

ENDED: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
J.P. Brown III Estate
Rebecca J. Brown
40 W. 2. Churney, Jr.
40 N.E. Loop 410, Suite 200
San Antonio, TX 78216-5876

Article Number
(Transfer from service label)
3 Form 3811, August 2001

7002 2410 0001 0133 8075
Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *[Signature]* ☐ Addressee
B. Received by (Printed Name) ☐ Agent
C. Date of Delivery
3/3/3
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Elizabeth A. Churney
40 W. 2. Churney, Jr.
40 N.E. Loop 410, Suite 200
San Antonio, TX 78216-5876

Article Number
(Transfer from service label)
3 Form 3811, August 2001

7002 2410 0001 0133 8099
Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *[Signature]* ☐ Addressee
B. Received by (Printed Name) ☐ Agent
C. Date of Delivery
3/3/3
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
J.P. Brown Churney
40 W. 2. Churney, Jr.
40 N.E. Loop 410, Suite 200
San Antonio, TX 78216-5876

Article Number
(Transfer from service label)
PS Form 3811, August 2001

7002 2410 0001 0133 8082
Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *[Signature]* ☐ Addressee
B. Received by (Printed Name) ☐ Agent
C. Date of Delivery
3/3/3
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Judie Brown Churney DeMaring
40 W. 2. Churney, Jr.
40 N.E. Loop 410, Suite 200
San Antonio, TX 78216-5876

Article Number
(Transfer from service label)
PS Form 3811, August 2001

7002 2410 0001 0133 8105
Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *[Signature]* ☐ Addressee
B. Received by (Printed Name) ☐ Agent
C. Date of Delivery
3/3/3
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Severn SFS Operating Inc.
20 W. Broadway #1500
Albena City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

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

102595-02-M-0835

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8112

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Blm Ridge Resources
P.O. Box 189
Jannington, NM 87499-0189

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

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

102595-02-M-0835

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8495

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edward's Beauty Corp.
1401 17th St, Suite 1400
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

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

102595-02-M-0835

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8129

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Seaver Resources Corp.
2198 Blomfield Highway
Jannington, NM 87401

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

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

102595-02-M-0835

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8143

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Unwedded Churnery Meader
30 W 22 Churnery Dr.
10 NE Loop 410, Suite 200
San Antonio, TX 78216-5976

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *[Signature]* ☐ Agent
- B. Received by (Printed Name) ☐ Addressed ☒ *[Signature]* ☐ Date of Delivery *11/13/03*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

Article Number
(Transfer from service label)

7002 2410 0001 0133 8167

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

K. K. McNeill
P.O. Box 2003
Cooper, NY 82602-2003

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *[Signature]* ☐ Agent
- B. Received by (Printed Name) ☐ Addressed ☒ *[Signature]* ☐ Date of Delivery *11/13/03*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

Article Number
(Transfer from service label)

7002 2410 0001 0133 8167

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Union Oil & Gas
610 Kelly Ave.
Jannigan, NM 87401

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *[Signature]* ☐ Agent
- B. Received by (Printed Name) ☐ Addressed ☒ *[Signature]* ☐ Date of Delivery *11/13/03*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

Article Number
(Transfer from service label)

7002 2410 0001 0133 8174

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-083

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Question Application - Production Co.
1050 17th Street Suite 500
Denver, CO 80205

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *[Signature]* ☐ Agent
- B. Received by (Printed Name) ☐ Addressed ☒ *[Signature]* ☐ Date of Delivery *11/13/03*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

Article Number
(Transfer from service label)

7002 2410 0001 0133 8198

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-083

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature X <i>Virginia Barber</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Virginia Barber, BLM</i></p> <p>C. Date of Delivery <i>2/27/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Bureau of Land Management 1235 La Plata Highway, Ste. A Farmington, NM 87401</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8389</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature X <i>WM</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>State of New Mexico</i></p> <p>C. Date of Delivery <i>FEB 27 2003</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>State of New Mexico P.O. Box 1148 Santa Fe, NM 87504-1148</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 2410 0001 0133 8372</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lure J. Barkfield
P.O. Box 738
Winchester, VA 78676

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

Lure J. Barkfield
P.O. Box 738
Winchester, VA 78676

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8211

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Log B. Barton, Individually
P.O. Box 978
Albino, NM 88240

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

Log B. Barton
P.O. Box 978
Albino, NM 88240

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8235

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norma J. Barton
P.O. Box 978
Albino, NM 88240

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

Norma J. Barton
P.O. Box 978
Albino, NM 88240

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8228

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Log B. Barton, Individually
P.O. Box 978
Albino, NM 88240

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

Log B. Barton
P.O. Box 978
Albino, NM 88240

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 2410 0001 0133 8242

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
3. Print your name and address on the reverse so that we can return the card to you.
4. Attach this card to the back of the mailpiece, or on the front if space permits.

John Burroughs
9350 Arroyo Lane
Colorado Springs, CO 80908

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Address
- C. Date of Delivery ☒ 8/10/01
- D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☒ No

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

2. Article Number
(Transfer from service label)

7002 2410 0001 0133 8259

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
3. Print your name and address on the reverse so that we can return the card to you.
4. Attach this card to the back of the mailpiece, or on the front if space permits.

Joey Quast
Norma M. Williams, Quast
6219 San Felipe
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Address
- C. Date of Delivery ☒ 8-10-01
- D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☒ No

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

2. Article Number
(Transfer from service label)

7002 2410 0001 0133 8280

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
3. Print your name and address on the reverse so that we can return the card to you.
4. Attach this card to the back of the mailpiece, or on the front if space permits.

John Burroughs Estate
Theb Macdonald, Pres. Rep.
9350 Arroyo Lane
Colorado Springs, CO 80908

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Address
- C. Date of Delivery ☒ 8/10/01
- D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☒ No

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

2. Article Number
(Transfer from service label)

7002 2410 0001 0133 8266

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
3. Print your name and address on the reverse so that we can return the card to you.
4. Attach this card to the back of the mailpiece, or on the front if space permits.

Joey Quast
Joey Quast #2 divided, with 2. Quast
P.O. Box 53445
Duback, TX 79453

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Address
- C. Date of Delivery ☒ 8-10-01
- D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☒ No

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

2. Article Number
(Transfer from service label)

7002 2410 0001 0133 8297

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 M. & M. Brothers Slaughter Street
 Area de Montaña, Quetzaltenango
 3562 Western Road Box 439
 Newton, OK 77098

2. Article Number
 (Transfer from service label) 7002 2410 0001 0133 8303
 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 3/16/03
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Thurstone Oil Co.
 P.O. Box 2693
 Cooper, WY 82601

2. Article Number
 (Transfer from service label) 7002 2410 0001 0133 8327
 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 3-4-03
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Dorothy Beasley
 900 Hickory Lane
 Ardmore, OK 73401-3436

2. Article Number
 (Transfer from service label) 7002 2410 0001 0133 8310
 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 3-5-03
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Stephen L. Helburg
 P.O. Box 4037
 Midland, TX 79704

2. Article Number
 (Transfer from service label) 7002 2410 0001 0133 8334
 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery 3-4-03
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

William M. Spadale
P.O. Box 27
Seal Beach, CA 90740

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7002 2410 0001 0133 8341

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Ellen Sutter, Lehigh
c/o West National Bank
P.O. Box 470
Del Campo, NM 77437

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7002 2410 0001 0133 8471

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Marion Brady Morse
505 Beving Drive #42
Houston, TX 77057

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7002 2410 0001 0133 8358

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Quentin Lee
12215 Rosewood Drive
Houston, TX 77057

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7002 2410 0001 0133 8464

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Margaret Todd Skewell
Thomas & Todd, Pittsburg
313 Quary Drive
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8457
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
313 Quary Drive
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8457
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
14017 Sargewood Circle
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8440
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
14017 Sargewood Circle
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8440
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
313 Quary Drive
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8457
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
313 Quary Drive
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8457
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
14017 Sargewood Circle
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8440
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- Thomas & Todd
14017 Sargewood Circle
Mebber, NM 88420
2. Article Number
(Transfer from service label) 7002 2410 0001 0133 8440
- PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☒ Received by (Printed Name) ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0001 0133 8402

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ <u>Pay 665</u>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <u>Johnny J. Todd</u>	
Street, Apt. No., or PO Box No. <u>1107 Shawnee Trail</u>	
City, State, ZIP+4 <u>Correllton TX 75007</u>	
PS Form 3800, June 2002 See Reverse for Instructions	

7002 2410 0001 0133 8426

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ <u>Pay 665</u>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <u>Raymond L. Todd</u>	
Street, Apt. No., or PO Box No. <u>1107 Shawnee Trail</u>	
City, State, ZIP+4 <u>Correllton TX 75007</u>	
PS Form 3800, June 2002 See Reverse for Instructions	