARA VISTA N W
 ALBUQUERQUE, NM 87107

4a. Article Number

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

7. Date of Delivery
 5/26/93

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

5. Signature (Addressee)
 Ernest Redford

6. Signature (Agent)
 [Signature]

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

DOMESTIC RETURN RECEIPT

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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 will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 P 144 970 801
 JOHN SCIENZINSKI
 114 1/2 CLINTON
 ALBIA, IA 52531

4a. Article Number

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

7. Date of Delivery

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

5. Signature (Addressee)
 John Scienzinski

6. Signature (Agent)
 [Signature]

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

DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:
 P 144 970 803
 JOHN WILLIAM McDONALD
 1301 SUNNY HILL COURT
 BETTENDORF, IA 52722

4a. Article Number

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

7. Date of Delivery
 5-28-93

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

5. Signature (Addressee)
 John McDonald

6. Signature (Agent)
 [Signature]

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a & b.

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

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

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

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 804
DAVID GRAHAM McDONALD
1212 OFFICE PARK RD #11
W DES MOINES, IA 50265

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

3/28/93

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

5. Signature (Addressee)
David Graham McDonald

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, and 4a & b.

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

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

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

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 805
HOWARD SWEARINGEN
RR 1 BOX 146A
JAMESTOWN, KS 66948

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

5-28-93

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

5. Signature (Addressee)
Howard Swearingen

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 808
EDNA M WATT
400 HOLLAND DRIVE
BRODERICK, CA 95605

6. Signature (Agent)

Edna M. Watt

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4b. Service Type

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

7. Date of Delivery

5-27-93

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 810
ALDA MULLEN
1084 GIRON CT SE
LOS LUNAS, NM 87031

5. Signature (Addressee)

Alda Mullen

6. Signature (Agent)



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

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4b. Service Type

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

7. Date of Delivery

5-27-93

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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3. Article Addressed to:

P 144 970 809
RUBY ROGERS
3104 E BROADWAY SP 108
MESA, AZ 85204

5. Signature (Addressee)

Ruby Rogers

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4b. Service Type

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

7. Date of Delivery

MAY 28 1993

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 811
BURTON C DUNN
1801 BROADWAY SUITE 400
DENVER, CO 80202

5. Signature (Addressee)

Burton C. Dunn

6. Signature (Agent)

MAY 27 1993

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

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4b. Service Type

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

7. Date of Delivery

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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3. Article Addressed to:

P 144 970 812
 FLORENCE SWEARINGEN
 ROUTE 1
 JAMESTOWN, KS 66948

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

4b. Service Type

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

7. Date of Delivery

5-28-93

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

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

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3. Article Addressed to:

P 144 970 813
 JULIA PAGE
 PO BOX 610
 LAWRENCE, KS 66044

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

4b. Service Type

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

7. Date of Delivery

5-28-93

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

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

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

3. Article Addressed to:

P 144 970 814
 JULIA PAGE LIFE ESTATE
 PO BOX 610
 LAWRENCE, KS 66044

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

4b. Service Type

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

7. Date of Delivery

5-28-93

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

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

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3. Article Addressed to:

P 144 970 815
 FLORA JANE HOPKINS
 2149 SAN ANSELME AVE
 LONG BEACH, CA 90815

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

4b. Service Type

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

7. Date of Delivery

5-29-93

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

DOMESTIC RETURN RECEIPT

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

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3. Article Addressed to:
P 144 970 816
STELLA E HERRELL
2704 MEADOW GREEN
BEDFORD, TX 76021

4a. Article Number: 144970816

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

7. Date of Delivery: 5-28-93

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

5. Signature (Addressee)
Stella E Herrell

6. Signature (Agent)

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

is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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3. Article Addressed to:
P 144 970 817
MARION L SWEARINGEN
2828 S E DOWNING
TOPEKA, KS 66605

4a. Article Number

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

7. Date of Delivery: 5/28/93

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

5. Signature (Addressee)
Marion L Swearingen

6. Signature (Agent)

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

is your RETURN ADDRESS completed on the reverse side?

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.
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3. Article Addressed to:
P 144 970 818
LOUISE M RICHARDSON
1916 NORWOOD ST
INDEPENDENCE, MO 64052

4a. Article Number

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

7. Date of Delivery: 5-28-93

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

5. Signature (Addressee)
Louise M Richardson

6. Signature (Agent)

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

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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.
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3. Article Addressed to:
P 144 970 819
SHERYL COLLINS
4016 SE MERCER
TOPEKA, KS 66609

4a. Article Number

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

7. Date of Delivery: MAY 27 1993

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

5. Signature (Addressee)
Sheryl Collins

6. Signature (Agent)

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

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

3. Article Addressed to:

P 144 970 820
MARY A GARVIN
P O BOX 423
NORTHBORO, MA 01532

5. Signature (Addressee)
Mary A Garvin

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery Consult postmaster for fee.

4a. Article Number

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
JUN 07 1993

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 821
CRAIG COLLINS & SHERRYL COLLINS
4016 SE MERCER
TOPEKA, KS 66609

5. Signature (Addressee)
Craig Collins

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery Consult postmaster for fee.

4a. Article Number

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
28 MAY 1993

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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3. Article Addressed to:

P 144 970 822
MICHELLE RHEE BRATIN
541 Q ST
LINCOLN, CA 95648

5. Signature (Addressee)
Michelle R. Bratin

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery Consult postmaster for fee.

4a. Article Number

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
10/09/93

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

Thank you for using Return Receipt Service.

SENDER:

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

3. Article Addressed to:

P 144 970 823
MICHAEL ROBERT MCLAUGHLIN
90 SKI RD
LIBBY, MT. 59923

5. Signature (Agent)
Michael R. McLaughlin

6. Signature (Addressee)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery Consult postmaster for fee.

4a. Article Number

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
3/28/93

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

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 824
FRANK J MACHACEK
34 MANOR DRIVE PARK
BOHL, ID 83316

5. Signature (Addressee)
Frank J Machacek

6. Signature (Agent)

7. Date of Delivery
5-29-93

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

4a. Article Number

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

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

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

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

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 825
ERMA S REA HAFER
BOX 306
WEIPPE, ID 83553

5. Signature (Addressee)
Erma S Rea Haffer

6. Signature (Agent)

7. Date of Delivery
5-29-93

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

4a. Article Number

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

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

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

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 826
MARIA TRUJILLO
1568 CR 327
IGNACIO, CO 81137

5. Signature (Addressee)
Maria Trujillo

6. Signature (Agent)

7. Date of Delivery
5-27-93

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

4a. Article Number

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

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

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

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

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

3. Article Addressed to:
P 144 970 827
ELLIS BANK AND TRUST CO
P O BOX 1718
SARASOTA, FL 33578

5. Signature (Addressee)
Ellis Bank and Trust Co

6. Signature (Agent)

7. Date of Delivery
5/24/93

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

4a. Article Number

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

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

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

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 828
ROSE SMITH
BOX 367
SHATTUCK, OK 73858

4a. Article Number

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

7. Date of Delivery
5/28/93

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

5. Signature (Addressee)
Rose Smith

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 829
SHIRLEY M REA
1590 C R 328
IGNACIO, CO 81137

4a. Article Number

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

7. Date of Delivery
5/28/93

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

5. Signature (Addressee)
Shirley Rea

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 830
NEILSON H MACKAY
ROUTE 2 BOX 126A
IGNACIO, CO 81137

4a. Article Number

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

7. Date of Delivery
5-27-93

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

5. Signature (Addressee)
Shannon Mackay

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
P 144 970 831
HAROLD F PAYNE JR
PO BOX 1142
RAYFIELD, CO 81122

4a. Article Number

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

7. Date of Delivery

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

5. Signature (Addressee)
Harold F Payne Jr

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 833
JERRY L. YOUNG
PO BOX 421
IGNACIO, CO 81137

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

1. 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

Insured

COD

Return Receipt for Merchandise

7. Date of Delivery

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

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 833
REX C REA
7793 BRENTWOOD COURT
ARVADA, CO 80005

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

1. 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

Insured

COD

Return Receipt for Merchandise

7. Date of Delivery

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 834
CELESTINO R LOPEZ
P O BOX 90
IGNACIO, CO 81137

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

1. 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

Insured

COD

Return Receipt for Merchandise

7. Date of Delivery

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

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 835
STELLA AGUIRRE
134 GLENN PLACE
PUEBLO, CO 81001

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

1. 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

Insured

COD

Return Receipt for Merchandise

7. Date of Delivery

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 836
GLORIA WHITE
131 S SAN JUAN AVE
MONTROSE, CO 81401

5. Signature (Addressee)

6. Signature (Agent) *Gloria White*

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery
 12/21/91

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 837
THOMAS R GOULDING
22389 PUMALINE
POITLSBO, WA 98370

5. Signature (Addressee)

6. Signature (Agent) *Thomas R Goulding*

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery
 12/21/91

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 838
DENNIS O SNODGRASS
1590 CR 328
IGNACIO, CO 81137

5. Signature (Addressee)

6. Signature (Agent) *Dennis O Snodgrass*

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery
 12/21/91

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 839
LOUIS M CUMMINS
PO BOX 1495
DURANGO, CO 81302

5. Signature (Addressee)

6. Signature (Agent) *Louis M Cummins*

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

DOMESTIC RETURN RECEIPT

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)

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

2. Restricted Delivery
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 840
 EARL A BARKER JR
 155 RIVERVIEW DR
 DURANGO, CO 81301

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

7. Date of Delivery
 JUN 1 1993

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

5. Signature (Addressee)
 E. Barker

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 841
 MARGARET WEDDLE
 ROUTE 2 BOX 26
 KAMIAH, ID 83536

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

7. Date of Delivery
 JUN 1 1993

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

5. Signature (Addressee)
 Margaret Weddle

6. Signature (Agent)

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 842
 I RENEE YOUNG PERS REP
 WILLIAM H YOUNG ESTATE
 940 9TH ST
 IDAHO FALLS, ID 83401

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

7. Date of Delivery
 6-3-93

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

5. Signature (Addressee)
 Renee Young

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 843
 ARCHIE DON YOUNG
 2559 CO RD 329
 IGNAOIO, CO 81137

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

7. Date of Delivery
 5-27-93

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

5. Signature (Addressee)
 Archie Don Young

6. Signature (Agent)

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

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SENDER:

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- Complete items 3, and 4a & b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 844
ROSE A HERRERA
1209 FEARNOW AVENUE
PUEBLO, CO 81101

4a. Article Number

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

7. Date of Delivery
5-28-93

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

5. Signature (Addressee)

6. Signature (Agent)
Rose Herrera

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

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SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 846
LOIS A STANSELL
3896 CY ROAD 309A
IGNACIO, CO 81137

4a. Article Number

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

7. Date of Delivery
5-28-93

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

5. Signature (Addressee)
Lois A Stansell

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 847
DEAN CLARK
723 MCMANNISS
FINDLAY, OH 45840

4a. Article Number

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

7. Date of Delivery
MAY 29 1993

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

5. Signature (Addressee)
Dean Clark

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 847
DEAN CLARK
723 MCMANNISS
FINDLAY, OH 45840

4a. Article Number

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

7. Date of Delivery
MAY 29 1993

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

5. Signature (Addressee)
Dean Clark

6. Signature (Agent)

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 848
 DONALD L REA
 11108 STATE HIGHWAY 172
 IGNACIO, CO 81137

- 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)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 849
 DAVID HERRERA
 1209 PEARNOW AVE
 PUEBLO, CO 81101

- 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)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 850
 DOROTHY HERRERA PACHECO
 1209 PEARNOW AVE
 PUEBLO, CO 81101

- 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)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 851
 DONALD REA GOULDING
 5061 RESERVOIR ROAD
 GREENWOOD, CA 95635

- 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)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> • 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 will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>P 144 970 854 JOSE FERNANDO TRUJILLO 1568 COUNTY ROAD 327 IGNACIO, CO 81137</p>		<p>4a. Article Number</p>	
<p>5. Signature (Addressee)</p> <p><i>Jose Fernando Trujillo</i></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature (Agent)</p>		<p>7. Date of Delivery</p> <p>5-22-93</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>			

Thank you for using Return Receipt Service.

<p>SENDER:</p> <ul style="list-style-type: none"> • 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 will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>P 144 970 855 J ROBERT TRUJILLO 2005 RANCH DR FARMINGTON, NM 87401</p>		<p>4a. Article Number</p>	
<p>5. Signature (Addressee)</p> <p><i>J Robert Trujillo</i></p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>6. Signature (Agent)</p> <p><i>John J. Banks</i></p>		<p>7. Date of Delivery</p> <p>5-26-93</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>			

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 858
MARIA TRUJILLO GUARDIAN FOR
MARIA ELZA TRUJILLO A MINOR
1568 COUNTY ROAD 327
IGNACIO, CO 81137

5. Signature (Addressee)
Maria Trujillo

6. Signature (Agent)

4a. Article Number

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

7. Date of Delivery
5-27-93

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 859
MARGARET E. CLARK
650 COUNTY RD 301
DURANGO, CO 81301

5. Signature (Addressee)
Margaret E. Clark

6. Signature (Agent)

4a. Article Number

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

7. Date of Delivery
5-21-93

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 856
MARIA ELENA TRUJILLO
BOX 928
IGNACIO, CO 81137

5. Signature (Addressee)
Maria Elena Trujillo

6. Signature (Agent)

4a. Article Number

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

7. Date of Delivery
5-29-93

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 857
JOSE MARGARITO TRUJILLO
1568 COUNTY ROAD 327
IGNACIO, CO 81137

5. Signature (Addressee)
Maria Trujillo

6. Signature (Agent)

4a. Article Number

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

7. Date of Delivery
5-27-93

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 860
 CHARLES D SELF & CAROLYNE
 225 COUNTY RD 4020
 IGNACIO, CO 81137

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

6-8-93

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

5. Signature (Addressee)
Charles D Self
 6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 861
 SHIRLEY SUTHERLIN
 75 COUNTY ROAD 231
 DURANGO, CO 81301

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-22-93

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

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

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 862
 LEROY SELF
 ROUTE #2 BOX 85
 IGNACIO, CO 81137

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

3/29/93

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

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

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 863
 IRENE REA
 458 C RD 308
 DURANGO, CO 81301

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-26-93

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

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

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 864
 GEORGIA DITTMAR
 912 EAST FIFTH AVE
 DURANGO, CO 81301

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 865
 RONALD L REA
 1911 COMPANY ROAD 309 A
 IGNACIO, CO 81137

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 866
 STANLEY W POLLACK
 409 WEST 7TH ST
 WINONA, MN 55987

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 867
 MARY AGNES CHRISTENSEN
 P O BOX 1853
 ARBOLES, CO 81121

4a. Article Number

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

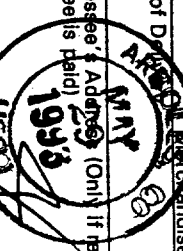
5. Signature (Addressee)

6. Signature (Agent)

7. Date of Delivery

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

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



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 868
 MARY B LOPEZ
 335 COUNTY ROAD 328
 IGNACIO, CO 81137

5. Signature (Addressee)
Mary Lopez

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
 June 5, 1993

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 869
 MARY AURORA ARCHULETA
 379 COUNTY RD 326
 IGNACIO, CO 81137

5. Signature (Addressee)
Mary A. Archuleta

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
 June 1, 1993

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 870
 CHARLES R GOULDING
 P O BOX 1034
 BLACK CANYON CITY, AZ 85324

5. Signature (Addressee)
Charles R. Goulding

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
 5-27-93

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 871
 SHARON SMALL GIOTTS
 43443 NICHOLSON DRIVE
 PORT ORFORD, OR 97465

5. Signature (Addressee)
Sharon Small Giotts

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
 5-28-93

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

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

2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

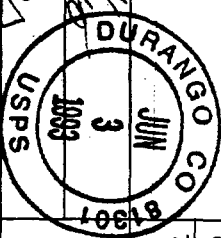
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 872
 MARIA ALACANT'A ALBO
 PO BOX 214
 DURANGO, CO 81302

5. Signature (Addressee)
Maria Alcant'a Albo

6. Signature (Agent)



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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 874
 JAMES A WISEMAN
 3140 BRUNSWICK CIRCLE
 PALM HARBOR, FL 34684

5. Signature (Addressee)

James A Wiseman

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 873
 PINE RIVER VALLEY BANK
 P/O RALPH E REA JR
 PO BOX 500
 BAYFIELD, CO 81122

5. Signature (Addressee)

Ralph E Rea Jr

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 875
 MARIA TRUJILLO GUARDIAN FOR
 EVA DOLORES TRUJILLO A MINOR
 1568 COUNTY ROAD 327
 IGNACIO, CO 81137

5. Signature (Addressee)

Maria Trujillo

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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 will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 876
 FELICITA VELASQUEZ
 P O BOX 434
 IGNACIO, CO 81137

4a. Article Number

- 4b. Service Type
- Registered
 - Certified
 - Express Mail

- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

5-21-93

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

6. Signature (Agent)

Paul Velasquez

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 877
 EARL L REA
 ROUTE 1 1623 C R 309A
 IGNACIO, CO 81137

4a. Article Number

- 4b. Service Type
- Registered
 - Certified
 - Express Mail

- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

5-29-93

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

6. Signature (Agent)

Earl L Rea

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 878
 EARL L REA AND PATRICIA J REA
 1623 C R 309A
 IGNACIO, CO 81137

4a. Article Number

- 4b. Service Type
- Registered
 - Certified
 - Express Mail

- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

5-29-93

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

6. Signature (Agent)

Earl L Rea

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

P 144 970 879
 DALE A YOUNG
 975 SANDIA DRIVE
 BOSQUE FARMS, NM 87068

4a. Article Number

- 4b. Service Type
- Registered
 - Certified
 - Express Mail

- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

6-2-93

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

6. Signature (Agent)

Dale Young

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 880
 BESSIE CRUZ LA VOLD
 1209 FEARNOW AVENUE
 PUEBLO, CO 81001

5. Signature (Addressee)
 Bessie Cruz

6. Signature (Agent)
 Steve Hansen

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

1 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
 5-22-93

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 882
 RUBY JOUGUIN
 3004 ESTRELLA BRILLANTE NW
 ALBUQUERQUE, NM 87102

5. Signature (Addressee)
 Ruby Jouguin

6. Signature (Agent)
 Steve Hansen

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

1 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
 P144970882

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)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 881
 PATRICIO TRUJILLO
 P O BOX 1744
 BLOOMFIELD, NM 87413

5. Signature (Addressee)
 Patricia Trujillo

6. Signature (Agent)
 Patty Trujillo

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

1 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
 P144970881

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)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 883
 SHARLEEN DIANE HALL
 RT 1 BOX 7034
 ALVARADO, TX 76009

5. Signature (Addressee)
 Sharleen Diane Hall

6. Signature (Agent)
 Steve Hansen

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

1 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)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 884
 STINWEST BANK OF ALBUQUERQUE
 AGENT FOR EDITH R BRIGGS
 PO BOX 26900
 ALBUQUERQUE, NM 87125

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent) **AKIMBERTY YOUNG**

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 885
 LORENE MCLEOD
 1624 ESCALANTE AVE SW
 ALBUQUERQUE, NM 87104

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 886
 ADDIE SWEARINGEN
 1100 GEMINI CIRCLE
 PORTALES, NM 88130

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 887
 MYRA PALMER
 1147 RUNNING SPRINGS RD 3
 WALNUT CREEK, CA 94595

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 888
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR WILLIAM C BRIGGS
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)
6. Signature (Agent) **KIMBERLY YOUNG**

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

MAY 27 1993

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 889
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR HERBERT R BRIGGS
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)
6. Signature (Agent) **KIMBERLY YOUNG**

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

MAY 27 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 890
CLIFFORD CAMPBELL
P O BOX 112
OURAY, CO 81427

5. Signature (Addressee)
6. Signature (Agent) **Clifford Campbell**

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

MAY 27 1993

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 891
LOUIS T FAVERINO
P O BOX 8
BLOOMFIELD, NM 87413

5. Signature (Addressee)
6. Signature (Agent) **L. Faverino**

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

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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)

MAY 27 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 892
 IRENE G PEDERSEN
 288 ANIMAS DRIVE #5
 DURANGO, CO 81301

5. Signature (Addressee)

6. Signature (Agent)
Irene G. Pedersen

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery

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

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

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

1. Restricted Delivery
 2. Restricted Delivery
 Consult postmaster for fee.

28 MAY 28 1993
 DUFA
 DATA BY DELIVERY
 USPS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 893
 GLENN FAVERINO
 3262 CR 334
 IGNACIO, CO 81137

5. Signature (Addressee)

6. Signature (Agent)
Glenn Faverino

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery
 5-26-93

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

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 894
 BETTY J FAVERINO
 1004 CIMMARON STREET
 AZTEC, NM 87410

5. Signature (Addressee)

6. Signature (Agent)
Betty J. Faverino

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery
 5-27-93

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

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 895
 PATRICIA ANN CLARK
 PO BOX 5350
 DURANGO, CO 81301

5. Signature (Addressee)

6. Signature (Agent)
Patricia Ann Clark

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

DOMESTIC RETURN RECEIPT

4a. Article Number

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

7. Date of Delivery
 5-26-93

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

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

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

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

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 896
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR ROGER B NIELSON
PO BOX 26900
ALBUQUERQUE, NM 87125

4a. Article Number

4b. Service Type

Registered

Insured

Certified Mail

COD

Express Mail

Return Receipt for Merchandise

5. Signature (Addressee)

6. **KIMBERLY YOUNG**

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 897
SUNWEST BANK OF ALBUQUERQUE
CAROLYN NIELSON SEDBERRY
PO BOX 26900
ALBUQUERQUE, NM 87125

4a. Article Number

4b. Service Type

Registered

Insured

Certified Mail

COD

Express Mail

Return Receipt for Merchandise

5. Signature (Addressee)

6. **KIMBERLY YOUNG**

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 898
T H MCELVAIN JR
PO BOX 2148
SANTA FE, NM 87504

4a. Article Number

4b. Service Type

Registered

Insured

Certified

COD

Express Mail

Return Receipt for Merchandise

5. Signature (Addressee)

6. **[Signature]**

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1 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 144 970 899
ROBERT FAVERINO
HCR 69 BOX 15
OLDFIELD, MO 65720

4a. Article Number

4b. Service Type

Registered

Insured

Certified

COD

Express Mail

Return Receipt for Merchandise

5. Signature (Addressee)

6. **[Signature]**

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 900
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR C FRED LUTHEY JR
PO BOX 26900
ALBUQUERQUE, NM 87125

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)
KIMBERLY YOUNG

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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

7. Date of Delivery
5/24/92

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 901
SAMUEL THOMAS SMOUSE
BOX 93
FRUITLAND, NM 87416

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)
Sam Thomas Smouse

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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

7. Date of Delivery
5/24/92

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 902
REVAE MAE SMOUSE WELLS
6624 MOORE SW
ALBUQUERQUE, NM 87105

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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

7. Date of Delivery
5-22-92

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 903
MOLLIE FRANCES SMOUSE
P O BOX 93
FRUITLAND, NM 87416

4a. Article Number

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

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

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

7. Date of Delivery
5/24/92

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 904
 MRS MARIE J SALEGO
 ESTATE OF VICTORIA G MARTINEZ
 102 NORTH 30TH DRIVE
 PHOENIX, AZ 85009

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

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery
 5-27-93

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

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 906
 ELAINE PALMER GOLD
 3212 NW AVE #C-224
 BELLEVUE, WA 98225

5. Signature (Addressee)

6. Signature (Agent)

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery
 5-28-93

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

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 905
 VIRGINIA S BINKLEY
 P O BOX 70
 CHAMA, NM 87520

5. Signature (Addressee)

6. Signature (Agent)

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery
 5-26-93

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

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 907
 MINERALS MANAGEMENT SERVICE
 ROYALTY MANAGEMENT PROGRAM
 PO BOX 5810
 DENVER, CO 80217

5. Signature (Addressee)

6. Signature (Agent)

- 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
 - Certified
 - Express Mail
 - Insured
 - COD
 - Return Receipt for Merchandise

7. Date of Delivery
 5-27-93

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

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 908
 HELEN M GOODLOE TRUSTEE
 JAMES BLAKE TOUCHSTONE
 778 HILL RD
 BRENTWOOD, TN 37027

5. Signature (Addressee)
Helen M Goodloe
 6. Signature (Agent)

- 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

5-28-95

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 910
 LOIS RICE
 1108 NORTH CENTER STREET
 STOCKTON, CA 95202

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

- 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

May - 1 1995

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 909
 MAXINE C ANDERSON
 PO BOX 416
 IGNACIO, CA 91706
Maxine C Anderson

5. Signature (Addressee)
Maxine C Anderson
 6. Signature (Agent)

- 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

May 27, 1993

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 970 912
 WILLIAM MOHRMANN
 1864 SOUTH HIGHWAY 49
 SAN ANDREAS, CA 95249

5. Signature (Addressee)
William Mohrmann

6. Signature (Agent)

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

7. Date of Delivery

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 970 914
 NEAL SELI
 7318 RUSH RIVER DR
 SACRAMENTO, CA 95831

5. Signature (Addressee)
Neal Seli

6. Signature (Agent)



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

7. Date of Delivery

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 970 915
 BLOSSOM MCBRIER
 6721 BRIER HILL RD
 FAIRVIEW, PA 16415

5. Signature (Addressee)
Blossom McBrier

6. Signature (Agent)
William

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

7. Date of Delivery

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 916
JOY MAE HARTWICK
875 COMSTOCK AVE STE 12B
LOS ANGELES, CA 90024

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

7. Date of Delivery

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

4a. Article Number

4b. Service Type

Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

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

1. Addressee's Address
2. Restricted Delivery
3. Return Receipt for fee.

Thank you for using Return Receipt Service.

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 919
MARIE RICE
1108 NORTH CENTER STREET
STOCKTON, CA 95202

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

7. Date of Delivery

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

4a. Article Number

4b. Service Type

Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

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

1. Addressee's Address
2. Restricted Delivery
3. Return Receipt for fee.

Thank you for using Return Receipt Service.

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

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a, b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 918
BARBARA MCCOLLOUGH
2367 N E 16TH COURT
JENSEN BEACH, FL 34957

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

7. Date of Delivery

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

4a. Article Number

4b. Service Type

Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

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

1. Addressee's Address
2. Restricted Delivery
3. Return Receipt for fee.

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 920
 PATRICIA COLE
 30127 CUTHBERT RD
 MAJIBU, CA 90265

5. Signature (Addressee)

Patricia Cole

6. Signature (Agent)

4a. Article Number

144920920

4b. Service Type

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

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

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 921
 SALOMON V ARCHULETA
 PO BOX 358
 DURANGO, CO 81302

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

144920921

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

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

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, and 4a & b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 922
 LENA M COCHRAN
 24377 NEWHALL AVE #201
 NEWHALL, CA 91321

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

5. Signature (Addressee)

Lena M Cochran

6. Signature (Agent)

4a. Article Number

144920922

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

4b. Service Type

7. Date of Delivery

5-28-92

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 926
 ANNA MAY VOLLBRICHT
 6038 E PINE STREET
 LODI, CA 95240

5. Signature (Addressee)
Anna May Vollbricht

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery. Consult postmaster for fee.

4a. Article Number

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

7. Date of Delivery
 JUN 27 1993

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 927
 KAREN SELF HIGASHINO
 8470 CUTLER WAY
 SACRAMENTO, CA 95828

5. Signature (Addressee)
Karen Self Higashino

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery. Consult postmaster for fee.

4a. Article Number

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

7. Date of Delivery
 JUN - 1 1993

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 970 925
 ROLAND MOHRMANN
 P O BOX 324
 SUTTER CREEK, CA 95685

5. Signature (Addressee)
Roland Mohrmann

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

1. Addressee's Address

2. Restricted Delivery. Consult postmaster for fee.

4a. Article Number

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

7. Date of Delivery
 JUN 27 1993

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 930
 JANICE CHULICK
 ROUTE 1 BOX 47 A
 SUTTER CREEK, CA 95685

4a. Article Number

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

7. Date of Delivery
 5-28-93

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

5. Signature (Addressee)
Janice Chulick

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 931
 ELEANOR LORRAINE STEVENS
 139 N CRESCENT AVENUE
 LODI, CA 95240

4a. Article Number

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

7. Date of Delivery
 MAY 28 1993

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

5. Signature (Addressee)
Eleanor Lorraine Stevens

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 928
 EARL B SELF C/O ALICE SUTHERLIN
 11371 TWIN CITIES RD
 GALT, CA 95632

4a. Article Number

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

7. Date of Delivery

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

5. Signature (Addressee)
Earl B Self

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 929
 WILLIE LOU COTTERELL
 1034 BERRUM LN
 RENO, NV 89509

4a. Article Number

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

7. Date of Delivery
 6-1-93

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

5. Signature (Addressee)
Willie Lou Cotterell

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 932
 DIANE D LABARRE
 27049 RIO BOSQUE DRIVE
 VALENCIA, CA 91354

4a. Article Number

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

7. Date of Delivery

5-28-93

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

5. Signature (Addressee)

[Handwritten Signature]

6. Signature (Agent)

[Handwritten Signature]

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

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 933
 JACK FLOYD ANDERSON DECD
 E 5004 9TH AVE
 SPOKANE, WA 99212

4a. Article Number

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

7. Date of Delivery

6/1/93

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

5. Signature (Addressee)

[Handwritten Signature]

6. Signature (Agent)

[Handwritten Signature]

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 934
 DIAN SELF
 1355 42ND STREET
 SACRAMENTO, CA 95819

4a. Article Number

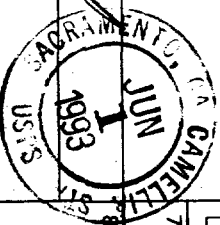
4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)



PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 936
 KEITH W CHATFIELD
 P O BOX 609
 SCAPPOOSE, OR 97056

5. Signature (Addressee)

6. Signature (Agent)
Robert Chabert

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

DOMESTIC RETURN RECEIPT

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

4a. Article Number

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

7. Date of Delivery

5-27-93

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 937
 KAY DIANE BOWLES TR
 KATHERINE MOORE CLAMMER TRUST
 5336 PALMOUTH RD
 BETHESDA, MD 20816

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

4a. Article Number

- 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)

The Big Bank Co

Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 938
 ESTANISLAO M MADARANG OR
 MADELINE MADARANG
 705 BURTON ST
 ROCKY MOUNT, NC 27801

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

4a. Article Number

- 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)

Signature (Agent)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 939
 MILDRED C MATTLEN
 BOX 365
 WATERLOO, NM 87421

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

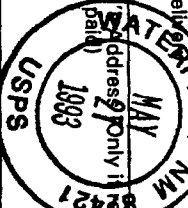
4a. Article Number

- 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)

Signature (Agent)



Is your RETURN ADDRESS completed on the reverse side?

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SENDER:

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Complete items 3, and 4a & b.

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Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 940
CATHERINE MCELVAIN HARVEY
A/K/A CATHERINE M HARVEY
PO BOX 2148
SANTA FE, NM 87504

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

SENDER:

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Complete items 3, and 4a & b.

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Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 941
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE F MAPEL
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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Consult postmaster for fee.

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 942
JACQUELINE FIELDS CAMPBELL
P O BOX 112
OURAY, CO 81427

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

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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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 970 943
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE L INMAN
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

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SENDER:

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JACQUELINE FIELDS CAMPBELL
P O BOX 112
OURAY, CO 81427

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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2. Restricted Delivery
Consult postmaster for fee.

SENDER:

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Complete items 3, and 4a & b.

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

3. Article Addressed to:

P 144 970 943
SUNWEST BANK OF ALBUQUERQUE
AGENT FOR CYRENE L INMAN
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

- SENDER:**
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 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 944
 JOHN CHRISTOPHER FAVERINO
 301 PINION
 AZTEC, NM 87410

4a. Article Number

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

7. Date of Delivery

5/26/93

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

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

- SENDER:**
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 - 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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 970 945
 BILLIE JEAN FAVERINO
 2170 THYME DR
 CORONA, CA 91719

4a. Article Number

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

7. Date of Delivery

6-3-93

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

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

- 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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 210
 THOMAS S SENTER
 1440 VENTURA
 ENUMCLAW, WA 98022

4a. Article Number

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

7. Date of Delivery

5/28/93

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

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 211
 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

7. Date of Delivery

MAY 28 1993

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

5. Signature (Addressee)

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

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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 will show to whom the article was delivered and the date delivered.

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

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

4a. Article Number

P 144 971 212
ORAR HALL TRUST
BOX 797
PERRY, OK 73077

P 144 971 213
STILLWATER NATL BK TRUSTEE
C R SMITH EBO CURTIS R KELLER
PO BOX 3688
TULSA, OK 74101

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

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

7. Date of Delivery
MAY 28 1993

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

4a. Article Number

P 144 971 214
NORTH CENTRAL OIL CORP
P O BOX 200201
HOUSTON, TX 77216

P 144 971 215
JAMES M RAYMOND
PO BOX 1445
KERRVILLE, TX 78029

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

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

7. Date of Delivery
MAY 28 1993

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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

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

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

4a. Article Number

P 144 971 213
STILLWATER NATL BK TRUSTEE
C R SMITH EBO CURTIS R KELLER
PO BOX 3688
TULSA, OK 74101

P 144 971 215
JAMES M RAYMOND
PO BOX 1445
KERRVILLE, TX 78029

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

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

7. Date of Delivery
MAY 28 1993

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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

7. Date of Delivery
MAY 28 1993

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 971 218
 AMERTRUST TEXAS NA TRUSTEE
 A/C M J FLORENCE TRUST
 P O BOX 951412
 DALLAS, TX 75395

4a. Article Number: 144971 218

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

7. Date of Delivery: MAY 28 1993

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

6. Signature (Agent): *[Signature]*

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 971 219
 NATIONSBANK OF TEXAS NA
 ESCROW AGENT
 SABINE ROYALTY TRUST
 DALLAS, TX 75284

4a. Article Number

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

7. Date of Delivery: MAY 28 1993

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

6. Signature (Agent): *[Signature]*

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

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

3. Article Addressed to:
 P 144 971 216
 WINTERGREEN ENERGY CORP
 SUITE 125
 5735 PINELAND DR
 DALLAS, TX 75231

4a. Article Number

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

7. Date of Delivery: 9-5-93

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

6. Signature (Agent): *[Signature]*

PS Form 3811, November 1990 *U.S. GPO: 1991-287-098 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 971 217
 NCNB TX NATL BK-FT WORTH
 LTA 8-11-60 EX JL TATTUM TRST
 P O DRAWER 848703
 DALLAS, TX 75284

4a. Article Number

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

7. Date of Delivery: MAY 28 1993

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

6. Signature (Agent): *[Signature]*

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 220
UNITED BANK OF IGNACIO
615 GODDARD AVENUE
BOX 869
IGNACIO, CO 81137

4a. Article Number

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

7. Date of Delivery

5/29

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 222
PAUL H UMBACH ESTATE
PO BOX 5310
FARMINGTON, NM 87499

4a. Article Number

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

7. Date of Delivery

5-28-93

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 221
EVERGREEN RESOURCES INC
1512 LARIMER ST
1000 WRITER SQUARE
DENVER, CO 80202

4a. Article Number

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

7. Date of Delivery

5/28/93

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

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 223
MRS CATHERINE B MCELVAIN
INDIV & EXECY T H MCELVAIN
P O BOX 2148
SANTA FE, NM 87504

4a. Article Number

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

7. Date of Delivery

5/28/93

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

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 224
 T H MCELVAIN OIL & GAS PROPERTIES
 PO BOX 2148
 SANTA FE, NM 87504

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, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 225
 FRANK O ELLIOTT DBA
 ELLIOTT OIL CO
 P O BOX 1355
 ROSWELL, NM 88201

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, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 226
 FRANCIS H MARTIN AND
 ROSELYN MARTIN TRUSTEES
 PO BOX 539
 FARMINGTON, NM 87499

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, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 227
 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

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- 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 will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 228
 S W AND DOROTHY C
 HORSTMAN TRUST
 476 SOARDS ROAD
 GEORGETOWN, KY 40324

5. Signature (Addressee)

Dorothy C. Horstman

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
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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 will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 229
 THE BOARD OF TRUSTEES LELAND
 STANFORD JUNIOR UNIVERSITY
 P O BOX 951424
 DALLAS, TX 75395

5. Signature (Addressee)

L. L. Morris

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 230
 MARTHA T TUPELL ELIZ T CLAYTON
 TRUSTEES FOR CATHERINE C
 76 EASTFIELD DR
 ROLLING HILLS, CA 90274

5. Signature (Addressee)

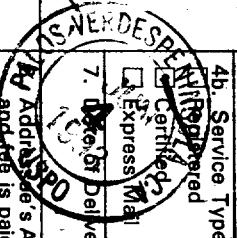
Martha T. Tupell Clayton

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 231
 ARTHUR E SHOTTS
 OIL & GAS PROPERTIES
 BOX 506
 WEATHERFORD, OK 73096

5. Signature (Addressee)

Arthur E. Shotts

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
 5-28-93

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 232
EMILY SMOUSE ORILEY
BOX 743
FRUITLAND, NM 87416

4a. Article Number: 144971232

4b. Service Type: Registered Insured Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee): *Emily Smouse Oriley*

6. Signature (Agent):

7. Date of Delivery: 5/28/93

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 233
HELEN RICE SCHLUCHT
1527 RED BUD LANE
MCALLISTER, OK 74501

4a. Article Number:

4b. Service Type: Registered Insured Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee): *Helen A Schlucht*

6. Signature (Agent):

7. Date of Delivery: 5-28

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 235
ST STANISLAUS CHURCH
C/O REV MICHAEL SAWJEWICZ
616 NORTH DEARBORN AVE
KANKAKEE, IL 60901

4a. Article Number:

4b. Service Type: Registered Insured Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee): *St Stan Church*

6. Signature (Agent):

7. Date of Delivery:

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 236
 SUSAN A ESTER
 3804 CEMETERY HILL
 CARROLLTON, TX 75007

4a. Article Number

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

7. Date of Delivery
5/28/93

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

6. Signature (Agent)

Susan A Ester

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 237
 TRANSAMERICA MINERALS COMPANY
 1150 SOUTH OLIVE SUITE 2200
 LOS ANGELES, CA 90015

4a. Article Number

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

7. Date of Delivery
5/28/93

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

6. Signature (Agent)

R. Blalock

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 238
 LOUISE HEALY
 P O BOX 4182
 REDDING, CA 96099

4a. Article Number

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

7. Date of Delivery
JUN - 1 1993

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

6. Signature (Agent)

Louise Healy

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 239
 JOSEPHINE MONTOYA
 PO BOX 70182
 SUNNYVALE, CA 94086

4a. Article Number
144 971 239

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

7. Date of Delivery
JUN - 2 1993

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

6. Signature (Agent)

Josephine Montoya

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 971 242
 SOUTHERN UTE TRIBE
 SOUTHERN UTE LOCKBOX
 P O BOX 696
 IGNACIO, CO 81137

4a. Article Number

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

7. Date of Delivery
 5/27

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

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 971 243
 VAUGHAN MCELVAIN ENERGY INC
 215 OLD KENNETT RD
 KENNETT SQ, PA 19348

4a. Article Number

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

7. Date of Delivery
 5/28/93

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

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 P 144 971 241
 JOSEPH L MARTINEZ
 RT 1 BOX 199A
 DEMING, NM 88030

4a. Article Number

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

7. Date of Delivery
 5/27 DA

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

5. Signature (Addressee)
 [Signature]

6. Signature (Agent)

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

P 144 971 244
 HENRIETTA ABEYTA
 2571 W 6075 S
 ROY, UT 84067

5. Signature (Addressee)

Henrietta Abeyta

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery *2-28-93*

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

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:

P 144 971 245
 BARBARA GALLEGOS
 4771 MT ST HELEN DRIVE
 SAN DIEGO, CA 92117

5. Signature (Addressee)

Barbara Gallegos



6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery *5-28*

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

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:

P 144 971 246
 LARRY D SEIBEL
 P O BOX 368
 IGNAO, CO 81137

5. Signature (Addressee)

Larry D Seibel

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

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)

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:

P 144 971 247
 JEAN M MCCOY
 RR #2 BOX 425
 CORNISH, NH 03745

5. Signature (Addressee)

Jean McCoy

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

4b. Service Type

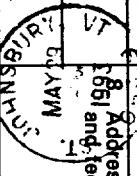
Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery *5-28*

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



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:

P 144 971 248
MARIE M MCCALLEY
C/O JEAN M MCCOY
RR #2 BOX 425
CORNISH, NH 03745

4a. Article Number

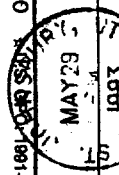
4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)



PS Form 3811, November 1990 * U.S. GPO: 1991-287-088 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:

P 144 971 249
CHARLES W SMITH
10559 NORTN ST
HOUSTON, TX 77043

4a. Article Number

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)



PS Form 3811, November 1990 * U.S. GPO: 1991-287-088 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:

P 144 971 250
CONOCO INC/DELHI
C/O AMOCO PRODUCTION CO
PO BOX 841521
DALLAS, TX 75284

4a. Article Number

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 * U.S. GPO: 1991-287-088 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:

P 144 971 251
SUNWEST BANK OF ALBUQUERQUE
F A CRONICAN SR & IIB CRONICAN TRST
PO BOX 26900
ALBUQUERQUE, NM 87125

4a. Article Number

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)



PS Form 3811, November 1990 * U.S. GPO: 1991-287-088 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:
 P 144 971 252
 JAMES M RAYMOND TRUSTEE
 MAYDELL MILLER MAST TRUST
 PO BOX 1445
 KERRVILLE, TX 78029

4a. Article Number
 4b. Service Type
 Registered
 Certified
 Insured
 COD
 Return Receipt for Merchandise
 7. Date of Delivery
MAY 28 1993

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

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

PS Form 3871, November 1990 *U.S. GPO: 1991-287-068 **DOMESTIC RETURN RECEIPT**

PS Form 3871, November 1990 *U.S. GPO: 1991-287-068 **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 will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 P 144 971 254
 ESTATE OF JOHN A KROEGER DFC
 RUBY B KROEGER PERS REP
 PO BOX 597
 DURANGO, CO 81302

4a. Article Number
 4b. Service Type
 Registered
 Certified
 Insured
 COD
 Return Receipt for Merchandise
 7. Date of Delivery
MAY 28 1993

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

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

PS Form 3871, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

PS Form 3871, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: P 144 971 256 DEBRA LEE DUFRAY 12040 EAST JESUMARK CIRCLE TUCSON, AZ 85749		4a. Article Number	
5. Signature (Addressee) <i>Debra Lee Dufray</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery 5-27-93	
PS Form 3811, December 1991 *U.S. GPO: 1992-323-402		DOMESTIC RETURN RECEIPT	

Thank you for using Return Receipt Service.

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: P 144 971 257 GREGORY D HARKINS 1846 ASHBERRY DR PALM DALE, CA 93551		4a. Article Number	
5. Signature (Addressee) <i>Gregory D Harkins</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery 5-28-93	
PS Form 3811, December 1991 *U.S. GPO: 1992-323-402		DOMESTIC RETURN RECEIPT	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: P 144 971 259 BANK IV TOPEKA TRUSTEE JULIE J BISTLINE MARTIN PO BOX 48348 WICHITA, KS 67201		4a. Article Number	
5. Signature (Addressee)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery MAY 27 1993	
PS Form 3811, December 1991 *U.S. GPO: 1992-323-402		DOMESTIC RETURN RECEIPT	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 260
 ROBERT LODGE RIEDEL
 367 NW 42ND ST
 HOCUA RATON, FL 33431

4a. Article Number

87

4b. Service Type
 Registered
 Certified
 Insured
 COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

6/17/93

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

5. Signature (Addressee)

Robert Riedel

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 262
 FREDRICK CHARLES JULIAN
 500 WEST PARK LANE
 COLUMBIA, MO 65201

4a. Article Number

4b. Service Type

Registered
 Certified
 Insured
 COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

3-28-93

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

5. Signature (Addressee)

Alfred Julian

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 261
 CHARLES SALTER
 5029 PAPPA'S DR
 INDIANAPOLIS, IN 46237

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

6/2/93

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

5. Signature (Addressee)

Anthony Salter

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

P 144 971 263
 DELORES MAE WENTZ
 11160 5TH ST E
 TREASURE ISLAND, FL 33706

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

MAY 27 1993

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

5. Signature (Addressee)

DeLorena M. Wentz

6. Signature (Agent)

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 264
 JIMMIE LEE COLLIER
 P O BOX 63
 ELGIN, OK 73338

4a. Article Number

144 971 264

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-28-93

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

6. Signature (Agent)

Jimmie Lee Collier

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 265
 STANICO ENERGY CORPORATION
 P O BOX 32467
 OKLAHOMA CITY, OK 73123

4a. Article Number

144 971 265

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

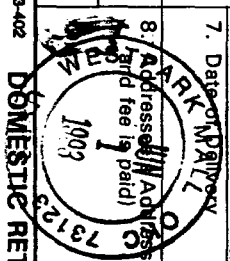
5-28-93

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

6. Signature (Agent)

Jimmie Lee Collier

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



Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 266
 CORRINE BERKE
 1800 ATRIUM PKY APT 255
 NAPA, CA 94559

4a. Article Number

144 971 266

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5/2/93

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

6. Signature (Agent)

Corrine Berke

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

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

P 144 971 267
 STILLWATER NATL BK & TR CO
 CR SMITH & FBO GRETCHEN KEELER
 P O BOX 1988
 STILLWATER, OK 74076

4a. Article Number

144 971 267

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

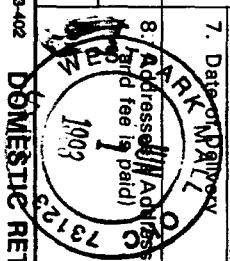
5-28-93

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

6. Signature (Agent)

Corrine Berke

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



Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 268
 HELENA L NETHERCUTT PER REP
 OF CARL C NETHERCUTT JR EST
 1050 NORTH AVENIDA VENADO
 TUSCON, AZ 85710

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

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

DOMESTIC RETURN RECEIPT

1 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
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
 5.28.91

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

Thank you for using Return Receipt Service.

5 081570
 5 PM '92

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 144 971 269
 MARJORIE HENSHAW SKOPECEK TRTE
 MARJORIE HENSHAW SKOPECEK TRST
 2729 MIRADERO DR
 SANTA BARBARA, CA 93105

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

1 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
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
 MAY 28 1993

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

USE ZIP CODE
 Addressee's Address

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 144 971 270
 THOMAS L DUQUE & JANE HENSHAW
 DUQUE TRUSTEES FOR THE DUQUE
 5315 L AVENIDA ENCINAS
 CARLSBAD, CA 92008

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

1 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
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery

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

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 144 971 271
 CHARLES L PARCELL
 140 CONVENT COURT
 SAN RAFAEL, CA 94901

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

1 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
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery

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

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:

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

P 144 971 272
 RUTH M LANPHEIER & DAYTON ELISABETH SARGENT Bldg.
 3220 REPUBLIC PLZ 370 SEVENTEENTH ST
 DENVER, CO 80202

7. Date of Delivery
 5/27

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: 1991-287-086

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:

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

P 144 971 273
 BETTY BLOOM
 3821 NW 33RD STREET
 OKLAHOMA CITY, OK 73112

7. Date of Delivery
 MAY 29 1993

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: 1991-287-086

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:

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

P 144 971 274
 SAN JUAN ROYALTY PARTNERS
 PO BOX 3759
 MIDLAND, TX 79702

4a. Article Number
 P144971274

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
 6-1-93

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-086

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:

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

P 144 971 275
 MILDRED T DEWEY
 1304 FAIRVIEW AVE
 FARMINGTON, NM 87401

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery
 5-26-93

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-086

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:

P 144 971 276
 DEWEY T. SMOUSE
 1430 CABALLO LANE
 BOSQUE FARMS, NM 87068

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)
 Dewey T. Smouse

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:

P 144 971 277
 K & W GAS PARTNERS LP
 C/O AMERTRUST PETROLEUM CORP
 P O BOX 951424
 DALLAS, TX 75395

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**

MAY 28 1993

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:

P 144 971 279
 MARK S. SEXTON C/O EVERGREEN PROPERTIES
 1000 WRITER SQUARE 1512 LARIMER ST
 DENVER, CO 80202

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**

5. Signature (Addressee)
 Cynthia Brown

6. Signature (Agent)

MAY 28 1993

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 your 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.

P 144 971 280
 JAMES C RYAN JR
 PO BOX 2485
 GREENVILLE, SC 29602

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

3. Article Addressed to:

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
JUN - 1 1993

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

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 your 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.

P 144 971 281
 JOHN J RYAN III
 CHERYL F LAWSON AIF
 PO BOX 10221
 GREENVILLE, SC 29603

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

3. Article Addressed to:

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
JUN - 1 1993

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

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):

Addressee's Address

Restricted Delivery

Consult postmaster for fee.

P 144 971 282
 LARRY D ESTRIDGE
 PO BOX 728
 GREENVILLE, SC 29602

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

3. Article Addressed to:

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
JUN - 1 1993

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

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):

Addressee's Address

Restricted Delivery

Consult postmaster for fee.

P 144 971 283
 TIMOTHY G COREY
 PO BOX 2485
 GREENVILLE, SC 29602

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

3. Article Addressed to:

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
JUN - 1 1993

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

PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 284
 CARYL C CLOVER
 PO BOX 2485
 GREENVILLE, SC 29602

5. Signature (Addressee)

6. Signature (Agent)

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

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

7. Date of Delivery JUN 1 1991

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 286
 ROBERT D NIGH TRUSTEE
 THE NIGH REVOCABLE TRUST
 7080 DEAN ROAD
 INDIANAPOLIS, IN 46220

5. Signature (Addressee)

6. Signature (Agent)

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

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

7. Date of Delivery 5-28-93

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 285
 HARRIEL PERRY JR & MAXINE J
 PERRY TRUSTS FBO KATLANI LEI BUMPUS
 P O BOX 396
 DE RIDDER, LA 70634

5. Signature (Addressee)

6. Signature (Agent)

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

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

7. Date of Delivery 11/93

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 287
 EUNICE A RICE
 JACKIE ATTEBERRY POA
 RR 1 BOX 238
 GEF, IL 62842

5. Signature (Addressee)

6. Signature (Agent)

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

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

7. Date of Delivery 5-28-93

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 288
 MANHATTAN CHRISTIAN COLLEGE
 1415 ANDERSON AVENUE
 MANHATTAN, KS 66502

4a. Article Number

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

7. Date of Delivery
 5/28/93

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

5. Signature (Addressee)

6. Signature (Agent)

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

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

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 289
 SAN JUAN 1990-A LP
 C/O AMERITRUST PETROLEUM CORP
 PO BOX 951424
 DALLAS, TX 75395

4a. Article Number

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

7. Date of Delivery
 MAY 28 1992

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

5. Signature (Addressee)

6. Signature (Agent)

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 290
 DOUGLAS CAMERON MCLIBOD
 518 17TH ST STE 1455
 DENVER, CO 80202

4a. Article Number

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

7. Date of Delivery
 5/27/93

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

5. Signature (Addressee)

6. Signature (Agent)

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

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

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 291
 JENNIE L CHATFIELD
 P O BOX 1145
 CABAZON, CA 92230

4a. Article Number

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 292
TERRY A & CARLAK WHITE, JT
PO BOX 27
TONKAWA, OK 74653

5. Signature (Addressee)
6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

4a. Article Number

P-144971-292

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

5-28-93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 293
CARL SELF
12771 CHEROKEE LN
GALT, CA 95632

5. Signature (Addressee)
6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

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)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 294
LLOYD D OLAGUIN
983 COUNTY RD 327
IGNACIO, CO 81137

5. Signature (Addressee)
6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

5-27-93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 295
SUNWEST BANK OF ALBUQUERQUE, NA
AGENT FOR MARCIA BERGER
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)
6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

5-27-93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 296
SUNWEST BANK OF ALBUQUERQUE NA
AGENT FOR WWR ENTERPRISES INC
PO BOX 26900
ALBUQUERQUE, NM 87125

5. Signature (Addressee)

6. Signature (Agent) *Agriamberly Young*

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address fee)
 2. Restricted Delivery Consult postmaster for fee.

Stamp: BUQUERQUE MAY 1993

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 297
OZARK CHRISTIAN COLLEGE
1111 NORTH MAIN STREET
JOPLIN, MO 64801

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery *6-1-93*

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address fee)
 2. Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 298
MARJORIE L. BLOMSTROM TRUSTEE
MARJORIE L. BLOMSTROM TRUST
9413 GLEN OAKS CIR
SUN CITY, AZ 85351

5. Signature (Addressee) *[Signature]*

6. Signature (Agent) *[Signature]*

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address fee)
 2. Restricted Delivery Consult postmaster for fee.

Stamp: SUN CITY AZ MAY 1993

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 299
MYRNA L. TUCKER TRUSTEE
LUCILLE E GRIM REVOCABLE TRUST
3900 COUNTY RD 250
DURANGO, CO 81301

5. Signature (Addressee) *[Signature]*

6. Signature (Agent) *[Signature]*

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address fee)
 2. Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 300
 DOREEN M GALLEGOS
 2520 DOWNER AVE
 RICHMOND, CA 94804

5. Signature (Addressee)
 6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

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)

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

- 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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 302
 SUSANNA P KELLY JR
 8383 CHAPMAN
 BOZEMAN, MT 59715

5. Signature (Addressee)
 6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

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)

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 304
JO ANN SCHMIDT
HER SOLE & SEPARATE PROPERTY
6819 OAKLAWN WAY
FAIR OAKS, CA 95628

5. Signature (Addressee)
Jo Ann Schmidt

6. Signature (Agent)

4a. Article Number
P144971304

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
DEC 11 1991

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 305
JAMES R PAYNE & JEAN PAYNE
525 SIERRA DR SE
ALBUQUERQUE, NM 87108

5. Signature (Addressee)
James Payne

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
5/24/93

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 306
TRUSTEES OF NORTH AND COLLEGE
1411 ELLIS AVE
ASHLAND, WI 54806

5. Signature (Addressee)

6. Signature (Agent)
Northland College P.O.

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
5-28-93

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 307
BIRDIE F CORVELL
4502 W 29TH ST
LITTLE ROCK, AR 72204

5. Signature (Addressee)
Birdie F. Corvell

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail
 Insured
 COD
 Return Receipt for Merchandise

7. Date of Delivery
5-28-93

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 308
CHARLES KELLY
8712 NW 100
Oklahoma City, OK 73132

5. Signature (Addressee)
Charles Kelly

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
5-28-93

8. Addressee's Address (Only if requested and fee is paid)

1 also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 309
MILTON M KRASNE
9821 SEWARD ST
OMAHA, NE 68114

5. Signature (Addressee)
Milton Krasne

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
5/28/93

8. Addressee's Address (Only if requested and fee is paid)

1 also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 310
JUDY G ZWEIBACK
8914 FARNAM CT
OMAHA, NE 68114

5. Signature (Addressee)
Judy G Zweiback

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
5-28-93

8. Addressee's Address (Only if requested and fee is paid)

1 also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 311
GARY MIZEL N/K/A GARY DEAN MIZEL
C/O PAMELA STAFCK
3900 E. MEXICO AVE #200
DENVER, CO 80210

5. Signature (Addressee)
Gary Mizel

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
May 7 1993

8. Addressee's Address (Only if requested and fee is paid)

1 also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 312
VICKI MIZEL
C/O PASSION QUEST
1775 BROADWAY 7TH FLOOR
NEW YORK, NY 10019

5. Signature (Addressee) *[Signature]*

6. Signature (Agent) *[Signature]*

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)

1. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 313
JERRY J ANDREW
408 LONGWOODS DR
HOUSTON, TX 77024

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

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)

1. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 314
JAMES J JOHNSTON
ELEVEN GREENWAY PLZ STE 2608
HOUSTON, TX 77046

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

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)

1. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 315
GUS F. MERIWETHER INDEP EXEC
ESTATE OF MARY CECILE FOREHAND
306 E HOUSTON
CROCKETT, TX 75835

5. Signature (Addressee)

6. Signature (Agent) *[Signature]*

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)

1. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 316
 R E BEAMON III
 A/K/A ROBERT E BEAMON III
 THREE RIVERWAY STE 470
 HOUSTON, TX 77056

5. Signature (Addressee)

[Handwritten Signature]

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-27-92

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 335
 PATTIE ANN BEAMON LUNDELL
 1616 S VOSS RD STE 870
 HOUSTON, TX 77057

5. Signature (Addressee)

[Handwritten Signature]

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-27-92

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

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 will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 318
 JAMES B FULLERTON
 1645 COURT PL #406
 DENVER, CO 80202

5. Signature (Addressee)

[Handwritten Signature]

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

4a. Article Number

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

5-27-92

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 319
ROGERS GIBBARD TRUST
C/O SUSAN ROGERS EVELAND
8608 HIDDEN MEADOW DR.
FORT WORTH, TX 76179

5. Signature (Addressee)
Renee B. Gibbard

6. Signature (Agent)

7. Date of Delivery
5-22-93

8. Addressee's Address (Only if requested and fee is paid)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 320
NATIONSBK OF TX NA TRSTE
EULA MAY JOHNSTON
P.O. DRAWER 840738
DALLAS, TX 75284

5. Signature (Addressee)
Eula May Johnston

6. Signature (Agent)

7. Date of Delivery
MAY 28 1993

8. Addressee's Address (Only if requested and fee is paid)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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 Consult postmaster for fee.

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 321
V A JOHNSTON FAMILY TRUST
P.O. BOX 925
RAILS, TX 79357

5. Signature (Addressee)
Renee B. Gibbard

6. Signature (Agent)

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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 2. Restricted Delivery
 Consult postmaster for fee.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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P 144 971 321
V A JOHNSTON FAMILY TRUST
P.O. BOX 925
RAILS, TX 79357

5. Signature (Addressee)
Renee B. Gibbard

6. Signature (Agent)

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

1. Addressee's Address
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 Consult postmaster for fee.

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 Consult postmaster for fee.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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Printed on the reverse side?

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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.

4a. Article Number

P 144 971 323

ROBERT WITTEN & FEDERIC S NATHAN TREES U/W B
WITTEN FBO ANDREW WITTEN C/O ROBERT C WITTEN
535 EAST 86TH STREET
NEW YORK, NY 10028

- 4b. Service Type
- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery
- 6/1/93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 324

GEORGE B BROOME
P.O. BOX 2148
SANTA FE, NM 87504

- 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, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 144 971 326

DANIEL HENRY RAFFKIND & MYRNA GIMP RAFFKIND
RAFFKIND REVOCABLE TRUST
3800 DANBURY
AMARILLO, TX 79109

- 4b. Service Type
- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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- Write "Return Receipt Requested" on the mailpiece below the article number.
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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.

4a. Article Number

P 144 971 325

ROBERT E BEAMON III PER REP
ANCILLARY ESTATE OF ALMA MURPHY B ANDERSON
THREE RIVERWAY #470
HOUSTON, TX 77056

- 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, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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3. Article Addressed to:

P 144 971 327
ROBERT W. AUSTIN
P.O. BOX 37
COOKEVILLE, TN 38503

5. Signature (Addressee) *Robert W. Austin*

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery

2. Restricted Delivery
Consult postmaster for fee.

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3. Article Addressed to:

P 144 971 328
LINDA A. SPYKORA
2002 E. 4TH ST.
GREENVILLE, NC 27838

5. Signature (Addressee)

6. Signature (Agent) *Linda A. Spykora*

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery

2. Restricted Delivery
Consult postmaster for fee.

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3. Article Addressed to:

P 144 971 329
CONSTANCE A. KINCKY
1122 ROSEWOOD DR
TALLAHASSEE, FL 32301

5. Signature (Addressee) *Constance A. Kincky*

6. Signature (Agent)

4a. Article Number

4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

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 Restricted Delivery

2. Restricted Delivery
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 330
ROBERT E. LAUTH
P.O. BOX 776
DURANGO, CO 81302

5. Signature (Addressee) *Robert E. Lauth*

6. Signature (Agent)

4a. Article Number

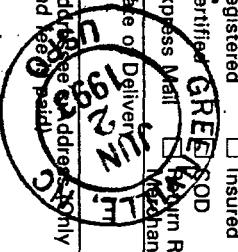
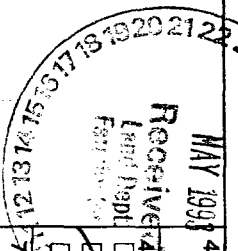
4b. Service Type
 Registered
 Certified
 Express Mail

7. Date of Delivery

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PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 331
 THOMAS H CONNELLY
 518 17TH ST STE 1000
 DENVER, CO 80202

5. Signature (Addressee)

Thomas H Connelly

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

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

5/27/93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 333
 THOMAS C MORAN
 3415 S RACE ST
 ENGLEWOOD, CO 80110

5. Signature (Addressee)

Thomas C Moran

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

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

5-27-93

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

P 144 971 334
 RT 1 BOX 427
 FORD, INDIAN, MO 65652

5. Signature (Addressee)

Benjamin Ford

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

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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

6-1-93

8. Addressee's Address (Only if requested and fee is paid)

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Marcella Ruppel
Box 291
Charles ton, IL
61920

4a. Article Number

P 144 970 002

4b. Service Type

- Registered
- Certified
- Insured
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

6/10/93

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

Richard Ruppel