

# Application

Received: 10/30/2019

*This application is placed in file for record. It MAY or MAY NOT have been reviewed to be determined Administratively Complete*

|                              |                        |                     |                                 |
|------------------------------|------------------------|---------------------|---------------------------------|
| RECEIVED:<br><b>10/30/19</b> | REVIEWER:<br><b>DM</b> | TYPE:<br><b>CTB</b> | APP NO:<br><b>pDM1930832021</b> |
|------------------------------|------------------------|---------------------|---------------------------------|

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Geological & Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND  
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Applicant:** RIDGEWAY ARIZONA OIL CORP **OGRID Number:** 164557  
**Well Name:** MORRISON SAU #942H **API:** 30-041-20985  
**Pool:** CHAVEROO SAN ANDRES NORTHEAST **Pool Code:** 12080

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION  
 INDICATED BELOW**

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]  
 A. Location – Spacing Unit – Simultaneous Dedication  
☐ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD
- B. Check one only for [ I ] or [ II ]  
 [ I ] Commingling – Storage – Measurement  
☐ DHC ☐ CTB ☐ PLC ☐ PC ☒ OLS ☒ OLM  
 [ II ] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR
- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.  
 A. ☐ Offset operators or lease holders  
 B. ☒ Royalty, overriding royalty owners, revenue owners  
 C. ☐ Application requires published notice  
 D. ☒ Notification and/or concurrent approval by SLO  
 E. ☐ Notification and/or concurrent approval by BLM  
 F. ☐ Surface owner  
 G. ☒ For all of the above, proof of notification or publication is attached, and/or,  
 H. ☐ No notice required

**FOR OCD ONLY**

- ☐ Notice Complete  
☐ Application  
 Content  
 Complete

- 3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

**Note: Statement must be completed by an individual with managerial and/or supervisory capacity.**

*William Boyd*

Print or Type Name

*10/30/2019*

Date

*(717) 572-7912*

Phone Number

*William Boyd*

Signature

*Wboyd@pedevco.com*

e-mail Address

Revised 10/30/2019 12:51:12 PM

District I  
1625 N. French Drive, Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

Form C-107-B  
Revised August 1, 2011

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office.

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: Ridgeway Arizona Oil Corporation (OGRID # 164557)  
OPERATOR ADDRESS: 575 N Dairy Ashford Rd, Suite 210, Energy Center II, Houston, TX 77079  
APPLICATION TYPE:

☐ Pool Commingling ☐ Lease Commingling ☐ Pool and Lease Commingling ☒ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☐ No If "Yes", please include the appropriate Order No.  
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
☐ Yes ☐ No

**(A) POOL COMMINGLING**

Please attach sheets with the following information

| (1) Pool Names and Codes | Gravities / BTU of<br>Non-Commingled<br>Production | Calculated Gravities /<br>BTU of Commingled<br>Production |  | Calculated Value of<br>Commingled<br>Production | Volumes |
|--------------------------|--|---|--|---|---------|
|                          |  |   |  |   |         |
|                          |  |   |  |   |         |
|                          |  |   |  |   |         |
|                          |  |   |  |   |         |
|                          |  |   |  |   |         |

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.  
(4) Measurement type: ☐ Metering ☐ Other (Specify)  
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**

Please attach sheets with the following information

- (1) Pool Name and Code. CHAVEROO SAN ANDRES NORTHEAST - 12080  
(2) Is all production from same source of supply? ☒ Yes ☐ No  
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No  
(4) Measurement type: ☒ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**

Please attach sheets with the following information

- (1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☒ Yes ☐ No  
(2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.  
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.  
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: William Boyd TITLE: LAND & REGULATOYR MGR. DATE: 10/30/2019

TYPE OR PRINT NAME WILLIAM BOYD TELEPHONE NO.: (713) 572-9712

E-MAIL ADDRESS: WBOYD@PEDEVCO.COM

# LEGEND

- MSASEU Outline
- Lease Boundary
- Morrison 942H CA Area

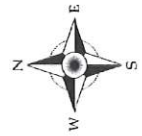
★ Surface Facility

## Wells

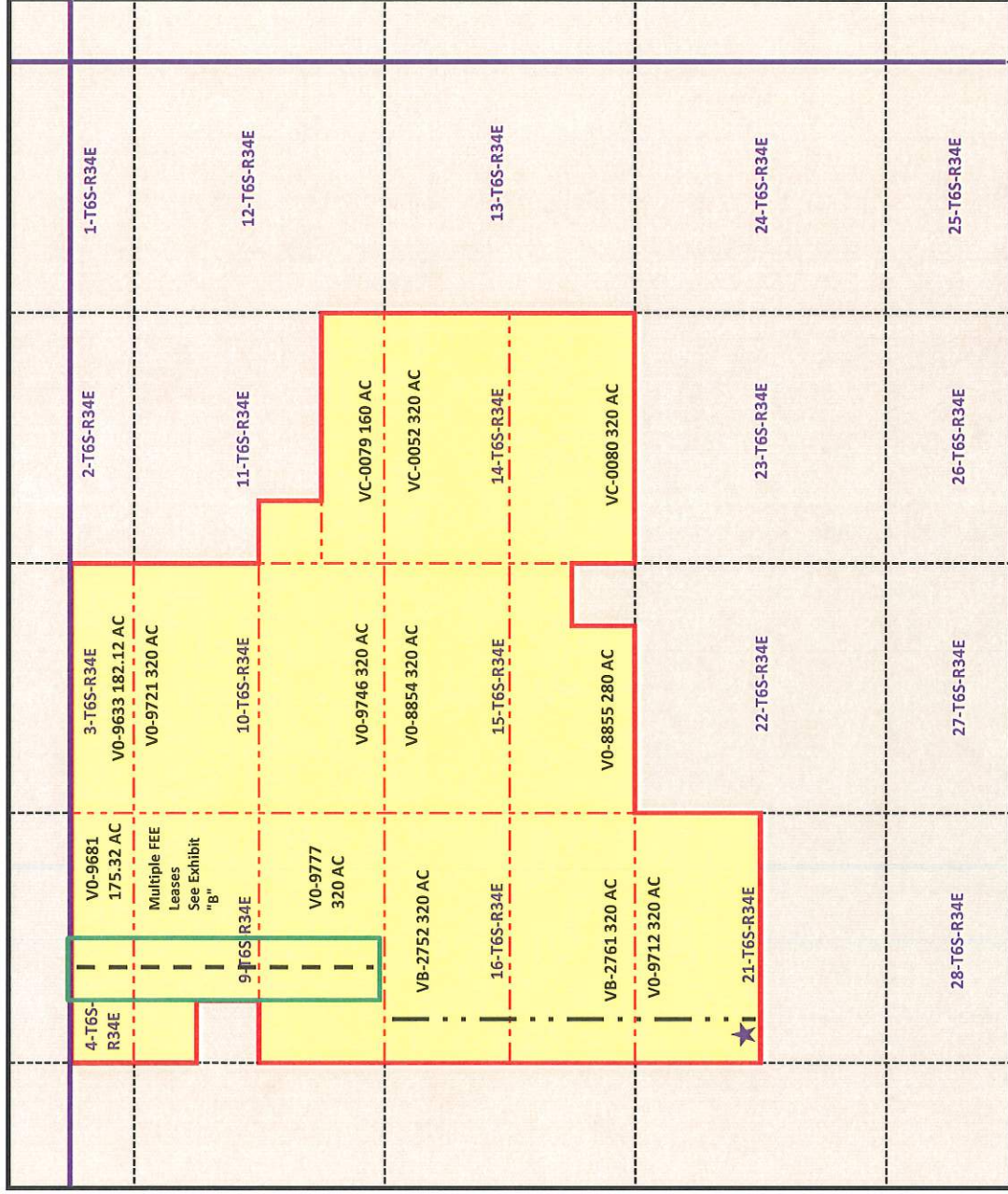
- 30-041-20985
- 30-041-20973

Township Range Section

- Township Range
- Section Line



0 0.5 1 Miles



Ridgeway Arizona Oil Corporation  
575 N Dairy Ashford Rd, Suite 210  
Energy Center II  
Houston, TX 77079

Lease and Well Map C-107B Application

Morrison SASEU #942H

Exhibit "A"

October 2019

| Exhibit "B" Lease Schedule<br>Morrison SAU #942H C-107B Application |   |            |           |     |     |     |                        |        |                  |
|---|---|------------|-----------|-----|-----|-----|------------------------|--------|------------------|
| Lease Number  | Lessor  | Lease Date | County    | Sec | Twp | Rng | Unit Letter            | AC     | Ridgeway<br>WI % |
| V0-9861   | Commissioner of Pub. Lands                    | 2/1/2015   | Roosevelt | 4   | 6S  | 34E | 1, 2, 3, 4             | 175.32 | 100              |
| V0-9633   | Commissioner of Pub. Lands                    | 3/1/2014   | Roosevelt | 3   | 6S  | 34E | 1, 2, 3, 4             | 182.12 | 100              |
| V0-9721   | Commissioner of Pub. Lands                    | 7/1/2014   | Roosevelt | 10  | 6S  | 34E | A, B, C, D, E, F, G, H | 320    | 100              |
| VC-0079   | Commissioner of Pub. Lands                    | 4/1/2017   | Roosevelt | 11  | 6S  | 34E | M, N, O, P             | 160    | 100              |
| V0-9746   | Commissioner of Pub. Lands                    | 9/1/2014   | Roosevelt | 10  | 6S  | 34E | I, J, K, L, M, N, O, P | 320    | 100              |
| V0-9777   | Commissioner of Pub. Lands                    | 10/1/2014  | Roosevelt | 9   | 6S  | 34E | I, J, K, L, M, N, O, P | 320    | 100              |
| VB-2752   | Commissioner of Pub. Lands                    | 8/1/2016   | Roosevelt | 16  | 6S  | 34E | A, B, C, D, E, F, G, H | 320    | 100              |
| VB-2761   | Commissioner of Pub. Lands                    | 8/1/2016   | Roosevelt | 16  | 6S  | 34E | I, J, K, L, M, N, O, P | 320    | 100              |
| V0-9712   | Commissioner of Pub. Lands                    | 7/1/2014   | Roosevelt | 21  | 6S  | 34E | A, B, C, D, E, F, G, H | 320    | 100              |
| V0-8854   | Commissioner of Pub. Lands                    | 11/1/2010  | Roosevelt | 15  | 6S  | 34E | A, B, C, D, E, F, G, H | 320    | 100              |
| VC-0052   | Commissioner of Pub. Lands                    | 4/1/2017   | Roosevelt | 14  | 6S  | 34E | A, B, C, D, E, F, G, H | 320    | 100              |
| VC-0080   | Commissioner of Pub. Lands                    | 4/1/2017   | Roosevelt | 14  | 6S  | 34E | I, J, K, L, M, N, O, P | 320    | 100              |
| V0-8855   | Commissioner of Pub. Lands                    | 11/1/2010  | Roosevelt | 15  | 6S  | 34E | I, J, K, L, M, N, O, P | 280    | 100              |
| VC-0401   | Commissioner of Pub. Lands                    | 7/1/2018   | Roosevelt | 11  | 6S  | 34E | M                      | 40     | 100              |
| FEE   | Jennifer J. Baadsgaard                        | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Sharon Mincher                                | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Robyn Metcalf                                 | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Nicole Mincher                                | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Robyn Metcalf guardian for Timothy A. Metcalf | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Robert D. Mincher                             | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Randall D. Mincher                            | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Ronnie C. Carter                              | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Melvin W. Carter                              | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Bobby N. Goodwin                              | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Lena G. White                                 | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Joshua B. Davidson                            | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | James B. Davidson, Jr.                        | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |
| FEE   | Bill H. Weinmaster                            | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H    | 280    | 100              |

| <b>Exhibit "B" Lease Schedule</b><br><b>Morrison SAU #942H C-107B Application</b> |   |            |           |     |     |     |                     |     |                  |
|---|---|------------|-----------|-----|-----|-----|---------------------|-----|------------------|
| Lease Number  | Lessor                                    | Lease Date | County    | Sec | Twp | Rng | Unit Letter         | AC  | Ridgeway<br>WI % |
| FEE   | Annie Lee Redding                         | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Lynette Campbell                          | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Terry D. Wolfe                            | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Mitchell K. Cargill                       | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Debbie O. Kerr                            | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Paul B. Sparks                            | 3/4/19     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Steven L. Dilbeck                         | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Scott R. Dilbeck                          | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Susan D.<br>Henderson                     | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Dayna Tremain                             | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Deborah D.<br>Martinez                    | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jeff Dilbeck                              | 5/12/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Samuel J. Dilbeck                         | 5/21/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Danny O. Dilbeck                          | 5/15/15    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Neva & David<br>Simonton                  | 5/11/15    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Garry N. Simonton                         | 5/11/16    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Douglas W.<br>Simonton                    | 5/11/16    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Karen L. S.<br>Gutierrez                  | 5/11/16    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Fred Baker &<br>Doris Pritchett-<br>Baker | 5/2/16     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Dilbeck Family<br>Trust                   | 5/1/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Terry D. Knudsen                          | 5/1/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Glenna Carter                             | 5/27/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Carol J. Johnson                          | 5/27/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Lynda Byrd                                | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Robert C. Byrd                            | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Lanona R. B.<br>Carney                    | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jackie L. Byrd                            | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Betty S. Arnett                           | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |



| Exhibit "B" Lease Schedule<br>Morrison SAU #942H C-107B Application |                               |            |           |     |     |     |                     |     |                  |
|---|-------------------------------|------------|-----------|-----|-----|-----|---------------------|-----|------------------|
| Lease Number  | Lessor                        | Lease Date | County    | Sec | Twp | Rng | Unit Letter         | AC  | Ridgeway<br>WI % |
| FEE   | Jimmy L. Morris               | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Marjorie S. Bitetti           | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Tamara Durand                 | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | James W. Schultz              | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Rita H. Schultz               | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Ethan A. Scott                | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Brenda J. Klein               | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Donna K. Hale                 | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Grant Schultz                 | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Paul Schultz                  | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Amber Lemley                  | 5/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Eldon Clendening              | 4/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Ronald D.<br>Clendening       | 4/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Paula J.<br>Eschweiler        | 4/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Catherine Salerno-<br>Johnson | 4/23/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jimmie Stafford               | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Steven C. Redding             | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Bonnie L. Martin              | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Martin Cargill                | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Dempsey Cargill               | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Dwight Lively                 | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Kristee L. Seeley             | 6/13/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Keith B. Taylor               | 3/12/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Rita J. Ogden                 | 3/12/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Lorrie Keeling                | 3/12/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | William M. Ogden              | 3/12/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jennifer Myers                | 3/12/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Thomasene<br>Dilbeck          | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Marion D. Dilbeck             | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |

| Exhibit "B" Lease Schedule<br>Morrison SAU #942H C-107B Application |                          |            |           |     |     |     |                     |     |                  |
|---|--------------------------|------------|-----------|-----|-----|-----|---------------------|-----|------------------|
| Lease Number  | Lessor                   | Lease Date | County    | Sec | Twp | Rng | Unit Letter         | AC  | Ridgeway<br>WI % |
| FEE   | Gregory A. Dilbeck       | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Richard N. Dilbeck       | 4/4/18     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Karon K. C. Wheat        | 10/1/17    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Brenda S. C.<br>George   | 10/15/17   | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | John L. Dilbeck          | 6/19/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jeanette L.<br>Schmitt   | 6/19/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Edwin L. Dilbeck         | 6/19/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Judith Johnson           | 5/14/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | John H. Johnson          | 5/14/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Charles K.<br>Johsnon    | 5/14/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | D Pascoe & N<br>Pascoe   | 5/14/18    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Roy L. Swim              | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Ronald Swim              | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Perry Swim               | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Alice Kathryn<br>Wortham | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Donald L.<br>Martindale  | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Susan Bullock            | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Sandra Cherry            | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Irma L. Pepper           | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Shirley Perryman         | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jerry L. Perryman        | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Jimmie Manwiller         | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Melody Smiley            | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Christy Fletcher         | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| FEE   | Neva C.<br>Abrehamson    | 5/20/76    | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | 100              |
| OCD Order<br>R-20912  | Everett W.<br>Mincher    | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | N/A              |
| OCD Order<br>R-20912  | Jonathan M. Davis        | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | N/A              |
| OCD Order<br>R-20912  | Kyle J. Carter           | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | N/A              |
| OCD Order<br>R-20912  | Dalton W. Carter         | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 | N/A              |



| Exhibit "B" Lease Schedule<br>Morrison SAU #942H C-107B Application |  |            |           |     |     |     |                     |     |  | Ridgeway<br>WI % |
|---|--|------------|-----------|-----|-----|-----|---------------------|-----|--|------------------|
| Lease Number  | Lessor                                     | Lease Date | County    | Sec | Twp | Rng | Unit Letter         | AC  |  |                  |
| OCD Order<br>R-20912  | Marty L. carter                            | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Marta Lorena<br>Carrillo                   | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Mary K. Andres                             | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Richard D.<br>Mincher                      | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | MARY A OCHOA                               | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Amber N.<br>Newman                         | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Johnnie E. F.<br>Redding                   | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Flint E. Redding                           | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Johnny E. Redding                          | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Murrell E.<br>Redding, Jr.                 | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Marilyn K. Calvert                         | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Tammy Perkins-<br>Walkup                   | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Ed A. Wolfe                                | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Trisha L. Rouse                            | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Robin L. Redding                           | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | CECIL REDDING,<br>DECEASED, HEIRS<br>UNKWN | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Mary L. Shepard                            | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Stuart M. Chisolm                          | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Janette Walker                             | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | James Mince                                | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Madeline D.<br>Lambert                     | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Ricky D. Sparks                            | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Timothy K. Sparks                          | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Derin W. Dilbeck                           | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Ahmed M.<br>Moganam                        | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |
| OCD Order<br>R-20912  | Theresa J. Luing                           | Pooled     | Roosevelt | 9   | 6S  | 34E | A, B, C, D, F, G, H | 280 |  | N/A              |

**Exhibit "C"**

**Wells to be Affected by Surface Commingling**

**Morrison SAU #942H C-107B Application**

| <b>Well Name</b>      | <b>API #</b> | <b>Unit Letter</b> | <b>Sec</b> | <b>Twp</b> | <b>Rng</b> | <b>County</b> | <b>Status</b>           |
|-----------------------|--------------|--------------------|------------|------------|------------|---------------|-------------------------|
| Domino 21-16 State 5H | 30-041-20973 | E                  | 21         | 6S         | 34E        | Roosevelt     | Producing               |
| Morrison SAU #942H    | 30-041-20985 | C                  | 16         | 6S         | 34E        | Roosevelt     | Completed Not Producing |

## DISTRICT I

1525 N. French Dr., Hobbs, NM 88240  
Phone (505) 593-5151 Fax: (505) 593-0720

## DISTRICT II

511 S. First St., Artesia, NM 88210  
Phone (505) 745-1253 Fax: (505) 745-0720

## DISTRICT III

1000 Rio Hrazos Rd., Aztec, NM 87410  
Phone (505) 334-5170 Fax: (505) 334-5170

## DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 475-3450 Fax: (505) 475-3450

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate  
District Office

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

|                                   |  |   |
|-----------------------------------|--|---|
| API Number<br><b>30-041-20985</b> | Pool Code<br><b>12080</b>                        | Pool Name<br><b>CHAYEROO, SAN ANDRES, NORTHEAST</b> |
| Property Code<br><b>324922</b>    | Property Name<br><b>MORRISON SAN ANDRES UNIT</b> | Well Number<br><b>942H</b>                          |
| OGRIID No.<br><b>231429</b>       | Operator Name<br><b>MANZANO LLC</b>              | Elevation<br><b>4354'</b>                           |

## Surface Location

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County    |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|-----------|
| C             | 16      | 6 S      | 34 E  |         | 1050          | NORTH            | 1655          | WEST           | ROOSEVELT |

## Bottom Hole Location If Different From Surface

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County    |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|-----------|
| LOT 3         | 4       | 6 S      | 34 E  |         | 25            | NORTH            | 1590          | WEST           | ROOSEVELT |

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
| <b>240</b>      |                 |                    |           |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

**PROPOSED BOTTOM HOLE LOCATION**  
Lot - N 33.821121°  
Long - W 103.473529°  
NMSPCE- N 1027391.9  
E 802468.3  
(NAD-83)

**LAST TAKE POINT  
100 FNL & 1590 FWL**  
Lot - N 33.820915°  
Long - W 103.473532°  
NMSPCE- N 1027317.0  
E 802468.1  
(NAD-83)

**FIRST TAKE POINT  
150 FNL & 1650 FWL**  
Lot - N 33.802465°  
Long - W 103.473308°  
NMSPCE- N 1020603.8  
E 802592.1  
(NAD-83)

**SURFACE LOCATION**  
Lot - N 33.789982°  
Long - W 103.473302°  
NMSPCE- N 1019704.0  
E 802601.6  
(NAD-83)

**OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.

*Mike Hawagan* 1/30/19  
Signature Date

**MIKE HAWAGAN**  
Printed Name  
**mike@manzanoenergy.com**  
Email Address

**SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

**JANUARY JONES** 2019  
Date Surveyed  
Signature  
Professional Surveyor  
7977

Certified true and correct by **7977**  
Professional Surveyor S

0' 1500' 3000' 4500' 5000'  
SCALE: 1" = 2000'  
WO Num.: 34298

**DISTRICT I**1625 N. French Dr., Hobbs, NM 88240  
Phone (575) 825-5181 Fax (575) 825-5750**DISTRICT II**811 S. First St., Artesia, NM 88210  
Phone (505) 745-1555 Fax (505) 713-9755**DISTRICT III**1000 Rio Bravos Rd., Aztec, NM 87410  
Phone (505) 834-8178 Fax (505) 834-8170**DISTRICT IV**1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 478-5400 Fax (505) 478-5455State of New Mexico  
Energy, Minerals and Natural Resources Department**OIL CONSERVATION DIVISION**1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate  
District Office**WELL LOCATION AND ACREAGE DEDICATION PLAT**☐ AMENDED REPORT

|                                   |  |  |
|-----------------------------------|--|--|
| API Number<br><b>30-041-20973</b> | Pool Code<br><b>12080</b>                  | Pool Name<br><b>CHAUVERCO, SAN ANDRES, NORTHEAST</b> |
| Property Code<br><b>319786</b>    | Property Name<br><b>DOMINO 21-16 STATE</b> | Well Number<br><b>5H</b>                             |
| OGRIID No.<br><b>231429</b>       | Operator Name<br><b>MANZANO LLC</b>        | Elevation<br><b>4355'</b>                            |

**Surface Location**

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County    |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|-----------|
| E             | 21      | 6 S      | 34 E  |         | 2500          | NORTH            | 568           | WEST           | ROOSEVELT |

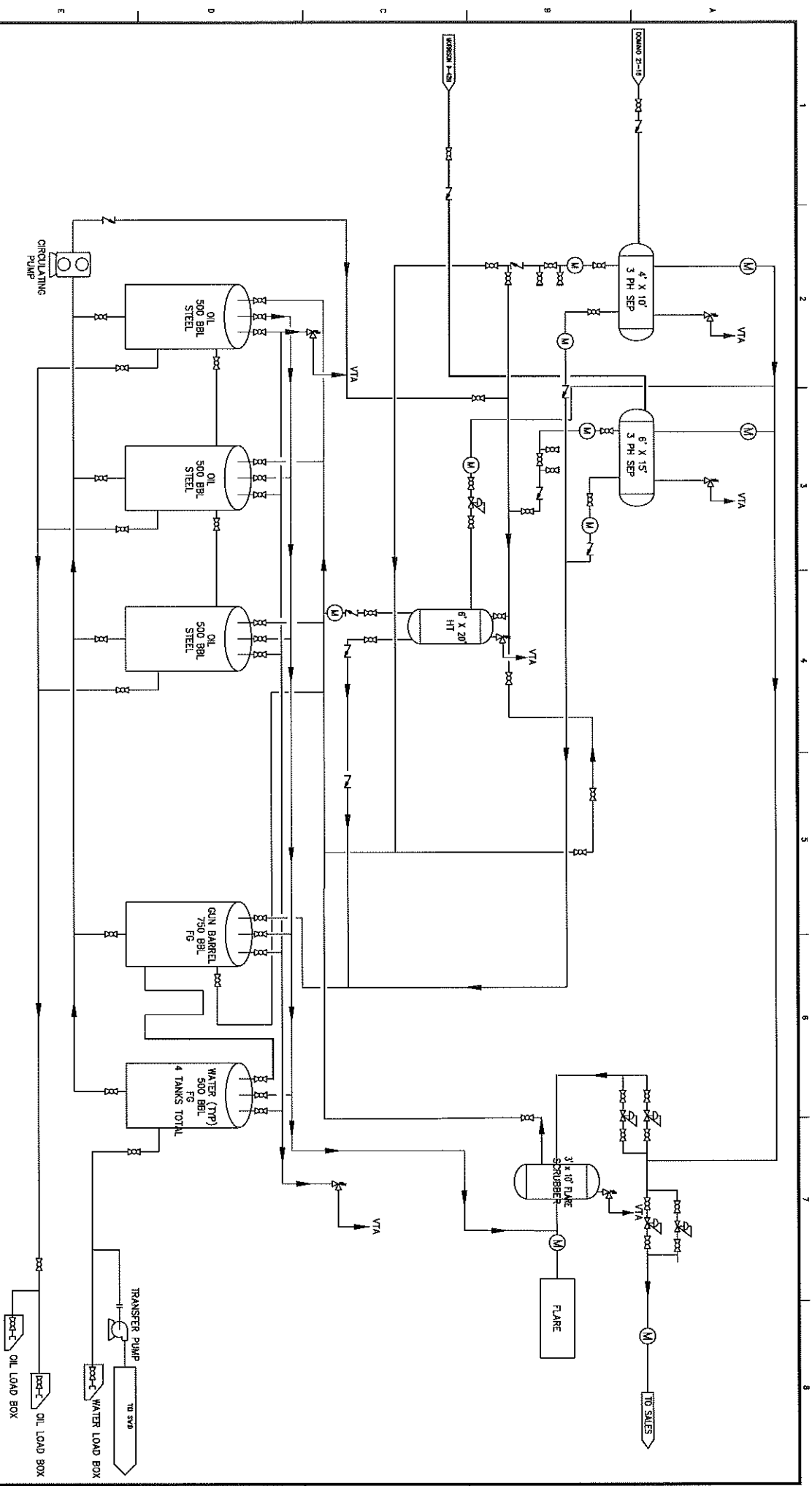
**Bottom Hole Location If Different From Surface**

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County    |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|-----------|
| D             | 16      | 6 S      | 34 E  |         | 295           | NORTH            | 354           | WEST           | ROOSEVELT |

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
| 240             |                 |                    |           |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

|  |  |  |
|--|--|--|
| <b>BOTTOM HOLE LOCATION</b><br>Lat - N 33.802051°<br>Long - W 103.477493°<br>NMSPCE- N 1020442.4<br>E 801322.3<br>(NAD-83)<br><br><b>LAST TAKE POINT</b><br>328' FNL & 354' FWL<br>Lat - N 33.801960°<br>Long - W 103.477490°<br>NMSPCE- N 1020408.4<br>E 801323.2<br>(NAD-83)<br><br><b>FIRST TAKE POINT</b><br>1745' FNL & 506' FWL<br>Lat - N 33.783568°<br>Long - W 103.477043°<br>NMSPCE- N 1013718.0<br>E 801514.8<br>(NAD-83)<br><br><b>SURFACE LOCATION</b><br>Lat - N 33.781493°<br>Long - W 103.476839°<br>NMSPCE- N 1012963.3<br>E 801582.9<br>(NAD-83) |  | <b>OPERATOR CERTIFICATION</b><br>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or is a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.<br>Signature: <i>Michael G. Hanagan</i> Date: 1/17/18<br>Printed Name: Michael G. Hanagan<br>Email Address: mgh@manzanenergy.com |
|  |  | <b>SURVEYOR CERTIFICATION</b><br>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.<br>Date Surveyed: OCTOBER 10, 2017<br>Signature: <i>[Signature]</i><br>Professional Surveyor<br>Certificate No. 7977<br>State of New Mexico<br>Scale: 1" = 2000'<br>WO Num.: 33503   |

[illegible]



October 28, 2019

Via Certified Mail

Re: Notice of Surface Commingling Application  
Domino Central Facility  
Roosevelt County, NM

Dear Owner:

Please find enclosed, notification of our intent to file for a surface commingling permit at the above mentioned location. Production from the newly completed Morrison SAU #942H (API# 30-041-20985) will be taken for storage and sales to the Domino Central Facility. All production will be metered before entering tanks. Schematics of the facility upgrades, plats of all leases and well locations, well schedules, lease schedules, and a list of parties entitled to notice are enclosed herein.

If there are any questions please contact me directly via email at [wboyd@pedevco.com](mailto:wboyd@pedevco.com) or by phone (713) 572-7912

Sincerely,

A handwritten signature in blue ink that reads "Will Boyd".

**William Boyd**

Land & Regulatory Manager  
Ridgeway Arizona Oil Corporation

Encl (5)

## **PARTIES ENTITLED TO NOTICE UNDER NMAC 19.15.26**

Steven L.loyd Dilbeck  
28472 Hwy 102  
Macomb, OK 74852

Scott Raymond Dilbeck  
5129 Debi Rd  
Panama City, FL 32404

Susan Dilbeck Henderson  
10808 N E 16th St  
MidWest City, OK 73130

Dayna Tremain  
12339 E Stuart  
Choctaw, OK 73020

Deborah Denise Martinez  
7598 Road 7W  
Del Norte, CO 81132

Jeff Dilbeck  
14101 NE 63rd St  
Choctaw, OK 73020

Samuel Jason Dilbeck  
2513 E Egbert St  
Brighton, CO 80601

Danny Orville Dilbeck  
2229 Maxey Drive  
Harrah, OK 73045

Neva Simonton and David Simonton  
22319 Elsinore Drive  
Katy, TX 77450-1634

Garry Neal Simonton, SSP  
1335 Silverado Dr. Apt. #2214  
Houston, TX 77077

Douglas Wade Simonton, SSP  
21027 Kelliwood Arbor Lane  
Katy, TX 77450

Karen Lynn Simonton Gutierrez, SSP  
22319 Elsinore Drive.  
Katy, TX 77450

Fred Baker  
Doris Lee Pritchett-Baker  
5506 Bonnie Brook Road  
Cambridge, MD 21613-3436

Dilbeck Family Trust  
9585 E. Poinsettia Drive  
Scottsdale, AZ 85260

Terry Dawn Knudsen, SSP  
10114 Woodview Circle  
Charlotte, NC 28277

Glenna Carter  
547 Leisure World  
Mesa, AZ 85206-3126

Carol Jean Johnson 720-630-6950  
2455 US Hwy 17 S #27  
Bartow, FL 33830

Lynda Byrd  
648 SE Rosewood Ln  
Dallas, OR 97338

Robert Chan Byrd (son JRB)  
22911 Fossil Peak  
San Antonio, TX 78261

Jennifer Jai Baadsgaard (dau. JRB)  
810 Avalon Court  
Cleburne, TX 76033

Lanona Ruth Byrd Carney  
P.O. Box 308  
Gilchrist, OR 97737

Jackie Lynn Byrd  
P.O. Box 550  
Myrtle Creek, OR 97457

Betty Schultz Arnett, SSP  
161 E Snowmass  
Yukon, OK 73099

Jimmy Leon Morris, SSP  
4995 N. 150 Road  
Beggs, OK 74421

Marjorie Sue Bitetti, SSP  
2220 Olcott Ave  
Ardmore, PA 19003-2921



## **PARTIES ENTITLED TO NOTICE UNDER NMAC 19.15.26**

Sharon Mincher  
200 James Crt. #5  
Mound House, NV 89706

Robyn Metcalf  
P.O. Box 313  
Byers CO 80103

Everett Wayne Mincher  
P.O. Box 902  
Denair CA 95316

Nicole (Nikki) Mincher  
4376 Buckhannon Pike  
Mount Clare, WV 26408

Jonathan M Davis  
5530 Couth County Road 181  
Byers CO 80103

Kyle J. Carter  
902 N. 4010 RD  
Boswell OK 74727

Dalton W. Carter  
902 N. 4010 RD  
Boswell OK 74727

Marty L Carter  
902 N. 4010 RD  
Boswell OK 74727

Robyn Metcalf, as legal guardian for  
Timothy A. Metcalf  
P.O. Box 313  
Byers CO. 80103

Mary Katherine Andres, SSP  
212 E. 3rd St.  
Wewoka OK 74884

Richard Douglas (Doug) Mincher  
LEBANON CORRECTIONAL INSTITUTION  
3791 OH-36  
LEBANON, OHIO 45036  
INMATE # A666296

Robert Dale Mincher  
512 Rockford Drive  
Hamilton, Ohio 45013

Randall David Mincher  
223 Bond Ave.  
Hamilton, Ohio 45011

Ronnie Carl Carter  
P.O. Box 90  
Stratford, OK 74872

Melvin W. Carter  
908 NW 10th Street  
Andrews, TX 79714

Bobbie Nicole Goodwin  
602 SW Ave H  
Andrews, Texas 79714

Lena G. (Carter) White  
1570 SE 101  
Andrews, Texas 79714

Joshua Brian Davidson  
2164 Bonham Street  
Midland, Texas 79705

James Barry (Jamie) Davidson Jr.  
433053 E 1617 Rd  
Tuskahoma, Ok 74574

Bill H. Weinmaster  
1420 Melrose Ave  
Modesto, CA 95350-4531

Amber Nicole (Weinmaster) Newman  
1521 Prim Rose Lane  
Modesta, CA 95355

Tamara Durand  
13535 Joshua Way  
Sonora, CA 95370-9323

James William Schultz  
11096 Currey Dr.  
Sonora, CA 95370-9030

Rita Hall Schultz  
108 W Brooken Mt. Rd.  
Stigler OK, 74462

Ethan Alexander Scott  
108 W Brooken Mt. Rd.  
Stigler OK, 74462

## **PARTIES ENTITLED TO NOTICE UNDER NMAC 19.15.26**

Brenda Joan Klein  
5885 Blue Gum Ave  
Modesto, CA 95358

Donna K. Hale  
1309 Oakridge Drive  
Modesto, CA 95351

Grant Schultz  
921 N. Air Depot Blvd.  
Edmond, OK 73034

Paul Schultz  
89 Eagle Crest Loop  
Canyon City, CO 81212

Amber Lemley  
716 N. Buckhorn Way  
Mustang, OK 73064

Eldon Clendening, SSP (son)  
5615 Rockwell Dr.  
Bakersfield, CA 93308

Ronald Dean Clendening  
7465 E 68th Street  
Tulsa, OK 74133

Paula Jean Eschweiler  
525 East 14th St, Apt. 8C  
New York, NY 10009

Catherine Marie Salerno-Johnson  
1233 18 1/2 RD  
FRUITA CO 81521-9686

Jimmie Stafford, SSP  
611 N Burns  
Holdenville, OK 74848

Johnnie Elizabeth Flint Redding  
c/o Boyce Manor Nursing Home  
1600 East Highway  
Holdenville, OK 74848

Flint Edwin Redding  
113 Morrow Dr.  
Slidell, LA 70461

Johnny Edwin Redding  
4959 N 372 Rd  
Allen, OK 74825

Annie Lee Redding  
327 E 9th Street  
Wewoka, OK 74884-3704

Marilyn Kay Calvert  
214 E Monroe St.  
Maud, OK 74854

Lynette Campbell  
1211 S. O'Cheese  
Wewoka, OK 74884

Tammy Diane Perkins-Walkup  
1009 S. High School St.  
Ada, OK 74820

Terry DeWayne Wolfe  
P.O. Box 335  
Washington, OK 73093

Ed Allen Wolfe  
7738 Jackson Road  
Krum, TX 76249

Trisha Lynn Rouse  
P.O. Box 423  
Gordonville, TX 76245

Robin Lynn Redding  
2872 Hwy 93  
Sunset, LA 70584-5729

Steven Charles Redding  
602 Cottonwood Ln  
Tecumseh, OK 74873-1826

Bonnie Leann Martin  
311 Club House Dr.  
Shawnee, OK 74801-7563

Martin Cargill  
13942 State Hwy 56  
Sasakwa, OK 74867

Mitchell K. Cargill  
P.O. Box 300  
Sasakwa, OK 74867

Dempsey Cargill, #514186  
Lawton Correctional Facility  
8607 SE Flower Mound Road  
Lawton, OK 73501

## **PARTIES ENTITLED TO NOTICE UNDER NMAC 19.15.26**

Dwight Lively  
518 E. Benson St.  
Wetumka, OK 74883

Kristee Lively Seeley  
605 E. Saint Louis  
Wetumka, OK 74883

Mary Lou Shepard, SSP  
P.O. Box 534  
Okemah, OK 74859

Keith Bryan Taylor, SSP  
15708 S 449th W Ave  
Bristow, OK 74010

Stuart Michael Chisholm, SSP  
Fasanvagen 7  
17564 JARFALLA, Sweden

Rita Joyce Ogden  
1925 Basswood Ct  
Weatherford, TX 76087

Lorrie Keeling  
7208 Tour Trail  
Benbrook, TX 76126

William Mitchell Ogden  
396222 E 1130 Rd  
Henryetta, OK 74437

Jennifer 'Jeannie' Myers  
110 Woodcrest Dr.  
Weatherford, TX 76087

Thomasene Dilbeck  
329770 E 1048 Rd  
Harrah, OK 73045

Marion Danny Dilbeck  
2916 Sandstone Drive  
Norman, OK 73071

Gregory Alan Dilbeck  
20555 E Wilshire  
Harrah, OK 73045

Richard Niel Dilbeck  
4505 Lake Forest Ct  
Charlestown, IN 47111-9596

Debbie Oneta Kerr  
15701 Claremont Blvd  
Edmond, OK 73013

Karon Kay Champion Wheat  
PO BOX 450337  
GROVE, OK 74345

Brenda Sue Champion George  
15751 Big Horn Trail  
Frisco, TX 75035

John Louis Dilbeck  
14042 Pearl Pointe Drive  
Caldwell, ID 83607

Janette Lee Schmitt  
2067 Alta Vista Drive  
Vista, CA 92084

Edwin Leon Dilbeck  
4868 South 525 West  
Riverdale, UT 84405

Janette Walker  
2951 Branciforte Dr  
Santa Cruz, CA 95065

James Mince  
2389 Langholm Dr  
Colorado Springs, CO 80920

Madeline Dilbeck Lambert  
2806 East Lansing Ave  
Broken Arrow, OK 74014-1845

Paul B. Sparks  
1562 Free Road  
McCalester, OK 74501

Ricky Don Sparks  
1014 E. 146th St.  
Glenpool, OK 74033

Timothy Keith Sparks  
120998 Jones Road  
Eufaula, OK 74432

Derin W. Dilbeck  
12517 S. 3rd  
Jenks, OK 74037

**PARTIES ENTITLED TO NOTICE UNDER NMAC 19.15.26**

A. Mike Moganam  
3500 S Sherman St, Apt. 319  
Englewood, CO 80113-3785

Theresa Jean Luing  
1734 Haystack Rd.  
Castle Rock, CO 80104

Judith Johnson  
1303 S Lawton Unit B  
Tulsa, OK 74127

John Harvey Johnson, SSP  
602 Country Dr  
Tuttle, Oklahoma 73089

Charles Kenneth Johnson, SSP  
7411 S. 85th East Avenue  
Tulsa, OK 74133-3155

Debra L. Pascoe 2015 Revocable Trust  
dated 9/10/2015  
908 West Fargo Street  
Broken Arrow, Oklahoma 74012

Roy Lynn Swim  
PO Box 303  
Sundown, TX 79372

Ronald Swim  
PO Box 303  
Sundown, TX 79372

Perry Swim  
121 Oriole Drive  
Arlington, TX 76010

Alice Kathryn Wortham  
5620 Hill Road  
Boise, ID 83703

Donald L. Martindale  
118 North Emberwood  
Robinson, TX 76706

Susan Bullock  
1605 Oak Hill  
Roseburg, OR 97470

Sandra Cherry  
1704 Woodmere Loop  
Montgomery, AL 36117

Irma Lee Pepper  
PO Box 156  
Estelline, TX 79233

Shirley Perryman  
5730 FM 1294  
Lubbock, TX 79415

Jerry Lee Perryman  
415 Cedar Springs Road  
Ingram, TX 78025

Jimmie Manwiller  
13401 Sutton Park Dr. S, Apt 928  
Jacksonville, FL 32244

Melody Smiley  
1072 West Grove Dr.  
Saginaw, TX 76179

Christy Fletcher  
446 E. 3650 North  
North Ogden, UT 84414

Neva Copeland Abrehamsen  
6 N. 6th Street  
Suntower 102  
Yakima, WA 98901

ETP-MEP II, LP  
PO Box 2107  
Roswell, NM 88202

Michael G. Hanagan  
PO Box 1737  
Roswell, NM 88202

Worrall Investment Corp.  
PO Box 1834  
Roswell, NM 88202

Breedyk Enterprises, LLC  
1500 Corporate Circle, Suite 15  
Southlake, TX 76092

Chad Barbe  
PO Box 2107  
Roswell, NM 88202

Barbe Development, LLC  
PO Box 2107  
Roswell, NM 88202

**PARTIES ENTITLED TO NOTICE UNDER NMAC 19.15.26**

Armstrong Energy Corp, et al  
PO Box 1973  
Roswell, NM 88202

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

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 28412 Hwy 102  
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Sent To  
 Street and Apt. No., or PO Box No.  
 12339 E. Stuart  
 City, State, ZIP+4®  
 Choctaw, OK 73020

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☐ Adult Signature Restricted Delivery \$

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Sent To  
 Street and Apt. No., or PO Box No.  
 5129 Debi Rd.  
 City, State, ZIP+4®  
 Panama City, FL 32404

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☐ Adult Signature Restricted Delivery \$

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Sent To  
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 1598 Road 7W  
 City, State, ZIP+4®  
 Del Norte, CO 81132

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☐ Adult Signature Restricted Delivery \$

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Sent To  
 Street and Apt. No., or PO Box No.  
 10808 NE 16th St.  
 City, State, ZIP+4®  
 Midwest City, OK 73130

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☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
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 Total Postage and Fees  
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Sent To  
 Street and Apt. No., or PO Box No.  
 14101 NE 163rd St  
 City, State, ZIP+4®  
 Choctaw, OK 73020

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| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Samuel Jason Dilbeck</u>                             |                  |
| Street and Apt. No., or PO Box No. <u>2513 E. Egbert St.</u>    |                  |
| City, State, ZIP+4® <u>Brighton, CO 80601</u>                   |                  |

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| <input type="checkbox"/> Return Receipt (hardcopy) \$                  |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$                |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$         |                  |
| <input type="checkbox"/> Adult Signature Required \$                   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$        |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To <u>Garry Neal Simonton, SSP</u>                                |                  |
| Street and Apt. No., or PO Box No. <u>1335 Silverado Dr. Apt. 2214</u> |                  |
| City, State, ZIP+4® <u>Houston, TX 77077</u>                           |                  |

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| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Danny Drville Dilbeck</u>                            |                  |
| Street and Apt. No., or PO Box No. <u>2224 Maxey Dr.</u>        |                  |
| City, State, ZIP+4® <u>Harris, TX 73045</u>                     |                  |

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| <input type="checkbox"/> Return Receipt (hardcopy) \$               |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$             |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$      |                  |
| <input type="checkbox"/> Adult Signature Required \$                |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$     |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$  |                  |
| Sent To <u>Douglas Wade Simonton, SSP</u>                           |                  |
| Street and Apt. No., or PO Box No. <u>21021 Kellwood Arbor Lane</u> |                  |
| City, State, ZIP+4® <u>Katy, TX 77450</u>                           |                  |

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| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Neva Simonton + David Simonton</u>                   |                  |
| Street and Apt. No., or PO Box No. <u>22314 Elsinore Dr.</u>    |                  |
| City, State, ZIP+4® <u>Katy, TX 77450-1634</u>                  |                  |

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| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Karen Lynn Simonton</u> <u>Gutierrez</u>             |                  |
| Street and Apt. No., or PO Box No. <u>22314 Elsinore Dr.</u>    |                  |
| City, State, ZIP+4® <u>Katy, TX 77450</u>                       |                  |

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☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
 \$  
 Total Postage and Fees  
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Sent To Fred Baker/Doris Lee Ritchett-  
506 Bonnie Brook Rd Baker  
Cambridge MD 21613-3436  
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☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
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 Total Postage and Fees  
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Sent To Glenna Carter  
547 Leisure World  
Mesa, AZ 85206-3126  
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☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
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 Total Postage and Fees  
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Sent To Dilbeck Family Trust  
9585 E. Poinsettia Drive  
Scottsdale, AZ 85260  
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☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
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 Total Postage and Fees  
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Sent To Carol Jean Johnson 720-630-6950  
2455 US Hwy 17 S. #21  
Bartow, FL 33830  
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☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
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 Total Postage and Fees  
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Sent To Terry Dawn Knudsen SSP  
10114 Woodview Circle  
Charlotte, NC 28277  
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☐ Adult Signature Restricted Delivery \$

Postmark  
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Sent To Lynda Byrd  
648 SE Rosewood Ln  
Dallas, TX 75238  
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| <input type="checkbox"/> Return Receipt (electronic) \$  |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                  |
| <input type="checkbox"/> Adult Signature Required \$   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To<br>Robert Chan Byrd (Son JEB)  |                  |
| Street and Apt. No., or PO Box No.<br>229 H Fossil Peak  |                  |
| City, State, ZIP+4®<br>San Antonio, TX 78261   |                  |
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| Extra Services & Fees (check box, add fee as appropriate)  |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                  |
| <input type="checkbox"/> Adult Signature Required \$   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To<br>Jackie Lynn Byrd  |                  |
| Street and Apt. No., or PO Box No.<br>BOX 550  |                  |
| City, State, ZIP+4®<br>Murfreesboro, TN 37131  |                  |
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| Extra Services & Fees (check box, add fee as appropriate)  |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                  |
| <input type="checkbox"/> Adult Signature Required \$   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To<br>Jennifer Sai Baadsgaard (dau) PB  |                  |
| Street and Apt. No., or PO Box No.<br>810 Avalon Court   |                  |
| City, State, ZIP+4®<br>Cedarburne, TX 76033  |                  |
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| Extra Services & Fees (check box, add fee as appropriate)  |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                  |
| <input type="checkbox"/> Adult Signature Required \$   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To<br>Betty Schultz Arnett SS   |                  |
| Street and Apt. No., or PO Box No.<br>161 E. Snowmass  |                  |
| City, State, ZIP+4®<br>Vukon, OK 73099   |                  |
| PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions                       |                  |

7019 0700 0002 2730 9832

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| Certified Mail Fee<br>\$   | Postmark<br>Here |
| Extra Services & Fees (check box, add fee as appropriate)  |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                  |
| <input type="checkbox"/> Adult Signature Required \$   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To<br>Lanona Ruth Byrd Carnes   |                  |
| Street and Apt. No., or PO Box No.<br>PO Box 308   |                  |
| City, State, ZIP+4®<br>Gulchmist, OR 97131   |                  |
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7019 0700 0002 2730 9825

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| Extra Services & Fees (check box, add fee as appropriate)  |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                  |
| <input type="checkbox"/> Adult Signature Required \$   |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                  |
| Postage<br>\$  |                  |
| Total Postage and Fees<br>\$   |                  |
| Sent To<br>Jimmy Leo Morris SS   |                  |
| Street and Apt. No., or PO Box No.<br>4495 N. 150 Road   |                  |
| City, State, ZIP+4®<br>Beauregard, OK 74421  |                  |
| PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions                       |                  |

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Here

Postage

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Sent To

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City, State, ZIP+4®

Majone Sue Brette SSP  
2220 Olcott Ave.  
Ardmore, PA 19003-2921

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 9719

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City, State, ZIP+4®

Sharon Mincher  
200 James Crt #5  
Mount House, NV 89706

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 9702

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Sent To

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City, State, ZIP+4®

Everett Wayne Mincher  
PO Box 902  
Dunair, CA 95316

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 9696

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Total Postage and Fees

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Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Nicole (Nikki) Mincher  
4376 Buckhannon Pike  
Mount Clare, WV 26408

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 9818

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Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Robyn Metcalf  
PO Box 313  
Buers, CO 80103

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7019 0700 0002 2730 9801

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Here

Postage

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Total Postage and Fees

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Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Jonathan M. Davis  
5530 South County Rd. 181  
Buers, CO 80103

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| Extra Services & Fees (check box, add fee as appropriate)       |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Kyle J. Carter</u>                                   |                  |
| Street and Apt. No., or PO Box No. <u>902 N 4010 RD</u>         |                  |
| City, State, ZIP+4® <u>Boswell, OK 74727</u>                    |                  |

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7019 0700 0002 2730 9917

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| Certified Mail Fee<br>\$  | Postmark<br>Here |
| Extra Services & Fees (check box, add fee as appropriate)       |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Robert Metcalf, as agent of Timothy</u>              |                  |
| Street and Apt. No., or PO Box No. <u>PO Box 313</u>            |                  |
| City, State, ZIP+4® <u>Buena Vista, OK 74003</u>                |                  |

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| Certified Mail Fee<br>\$  | Postmark<br>Here |
| Extra Services & Fees (check box, add fee as appropriate)       |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Dalton W. Carter</u>                                 |                  |
| Street and Apt. No., or PO Box No. <u>902 N 4010 RD</u>         |                  |
| City, State, ZIP+4® <u>Boswell, OK 74727</u>                    |                  |

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| Extra Services & Fees (check box, add fee as appropriate)       |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Mary Katherine Andrews</u>                           |                  |
| Street and Apt. No., or PO Box No. <u>212 E 3rd St.</u>         |                  |
| City, State, ZIP+4® <u>Wewoka, OK 74684</u>                     |                  |

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7018 3090 0000 6376 5436

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| Extra Services & Fees (check box, add fee as appropriate)       |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Nancy L Carter</u>                                   |                  |
| Street and Apt. No., or PO Box No. <u>902 N 4010 RD</u>         |                  |
| City, State, ZIP+4® <u>Boswell, OK 74727</u>                    |                  |

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| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                  |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                  |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                  |
| <input type="checkbox"/> Adult Signature Required \$            |                  |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$                                    |                  |
| Sent To <u>Richard Dany Miklebar</u>                            |                  |
| Street and Apt. No., or PO Box No. <u>3791 OH-36</u>            |                  |
| City, State, ZIP+4® <u>Logan, OH 45036</u>                      |                  |

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Postage

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Postage

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Total Postage and Fees

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
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Sent To

Joshua Brian Davidson

Street and Apt. No., or PO Box No.  
433053 E 1617 RdCity, State, ZIP+4®  
Tuskahoma, OK 74574

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
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Postage

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Sent To

Amber Nicole Newman

Street and Apt. No., or PO Box No.  
1521 Prim Rose LaneCity, State, ZIP+4®  
Modesto, CA 95355

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☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

Total Postage and Fees

Sent To

James Barry Davidson Jr.

Street and Apt. No., or PO Box No.  
433053 E 1617 RdCity, State, ZIP+4®  
Tuskahoma, OK 74574

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
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Postage

Total Postage and Fees

Sent To

Tanner Durand

Street and Apt. No., or PO Box No.  
13535 Joshua WayCity, State, ZIP+4®  
Sonoma, CA 95370

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☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
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Postage

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Sent To

Bill H Weinmaster

Street and Apt. No., or PO Box No.  
1420 Weinmaster Melrose AveCity, State, ZIP+4®  
Modesto, CA 95350

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

Total Postage and Fees

Sent To

James William Schultz

Street and Apt. No., or PO Box No.  
110910 Curry Dr.City, State, ZIP+4®  
Sonoma, CA 95370

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☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
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 Total Postage and Fees

Sent To Rita Hall Schmitz  
 Street and Apt. No., or PO Box No. 108 W. Broken Mt. Rd.  
 City, State, ZIP+4® Stigler, OK 74462

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☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
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Postage  
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 Total Postage and Fees

Sent To Donna K. Hale  
 Street and Apt. No., or PO Box No. 1309 Oakridge Drive  
 City, State, ZIP+4® Modesto, CA 95351

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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Certified Mail Fee  
 \$  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
 Here

Postage  
 \$  
 Total Postage and Fees

Sent To Ethan Alexander Scott  
 Street and Apt. No., or PO Box No. 108 W. Broken Mt. Rd.  
 City, State, ZIP+4® Stigler, OK 74462

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0000 6376 5405

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Certified Mail Fee  
 \$  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
 Here

Postage  
 \$  
 Total Postage and Fees

Sent To Grant Schmitz  
 Street and Apt. No., or PO Box No. 921 N. Air Depot Blvd.  
 City, State, ZIP+4® Edmond, OK 73034

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0000 6376 5498

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Certified Mail Fee  
 \$  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
 Here

Postage  
 \$  
 Total Postage and Fees

Sent To Branda Jean Klein  
 Street and Apt. No., or PO Box No. 5885 Blue Gum Ave  
 City, State, ZIP+4® Modesto, CA 95358

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0000 6376 5504

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Certified Mail Fee  
 \$  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
 Here

Postage  
 \$  
 Total Postage and Fees

Sent To Paul Schmitz  
 Street and Apt. No., or PO Box No. 89 Eagle Crest Loop  
 City, State, ZIP+4® Canyon City, CO 81212

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 9931

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|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total Postage and Fees                                       |    |
| \$   |    |

Postmark  
Here

|                                    |       |
|------------------------------------|-------|
| Sent To                            |       |
| Amber Lemley                       |       |
| Street and Apt. No., or PO Box No. |       |
| 716 N. Buckhorn Way                |       |
| City, State, ZIP+4®                |       |
| Mustang, OK                        | 73064 |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9924

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|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total Postage and Fees                                       |    |
| \$   |    |

Postmark  
Here

|                                    |       |
|------------------------------------|-------|
| Sent To                            |       |
| Paula Jean Eschweiler              |       |
| Street and Apt. No., or PO Box No. |       |
| 525 East 14th St, Apt. 8C          |       |
| City, State, ZIP+4®                |       |
| New York, NY                       | 10009 |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0000 6376 5412

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|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total Postage and Fees                                       |    |
| \$   |    |

Postmark  
Here

|                                    |       |
|------------------------------------|-------|
| Sent To                            |       |
| Edeon Clendening SLP (son)         |       |
| Street and Apt. No., or PO Box No. |       |
| 5615 Rockwell Dr.                  |       |
| City, State, ZIP+4®                |       |
| Bakersfield, CA                    | 93308 |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0000 6376 5429

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|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total Postage and Fees                                       |    |
| \$   |    |

Postmark  
Here

|                                    |       |
|------------------------------------|-------|
| Sent To                            |       |
| Catherine Marie Salerno            |       |
| Street and Apt. No., or PO Box No. |       |
| 1233 18 1/2 Rd                     |       |
| City, State, ZIP+4®                |       |
| Fresno, CA                         | 93721 |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 3090 0000 6376 5511

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|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total Postage and Fees                                       |    |
| \$   |    |

Postmark  
Here

|                                    |       |
|------------------------------------|-------|
| Sent To                            |       |
| Ronald Dean Clendening             |       |
| Street and Apt. No., or PO Box No. |       |
| 7465 E 68th St                     |       |
| City, State, ZIP+4®                |       |
| Tulsa, OK                          | 74133 |

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7018 3090 0000 6376 5528

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|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total Postage and Fees                                       |    |
| \$   |    |

Postmark  
Here

|                                    |       |
|------------------------------------|-------|
| Sent To                            |       |
| Jimmy Stafford                     |       |
| Street and Apt. No., or PO Box No. |       |
| 611 N. Burns                       |       |
| City, State, ZIP+4®                |       |
| Holdenville, OK                    | 74848 |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 8507

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Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark  
Here

Sent To  
 Johnnie Elizabeth Flint Redding  
 Street and Apt. No., or PO Box No. c/o Joyce Inner Nursing Home  
 1600 East Highway  
 City, State, ZIP+4®  
 Holdenville, OK 74848

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 8514

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Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark  
Here

Sent To  
 Annie Lee Redding  
 Street and Apt. No., or PO Box No.  
 327 E 9th Street  
 City, State, ZIP+4®  
 Wewoka, OK 74884-3704

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 8699

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark  
Here

Sent To  
 Flint Edwin Redding  
 Street and Apt. No., or PO Box No.  
 113 Morrow Dr.  
 City, State, ZIP+4®  
 Slidell, LA 70461

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 8682

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark  
Here

Sent To  
 Marilyn Kay Calvert  
 Street and Apt. No., or PO Box No.  
 214 E. Monroe St.  
 City, State, ZIP+4®  
 Maud, OK 74854

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 8798

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark  
Here

Sent To  
 Johnny Edwin Redding  
 Street and Apt. No., or PO Box No.  
 4459 N. 372 Rd.  
 City, State, ZIP+4®  
 Allen, OK 74825

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 8781

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Certified Mail Fee

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Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark  
Here

Sent To  
 Lynette Campbell  
 Street and Apt. No., or PO Box No.  
 1211 O'char  
 City, State, ZIP+4®  
 Wewoka, OK 74884

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 8521

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Postmark  
Here

Sent To  
 Tammy Diane Perkins-Walshup  
 Street and Apt. No., or PO Box No.  
 1009 S. High School St  
 City, State, ZIP+4®  
 Ada, OK 74820

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7019 0700 0002 2730 8538

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|  |    |
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| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Postmark  
Here

Sent To  
 Trisha Lynn Rouse  
 Street and Apt. No., or PO Box No.  
 PO Box 4123  
 City, State, ZIP+4®  
 Gardom, IL, TX 76245

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7019 0700 0002 2730 8675

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Postmark  
Here

Sent To  
 Terry DelWayne Wolfe  
 Street and Apt. No., or PO Box No.  
 PO Box 335  
 City, State, ZIP+4®  
 Washington, OK 73093

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7019 0700 0002 2730 8688

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Postmark  
Here

Sent To  
 Robin Lynn Redding  
 Street and Apt. No., or PO Box No.  
 2872 Hwy 93  
 City, State, ZIP+4®  
 Sunset, LA 70584

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7019 0700 0002 2730 8774

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Postmark  
Here

Sent To  
 Ed Allen Wolfe  
 Street and Apt. No., or PO Box No.  
 7738 Jackson Rd.  
 City, State, ZIP+4®  
 Krum, TX 76249

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7019 0700 0002 2730 8767

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Postmark  
Here

Sent To  
 Steven Charles Redding  
 Street and Apt. No., or PO Box No.  
 602 Cottonwood Ln  
 City, State, ZIP+4®  
 Tecumseh, OK 74873

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7019 0700 0002 2730 8545

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\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Bonnie Leann Martin

Street and Apt. No., or PO Box No.

311 Club House Dr

City, State, ZIP+4®

Shawnee OK 74801-7563

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Here

7019 0700 0002 2730 8552

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Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Demsey Cargill #514186

Street and Apt. No., or PO Box No.

8607 SE Flower Mound Road

City, State, ZIP+4®

Lawton OK 73501

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Postmark  
Here

7019 0700 0002 2730 8651

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Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Martia Cargill

Street and Apt. No., or PO Box No.

13942 State Hwy 56

City, State, ZIP+4®

Saskatoon, OK 74867

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Postmark  
Here

7019 0700 0002 2730 8644

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Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Dwight Lively

Street and Apt. No., or PO Box No.

518 E. Benson St

City, State, ZIP+4®

Wetumka, OK 74883

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Postmark  
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7019 0700 0002 2730 8750

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\$

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Mitchell K Cargill

Street and Apt. No., or PO Box No.

PO Box 300

City, State, ZIP+4®

Saskatoon, OK 74867

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Postage

\$

Total Postage and Fees

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Sent To

Kristee Lively Seeley

Street and Apt. No., or PO Box No.

605 E St. Louis

City, State, ZIP+4®

Wetumka, OK 74883

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- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Total Postage and Fees

Postmark  
Here

Sent To

Mary Lou Shepard, SSP

Street and Apt. No., or PO Box No.  
PO Box 534City, State, ZIP+4®  
Okemah, OK 74859

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- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Total Postage and Fees

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Sent To

Rita Joyce Ogden

Street and Apt. No., or PO Box No.  
1925 Basswood CtCity, State, ZIP+4®  
Weatherford, TX 76087

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- ☐ Adult Signature Required \$ \_\_\_\_\_
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Postage

Total Postage and Fees

Postmark  
Here

Sent To

Keith Brian Taylor, SSP

Street and Apt. No., or PO Box No.  
15708 S 449th W. AveCity, State, ZIP+4®  
Bristow, OK 74010

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- ☐ Return Receipt (electronic) \$ \_\_\_\_\_
- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Total Postage and Fees

Postmark  
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Sent To

Lorrie Keeling

Street and Apt. No., or PO Box No.  
7208 Tour TrailCity, State, ZIP+4®  
Benbrook, TX 76126

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- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Total Postage and Fees

Postmark  
Here

Sent To

Stuart Michael Christolm, SSP

Street and Apt. No., or PO Box No.  
Fasan vagen 7City, State, ZIP+4®  
Stockholm, Sweden

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- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

Total Postage and Fees

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Sent To

W. Miam Mitchell Ogden

Street and Apt. No., or PO Box No.  
39622 E 1130 Rd.City, State, ZIP+4®  
Newryetta, OK 74437

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Jennifer 'Jennie' Myers

110 Woodcrest Dr

Weatherford TX 76087

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Gregory Alan Dilbeck

2555 E Wilshire

Harrisburg OK 73045

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7019 0700 0002 2730 8613

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☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Thomasene D. Beck

329770 E 1048 Rd

Harrisburg OK 73045

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7019 0700 0002 2730 8606

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Richard Niel D. Beck

4505 Lake Forest Ct.

Charlottesville VA 22904

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7019 0700 0002 2730 8712

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Marian Danny Dilbeck

2916 Sandstone Drive

Norman, OK 73071

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To

Debbie Oneta Kerr

15701 Claremont Blvd

Edmond, OK 73013

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7019 0700 0002 2730 9160

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| Extra Services & Fees (check box, add fee as appropriate)       |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                           |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                           |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                           |
| <input type="checkbox"/> Adult Signature Required \$            |                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$                                    |                           |
| Sent To <u>Kason K. Wheat</u>                                   |                           |
| Street and Apt. No., or PO Box No. <u>PO Box 450337</u>         |                           |
| City, State, ZIP+4® <u>Enlow, OK 74345</u>                      |                           |

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| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)       |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                           |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                           |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                           |
| <input type="checkbox"/> Adult Signature Required \$            |                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$                                    |                           |
| Sent To <u>Danette Lee Schmidt</u>                              |                           |
| Street and Apt. No., or PO Box No. <u>2067 Alta Vista Drive</u> |                           |
| City, State, ZIP+4® <u>Vista, CA 92084</u>                      |                           |

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| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)       |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                           |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                           |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                           |
| <input type="checkbox"/> Adult Signature Required \$            |                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$                                    |                           |
| Sent To <u>Brenda C. George</u>                                 |                           |
| Street and Apt. No., or PO Box No. <u>15751 Big Horn Trail</u>  |                           |
| City, State, ZIP+4® <u>Frisco, TX 75035</u>                     |                           |

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| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)       |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                           |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                           |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                           |
| <input type="checkbox"/> Adult Signature Required \$            |                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$                                    |                           |
| Sent To <u>Edwin L. Dilbeck</u>                                 |                           |
| Street and Apt. No., or PO Box No. <u>4608 S. 525 West</u>      |                           |
| City, State, ZIP+4® <u>Riverdale, UT 84405</u>                  |                           |

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| Extra Services & Fees (check box, add fee as appropriate)        |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$            |                           |
| <input type="checkbox"/> Return Receipt (electronic) \$          |                           |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$   |                           |
| <input type="checkbox"/> Adult Signature Required \$             |                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$  |                           |
| Postage<br>\$  |                           |
| Total Postage and Fees<br>\$                                     |                           |
| Sent To <u>John L. Dilbeck</u>                                   |                           |
| Street and Apt. No., or PO Box No. <u>14042 Pearl Pointe Dr.</u> |                           |
| City, State, ZIP+4® <u>Caldwell, ID 83607</u>                    |                           |

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| Extra Services & Fees (check box, add fee as appropriate)       |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$           |                           |
| <input type="checkbox"/> Return Receipt (electronic) \$         |                           |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$  |                           |
| <input type="checkbox"/> Adult Signature Required \$            |                           |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$                                    |                           |
| Sent To <u>Danette Walker</u>                                   |                           |
| Street and Apt. No., or PO Box No. <u>2951 Franciscan Dr.</u>   |                           |
| City, State, ZIP+4® <u>Santa Cruz, CA 95065</u>                 |                           |

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| Certified Mail Fee<br>\$   | Postmark<br>Here<br><br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)  |                               |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                               |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                               |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                               |
| <input type="checkbox"/> Adult Signature Required \$   |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                               |
| Postage<br>\$  |                               |
| Total Postage and Fees<br>\$   |                               |
| Sent To <u>Darius muncie</u>   |                               |
| Street and Apt. No., or PO Box No. <u>2389 Langholm Dr.</u>                                      |                               |
| City, State, ZIP+4® <u>Colorado Springs, CO 80920</u>  |                               |
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| Certified Mail Fee<br>\$   | Postmark<br>Here<br><br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)  |                               |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                               |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                               |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                               |
| <input type="checkbox"/> Adult Signature Required \$   |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                               |
| Postage<br>\$  |                               |
| Total Postage and Fees<br>\$   |                               |
| Sent To <u>Ricky D. Sparks</u>   |                               |
| Street and Apt. No., or PO Box No. <u>124 E 146th St</u>   |                               |
| City, State, ZIP+4® <u>Glenpool, OK 74033</u>  |                               |
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| OFFICIAL USE   |                               |
| Certified Mail Fee<br>\$   | Postmark<br>Here<br><br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)  |                               |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                               |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                               |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                               |
| <input type="checkbox"/> Adult Signature Required \$   |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                               |
| Postage<br>\$  |                               |
| Total Postage and Fees<br>\$   |                               |
| Sent To <u>Madeline D. Lambert</u>   |                               |
| Street and Apt. No., or PO Box No. <u>2806 E. Lansing Ave.</u>                                   |                               |
| City, State, ZIP+4® <u>Broken Arrow, OK 74014</u>  |                               |
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| OFFICIAL USE   |                               |
| Certified Mail Fee<br>\$   | Postmark<br>Here<br><br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)  |                               |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                               |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                               |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                               |
| <input type="checkbox"/> Adult Signature Required \$   |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                               |
| Postage<br>\$  |                               |
| Total Postage and Fees<br>\$   |                               |
| Sent To <u>Timothy K Sparks</u>  |                               |
| Street and Apt. No., or PO Box No. <u>120995 Jones Road</u>                                      |                               |
| City, State, ZIP+4® <u>Edwauka, OK 74432</u>   |                               |
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| OFFICIAL USE   |                               |
| Certified Mail Fee<br>\$   | Postmark<br>Here<br><br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)  |                               |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                               |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                               |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                               |
| <input type="checkbox"/> Adult Signature Required \$   |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                               |
| Postage<br>\$  |                               |
| Total Postage and Fees<br>\$   |                               |
| Sent To <u>Paul B. Sparks</u>  |                               |
| Street and Apt. No., or PO Box No. <u>1562 Free Road</u>   |                               |
| City, State, ZIP+4® <u>McAlester, OK 74501</u>   |                               |
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| OFFICIAL USE   |                               |
| Certified Mail Fee<br>\$   | Postmark<br>Here<br><br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)  |                               |
| <input type="checkbox"/> Return Receipt (hardcopy) \$  |                               |
| <input type="checkbox"/> Return Receipt (electronic) \$  |                               |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$                                   |                               |
| <input type="checkbox"/> Adult Signature Required \$   |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$                                  |                               |
| Postage<br>\$  |                               |
| Total Postage and Fees<br>\$   |                               |
| Sent To <u>Derin W. Dulbeck</u>  |                               |
| Street and Apt. No., or PO Box No. <u>12517 S. 3rd</u>   |                               |
| City, State, ZIP+4® <u>Jenks, OK 74037</u>   |                               |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions                       |                               |

7019 0700 0002 2730 9122

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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

OFFICIAL USE

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

10/28

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                              |  |
|------------------------------------|------------------------------|--|
| Sent To                            | A. Mike Moganam              |  |
| Street and Apt. No., or PO Box No. | 5500 S. Sherman St. Apt. 319 |  |
| City, State, ZIP+4®                | Englewood, CO 80113          |  |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9115

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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

OFFICIAL USE

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

10/28

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                  |  |
|------------------------------------|------------------|--|
| Sent To                            | John H Johnson   |  |
| Street and Apt. No., or PO Box No. | 602 Country Dr.  |  |
| City, State, ZIP+4®                | Tuttle, OK 74133 |  |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9214

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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OFFICIAL USE

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

10/28

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                       |  |
|------------------------------------|-----------------------|--|
| Sent To                            | Theresa J. Loring     |  |
| Street and Apt. No., or PO Box No. | 1434 Haystack Rd.     |  |
| City, State, ZIP+4®                | Castle Rock, CO 80104 |  |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9207

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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OFFICIAL USE

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

10/28

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                         |  |
|------------------------------------|-------------------------|--|
| Sent To                            | Charles Kenneth Johnson |  |
| Street and Apt. No., or PO Box No. | 7411 S. 85th East Ave.  |  |
| City, State, ZIP+4®                | Tulsa, OK 74133         |  |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9306

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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OFFICIAL USE

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

10/28

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                       |  |
|------------------------------------|-----------------------|--|
| Sent To                            | Candice Johnson       |  |
| Street and Apt. No., or PO Box No. | 1303 S. Lawton Unit B |  |
| City, State, ZIP+4®                | Tulsa, OK 74127       |  |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9290

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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OFFICIAL USE

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

10/28

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                        |  |
|------------------------------------|------------------------|--|
| Sent To                            | Debra Pascoe Trust     |  |
| Street and Apt. No., or PO Box No. | 906 W. Fange St.       |  |
| City, State, ZIP+4®                | Broken Arrow, OK 74012 |  |

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9106

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**OFFICIAL USE**

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Sent To Roy Lynn Swin  
Street and Apt. No., or PO Box No. P.O. Box 303  
City, State, ZIP+4® Sundown TX 79372

Postmark Here 10/28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 2730 9092

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**OFFICIAL USE**

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Sent To Alice K Wortham  
Street and Apt. No., or PO Box No. 5620 Hill Road  
City, State, ZIP+4® Boys, ID 83703

Postmark Here 10/28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 2730 9191

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Sent To Ronald Swin  
Street and Apt. No., or PO Box No. PO Box 303  
City, State, ZIP+4® Sundown TX 79372

Postmark Here 10/28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 2730 9184

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**OFFICIAL USE**

|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Sent To Donald J Martindale  
Street and Apt. No., or PO Box No. 118 U. Embelwood  
City, State, ZIP+4® Robinson TX 76706

Postmark Here 10/28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 2730 9283

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Sent To Perry Swin  
Street and Apt. No., or PO Box No. 121 Orville Dr.  
City, State, ZIP+4® Arlington TX 76010

Postmark Here 10/28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 2730 9276

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|  |    |
|--|----|
| Certified Mail Fee   | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  | \$ |
| Total Postage and Fees                                       | \$ |

Sent To Susan Bullock  
Street and Apt. No., or PO Box No. 1605 Dale Hill  
City, State, ZIP+4® Forbury, OR 97470

Postmark Here 10/28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 2730 9085

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

10/28

Postage

Total Postage and Fees

Sent To Sandra Chung  
 Street and Apt. No., or PO Box No. 1704 Woodmere Loop  
 City, State, ZIP+4® Montgomery, AL 36117

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9054

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

10/28/19

Postage

Total Postage and Fees

Sent To Darryl Lee Perryman  
 Street and Apt. No., or PO Box No. 415 Cedar Springs Rd.  
 City, State, ZIP+4® Ingram, TX 78025

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9177

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**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

10/28

Postage

Total Postage and Fees

Sent To Irma L. Pepper  
 Street and Apt. No., or PO Box No. PO Box 156  
 City, State, ZIP+4® Estelline, TX 79233

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9061

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

10/28

Postage

Total Postage and Fees

Sent To Dorinda Tranter  
 Street and Apt. No., or PO Box No. 3401 Sutton Park Dr. S. Apt 928  
 City, State, ZIP+4® Jacksonville, FL 32244

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9252

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**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

10/28

Postage

Total Postage and Fees

Sent To Shirley Perryman  
 Street and Apt. No., or PO Box No. 5730 Fm 1294  
 City, State, ZIP+4® Cubbock, TX 79415

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 0700 0002 2730 9078

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**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

10/28

Postage

Total Postage and Fees

Sent To Melody Smiley  
 Street and Apt. No., or PO Box No. 11072 West Grove Dr.  
 City, State, ZIP+4® Saginaw, TX 76179

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



701A 3090 0000 6376 5542

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |                           |
|---|---------------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                           |
| OFFICIAL USE  |                           |
| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)   |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$  |                           |
| Sent To <u>Christi Sletten</u>  |                           |
| Street and Apt. No., or PO Box No. <u>146 E. 3650 North</u>   |                           |
| City, State, ZIP+4® <u>Nash Ogden, UT 84414</u>   |                           |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                           |

701A 3090 0000 6376 5535

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |                           |
|---|---------------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                           |
| OFFICIAL USE  |                           |
| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)   |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$  |                           |
| Sent To <u>Michael G. Hanagan</u>   |                           |
| Street and Apt. No., or PO Box No. <u>PO Box 1737</u>   |                           |
| City, State, ZIP+4® <u>Roswell, NM 88202</u>  |                           |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                           |

701A 3090 0000 6376 5554

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |                           |
|---|---------------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                           |
| OFFICIAL USE  |                           |
| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)   |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$  |                           |
| Sent To <u>Nevac. Abrahamsen</u>  |                           |
| Street and Apt. No., or PO Box No. <u>6 N. 6th Street Subwa 102</u>   |                           |
| City, State, ZIP+4® <u>Yakima, WA 98901</u>   |                           |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                           |

701A 3090 0000 6376 5564

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |                           |
|---|---------------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                           |
| OFFICIAL USE  |                           |
| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)   |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$  |                           |
| Sent To <u>Worrell Investments</u>  |                           |
| Street and Apt. No., or PO Box No. <u>PO Box 1834</u>   |                           |
| City, State, ZIP+4® <u>Roswell, NM 88202</u>  |                           |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                           |

701A 0700 0000 2571 2495

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|---|------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                  |
| OFFICIAL USE  |                  |
| Certified Mail Fee<br>\$  | Postmark<br>Here |
| Extra Services & Fees (check box, add fee as appropriate)   |                  |
| <input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                  |
| Postage<br>\$   |                  |
| Total Postage and Fees<br>\$  |                  |
| Sent To <u>ETP-MEP II, LP</u>   |                  |
| Street and Apt. No., or PO Box No. <u>PO Box 2107</u>   |                  |
| City, State, ZIP+4® <u>Roswell, NM 88202</u>  |                  |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                  |

701A 0700 0000 2571 3008

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|---|---------------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                           |
| OFFICIAL USE  |                           |
| Certified Mail Fee<br>\$  | Postmark<br>Here<br>10/28 |
| Extra Services & Fees (check box, add fee as appropriate)   |                           |
| <input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                           |
| Postage<br>\$   |                           |
| Total Postage and Fees<br>\$  |                           |
| Sent To <u>Breedyk Enterprises</u>  |                           |
| Street and Apt. No., or PO Box No. <u>1500 Corporate Circle, Suite 15</u>   |                           |
| City, State, ZIP+4® <u>Southlake, TX 76092</u>  |                           |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                           |

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