BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR POOL EXPANSION AND SPECIAL POOL RULES FOR THE YOUNG-STRAWN POOL, LEA COUNTY, NEW MEXICO. **Case No. 13,243**

AFFIDAVIT REGARDING NOTICE

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 31st day of March, 2004, by James Bruce.

Notary Public

My Commission Expires:

3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT NUMBER 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (PHONE)
(505) 660-6612 (CELL)
(505) 982-2151 (FAX)

jamesbruc@aol.com

March 11, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to expand the Young-Strawn Pool, and to institute special pool rules therefor, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company. This application is scheduled to be heard at 8:15 a.m. on Thursday, April 1, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner or operator, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, March 26, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

EXHIBIT A

Armando Lopez
Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

Mark Hawkins
Pecos Production Company
Suite 1070
400 West Illinois
Midland, Texas 79701

E/2NE/4 and W/2SE/4 Section 17, Township 18 South, Range 32 East, below 5,000 feet

St. Mary Land & Exploration Company 1776 Lincoln St., Suite 1100 Denver, CO 80203	ORI and PPI
Centennial P.O. Box 1837 Roswell, NM 88202	ORI and PPI
Jack Folkner P.O. Box 39 Loleta, CA 95551	ORI
Louise Folkner Lane 6206 84th St. E. Puyallup, WA 98371	ORI and PPI
Carroll Larry Folkner 45 E. Vince Ventura, CA 93001	PPI
Robert L. Folkner 807 W. Canary Way Chandler, AZ 88248	ORI and PPI
Mark Ryan Folkner 213 Camino Cuatro SW Albuquerque, NM 87105	ORI and PPI
Carl Lewis Folkner, Jr. 213 Camino Cuatro SW Albuquerque, NM 87105	ORI and PPI
Stephen Francis Folkner 213 Camino Cuatro SW Albuquerque, NM 87105	ORI and PPI
John Christopher Folkner 7201 Del Pasada NW Albuquerque, NM 87120	ORI and PPI
T. E. Brown, Jr., Personal Representative of the Estate of Cleo Brown 2407 Cerro Road Artesia, NM 88210	ORI and PPI
T. E. Brown, Jr. 2407 Cerro Road Artesia, NM 88210	ORI and PPI

Irving Graham Austin and Margaret A. Austin, Trustees of the Austin Family Trust dated 3/22/95 24992 Nellie Gail Road Laguna Hills, CA 92653	ORI and PPI
Lucy A. McCarley, Trustee of the Lucy A. McCarley Living Trust u/a dated 6/30/99 4463 Springmoor Circle Raleigh, NC 27615	ORI and PPI
Lurae McCollum P.O. Box 2243 Gallup, NM 87305	ORI and PPI
James W. Tecklenburg P.O. Box 768 Zuni, NM 87327	ORI and PPI
Lynn Pierce P.O. Box 6027 Chandler, AZ 85246	ORI and PPI
Robin Johnson 119 Broken Bridge Lane Platte City, MO 64079	ORI and PPI
Davi Smithson 625 W. 6th Avenue Mesa, AZ 85210	ORI and PPI
Esther Ballard, Deceased Janice Ballard Paul J. Anderson 22105 Gull Lake Drive Nisswa, MN 56468	ORI
Thomas R. Holloway 7570 West 147th Street Apple Valley, MN 55124	ORI
Margaret K. Hunker, Trustee of the Margaret K. Hunker Trust 1710 W. Third Street Roswell, NM 88201	ORI
Deborah Fedric P.O. Box 1837 Roswell, NM 88202	ORI

ORI

Oil Royalties Corp.
c/o Rennaissance Energy, LLC
P.O. Box 2473
Midland, TX 79702

ORI

Oil Royalties Corp.
c/o Jacques Vinmont, Jr.
21 Aspen Court
Boynton Beach, FL 33436

ORI

Randy G. Patterson
105 S. Fourth Street
Artesia, NM 88210

ORI

William C. White
42 Colbert Avenue
Artesia, NM 88210

ORI

Jack W. McCaw and wife Mary Ann McCaw
P.O. Box 127
Artesia, NM 88210

ORI

EHW, LLC
101 South Fourth Street
Artesia, NM 88210

ORI

Mary Kennedy Gore, Trustee
P.O. Box 13051
Las Vegas, NV 89112

ORI

Willa Kathryn Kennedy
P.O. Box 1121
Edgewood, NM 87015

ORI

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, GA 30503

ORI

George Westall and wife Willa Mae Westall
P.O. Box 70
Ruidoso Downs, NM 88346

ORI

John W. Wallrich, Jr.
416 N. Elmhurst Avenue
Mt. Prospect, IL 60056

ORI

William James Wallrich
40210 N. Lakeview Drive
Antioch, IL 60002

John Wallace Wallrich ORI
2410 West 79th Avenue
Anchorage, Alaska 99502

Beverly LeTourneau ORI
P.O. Box 243
Stillwater, MN 55082

MRT, Ltd. ORI
P.O. Drawer 3606
San Angelo, TX 76902

Republic National Bank, Trustee of the ORI
Selma E. Andrews Trust dated 5/8/69
P.O. Box 241
Dallas, TX 75221

Braille Institute of America, Inc. ORI
741 North Vermont Avenue
Los Angeles, CA 90029

Margaret Baish Masters ORI
RD #4, Box 848
Harrisburg, PA 17112

Trustee of the Betty Baish Strohmeyer ORI
Revocable Living Trust d. 7/18/91
c/o Martin F. Ryan, attorney
6029 E. Grant Road
Tucson, AZ 85712

Karen Elizabeth Charles ORI
110 Hudson Avenue
Altoona, PA 16602

Katherine Mary Scott ORI
809 Sheridan Street
Altoona, PA 16602

Mary Elizabeth Baish ORI
102 Logan Avenue
Altoona, PA 16602

Billy G. Underwood and wife Margaret Underwood ORI
P.O. Box 2523
Roswell, NM 88202

E/2SE/4 and W/2NE/4 of Section 17, Township 18 South, Range 32 East, below 5,000 feet

John C. McDermett — ORI
4700 Azalea Court
Midland, TX 79707

Bank of America N.A., Trustee — ORI
u/w/o David B. Trammell
500 West 7th Street
Fort Worth, TX 76102

or

The Bowles Family Royalty Limited Partnership
P.O. Box 4354
Longview, Texas 75606

Bank of America N.A., Trustee — ORI
u/w/o Mildred M. Trammell
500 West 7th Street
Fort Worth, TX 76102

Carol David Trammell — ORI
P.O. Box 5081
Walnut Creek, CA 94596

Gladys Shannon — ORI
208 Brookview Drive
Hurst, TX 76054

Richard D. Borgaard — ORI
8882 Meadow Ridge Road
Prineville, Oregon 97754

Margaret McCurdy Family Partnership, Ltd. — ORI
2525 Ridgemar Blvd., Room 300
Fort Worth, TX 76116

William J. Casey and wife Sophia B. Casey — ORI
Address unknown

Irving Graham Austin and Margaret A. Austin, — ORI
Trustees of the Austin Family Trust dated 3/22/95
24992 Nellie Gail Road
Laguna Hills, CA 92653

Lucy A. McCarley, Trustee of the Lucy A. McCarley — ORI
Living Trust u/a dated 6/30/99
4463 Springmoor Circle
Raleigh, NC 27615

Lurae McCollum
P.O. Box 2243
Gallup, NM 87305 ORI

James W. Tecklenburg
P.O. Box 768
Zuni, NM 87327 ORI

Lynn Pierce
P.O. Box 6027
Chandler, AZ 85246 ORI

Robin Johnson
119 Broken Bridge Lane
Platte City, MO 64079 ORI

Davi Smithson
625 W. 6th Avenue
Mesa, AZ 85210 ORI

John M. Loffland, Jr.
6000 Camp Bowie Blvd.
Fort Worth, TX 76110 ORI

Randy G. Patterson
105 S. Fourth Street
Artesia, NM 88210 ORI

William C. White
42 Colbert Avenue
Artesia, NM 88210 ORI

Jack W. McCaw and wife Mary Ann McCaw
P.O. Box 127
Artesia, NM 88210 ORI

EHW, LLC
101 South Fourth Street
Artesia, NM 88210 ORI

Mary Kennedy Gore, Trustee
P.O. Box 13051
Las Vegas, NV 89112 ORI

Willa Kathryn Kennedy
P.O. Box 1121
Edgewood, NM 87015 ORI

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, GA 30503 ORI

George Westall and wife Willa Mae Westall
P.O. Box 70
Ruidoso Downs, NM 88346 — ORI

John W. Wallrich, Jr.
416 N. Elmhurst Avenue
Mt. Prospect, IL 60056 — ORI

William James Wallrich
40210 N. Lakeview Drive
Antioch, IL 60002 — ORI

John Wallace Wallrich
2410 West 79th Avenue
Anchorage, Alaska 99502 — ORI

Beverly LeTourneau
P.O. Box 243
Stillwater, MN 55082 — ORI

MRT, Ltd.
P.O. Drawer 3606
San Angelo, TX 76902 — ORI

Republic National Bank, Trustee of the
Selma E. Andrews Trust dated 5/8/69
P.O. Box 241
Dallas, TX 75221 — ORI

Braille Institute of America, Inc.
741 North Vermont Avenue
Los Angeles, CA 90029 — ORI

Margaret Baish Masters
RD #4, Box 848
Harrisburg, PA 17112 — ORI

Trustee of the Betty Baish Strohmeyer
Revocable Living Trust d. 7/18/91
c/o Martin F. Ryan, Attorney
6029 E. Grant Road
Tucson, AZ 85712 — ORI

Karen Elizabeth Charles
110 Hudson Avenue
Altoona, PA 16602 — ORI

Katherine Mary Scott
809 Sheridan Street
Altoona, PA 16602 — ORI

Mary Elizabeth Baish
102 Logan Avenue
Altoona, PA 16602

ORI

7003 2260 0006 7445 7735

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OFFICIAL USE

LOS ANGELES CA 90029

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM MAR 11 2004 USPS

Postmark Here

Clerk: KBK1J

03/11/04

Sent To
Braille Institute of America, Inc.
Street, Apt. No.; or PO Box No. 741 North Vermont Avenue
City, State, ZIP+4 Los Angeles, CA 90029

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oil Royalties Corp.
c/o Rennaissance Energy, LLC
P.O. Box 2473
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carne Mill ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carne Mill
C. Date of Delivery 3-16-04

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

USPS MAR 17 2004 MIDLAND TX

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) 7003 2260 0006 7448 2898

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Braille Institute of America, Inc.
741 North Vermont Avenue
Los Angeles, CA 90029

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] 3/16/04 ☐ Agent ☐ 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

2. Article Number (Transfer from service label) 7003 2260 0006 7445 7735

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2898

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OFFICIAL USE

MIDLAND TX 79702

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM MAR 11 2004 USPS

Postmark Here

Clerk: KBK1J

03/11/04

Sent To
Oil Royalties Corp.
Street, Apt. No.; or PO Box No. c/o Rennaissance Energy, LLC
P.O. Box 2473
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2577

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PRINEVILLE, OR 97754 OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 1 2004 Postmark Here Clerk: KOSTAT USPS 87501

Sent To: Richard D. Borgaard
Street, Apt. No.; or PO Box No.: 8882 Meadow Ridge Road
City, State, ZIP+4: Prineville, Oregon 97754

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gladys Shannon
208 Brookview Drive
Hurst, TX 76054

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ 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

NORTH RICHLAND HILLS STATION MAR 1 2004 TX

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) 7003 2260 0006 7448 2584

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Richard D. Borgaard
8882 Meadow Ridge Road
Prineville, Oregon 97754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ 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

2. Article Number (Transfer from service label) 7003 2260 0006 7448 2577

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2584

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ARLINGTON, TX 76094 OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 1 2004 Postmark Here Clerk: KOSTAT USPS 87501

Sent To: Gladys Shannon
Street, Apt. No.; or PO Box No.: 208 Brookview Drive
City, State, ZIP+4: Hurst, TX 76054

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2591

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WALNUT CREEK, CA 94596 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

Postmark Here

Clerk: KQ5K1J

MAR 1 2004

USPS 87501

Sent To: Carol David Trammell

Street, Apt. No.; or PO Box No.: P.O. Box 5081

City, State, ZIP+4: Walnut Creek, CA 94596

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Bowles Family Royalty Limited Partnership
P.O. Box 4354
Longview, Texas 75606

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] C. Date of Delivery: 3/18/04

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

LONGVIEW, TX MAR 16 2004 USPS

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): 7003 2260 0006 7448 2614

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

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:

Carol David Trammell
P.O. Box 5081
Walnut Creek, CA 94596

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X C.D. Trammell ☐ Agent ☒ Addressee

B. Received by (Printed Name): C.D. TRAMMELL C. Date of Delivery: 3/18/04

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

WALNUT CREEK, CA MAR 18 2004 USPS

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): 7003 2260 0006 7448 2591

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

7003 2260 0006 7448 2614

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LONGVIEW, TX 75606 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM

Postmark Here

Clerk: KQ5K1J

MAR 1 2004

03/11/04

USPS 87501

Sent To: The Bowles Family Royalty Limited Partnership

Street, Apt. No.; or PO Box No.: P.O. Box 4354

City, State, ZIP+4: Longview, Texas 75606

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7803

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MIDLAND TX 79707 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM Postmark Here Clerk: KQ5K1J 03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No. John C. McDermett, 4700 Azalea Court, Midland, TX 79707
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robin Johnson
119 Broken Bridge Lane
Platte City, MO 64079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) James M. Johnson C. Date of Delivery 3-16-04

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) 7003 2260 0006 7448 2829

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

John C. McDermett
4700 Azalea Court
Midland, TX 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) John C McDermett C. Date of Delivery 3-18-04

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) 7003 2260 0006 7445 7803

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2829

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PLATTE CITY MO 64079 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM Postmark Here Clerk: KQ5K1J 03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No. Robin Johnson, 119 Broken Bridge Lane, Platte City, MO 64079
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2805

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

ZUNI NM 87327 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KQ5KLT
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 11 2004 USPS 87501

Sent To: James W. Tecklenburg
Street, Apt. No.; or PO Box No.: P.O. Box 768
City, State, ZIP+4: Zuni, NM 87327

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Katherine Mary Scott
809 Sheridan Street
Altoona, PA 16602

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ 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

2. Article Number (Transfer from service label) 7003 2260 0006 7445 7773

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

James W. Tecklenburg
P.O. Box 768
Zuni, NM 87327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ 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

ZUNI NM MAR 19 2004 87327 USPS

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) 7003 2260 0006 7448 2805

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7445 7773

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ALTOONA PA 16602 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KQ5
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 1 2004 USPS 87501

Sent To: Katherine Mary Scott
Street, Apt. No.; or PO Box No.: 809 Sheridan Street
City, State, ZIP+4: Altoona, PA 16602

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7448 2850

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SAINT PAUL, MN 55124 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: K95K1J
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 11 2004 USPS 87501

Sent To
Thomas R. Holloway
Street, Apt. No.; or PO Box No. 7570 West 147th Street
City, State, ZIP+4 Apple Valley, MN 55124

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Esther Ballard, Dec'd
Janice Ballard
Paul J. Anderson
22105 Gull Lake Drive
Nisswa, MN 56468

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3-17

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

ANDE105 T564682012 1104 14 03/16/04

ANDERSON
225 ANGLER CT
MARCO ISLAND FL 34145-4203

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) 7003 2260 0006 7448 2843

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Thomas R. Holloway
7570 West 147th Street
Apple Valley, MN 55124

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-16-04

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) 7003 2260 0006 7448 2850

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2843

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NISSWA, MN 56468 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: K95K1J
Total Postage & Fees	$ 4.88	03/11/04

Sent To
Esther Ballard, Deceased
Janice Ballard
Street, Apt. No.; or PO Box No. Paul J. Anderson
City, State, ZIP+4 22105 Gull Lake Drive
Nisswa, MN 56468

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2683

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PUYALLUP, WA 98371

OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

SANTA FE NM
UNIT ID: 0500
MAR 10 2004
Postmark Here
Clerk: K05K1
USPS 87501
03/11/04

Sent To
Louise Folkner Lane
Street, Apt. No.; or PO Box No. 6206 84th St. E.
City, State, ZIP+4 Puyallup, WA 98371

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Margaret McCurdy Family Partnership, Ltd.
2525 Ridgemar Blvd., Room 300
Fort Worth, TX 76116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Agent
Addressee

B. Received by (Printed Name) MARGARET MCCURDY
C. Date of Delivery 3-20-04

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) 7003 2260 0006 7445 7810

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Louise Folkner Lane
6206 84th St. E.
Puyallup, WA 98371

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Agent
Addressee

B. Received by (Printed Name) Carlin I Kirkpatrick
C. Date of Delivery 3-23-04

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) 7003 2260 0006 7448 2683

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7445 7810

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FORT WORTH, TX 76116

OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

SANTA FE NM
UNIT ID: 0500
MAR 10 2004
Postmark Here
Clerk: K05K1
USPS 87501
03/11/04

Sent To
Margaret McCurdy Family Partnership, Ltd.
Street, Apt. No.; or PO Box No. 2525 Ridgemar Blvd., Room 300
City, State, ZIP+4 Fort Worth, TX 76116

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2676

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LOLETA, CA 95551 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

SANTA FE NM 87500 MAR 10 2004 Postmark Here Clerk: KQ5K1 03/10/2004 USPS 67501

Sent To
Jack Folkner
Street, Apt. No.; or PO Box No. P.O. Box 39
City, State, ZIP+4 Loleta, CA 95551

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MRT, Ltd.
P.O. Drawer 3606
San Angelo, TX 76902

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3-16-04

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) 7003 2260 0006 7445 7711

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Jack Folkner
P.O. Box 39
Loleta, CA 95551

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) Betty Folkner C. Date of Delivery 03/16/04

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) 7003 2260 0006 7448 2676

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7445 7711

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SAN ANGELO, TX 76902 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500 Postmark Here Clerk: KQ5K1 03/16/2004 USPS 67501

Sent To
MRT, Ltd.
Street, Apt. No.; or PO Box No. P.O. Drawer 3606
City, State, ZIP+4 San Angelo, TX 76902

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7445 7704

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OFFICIAL USE

STILLWATER MN 55082

Postage	$	0.83
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$	4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
MAR 1 1 2004
Clerk K05K1A
03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Beverly LeTourneau
City, State, ZIP+4: P.O. Box 243, Stillwater, MN 55082

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William James Wallrich
40210 N. Lakeview Drive
Antioch, IL 60002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name): JOAN WALLRICH — C. Date of Delivery

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

ANTIOCH IL 60002
MAR 15 2004
USPS 87501

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): 7003 2260 0006 7445 7681

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Beverly LeTourneau
P.O. Box 243
Stillwater, MN 55082

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Bev LeTourneau — C. Date of Delivery: 3/15/04

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): 7003 2260 0006 7445 7704

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7445 7681

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OFFICIAL USE

ANTIOCH IL 60002

Postage	$	0.83
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$	4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
MAR 1 1 2004
Clerk K05K1A
03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: William James Wallrich, 40210 N. Lakeview Drive
City, State, ZIP+4: Antioch, IL 60002

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7698

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ANCHORAGE, AK 99502

OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
Postmark Here
MAR 11 2004
SANTA FE NM
USPS 87501
Clerk: KQ5K1J
03/11/04

Sent To
Street, Apt. No.; or PO Box No.: John Wallace Wallrich, 2410 West 79th Avenue, Anchorage, Alaska 99502
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John W. Wallrich, Jr.
416 N. Elmhurst Avenue
Mt. Prospect, IL 60056

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
8/15

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) 7003 2260 0006 7445 7674

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

John Wallace Wallrich
2410 West 79th Avenue
Anchorage, Alaska 99502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Joan Wallrich 3-15-04

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) 7003 2260 0006 7445 7698

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7445 7674

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MOUNT PROSPECT, IL 60056

OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
Postmark Here
MAR 1 2004
SANTA FE NM
USPS 87501
Clerk: KQ5K1J
03/[illegible]/04

Sent To
Street, Apt. No.; or PO Box No.: John W. Wallrich, Jr., 416 N. Elmhurst Avenue, Mt. Prospect, IL 60056
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7650

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GAINESVILLE, GA 30503 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM 87501 03/11/2004 Postmark Here
Clerk: K05K120
03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Higgins Trust, Inc. P.O. Box 2421 Gainesville, GA 30503
City, State, ZIP+4:

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Willa Kathryn Kennedy
P.O. Box 1121
Edgewood, NM 87015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Willa Kennedy C. Date of Delivery

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

SANTA FE NM MAR 18 2004

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) 7003 2260 0006 7445 7643

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, GA 30503

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3/15/04

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) 7003 2260 0006 7445 7650

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7445 7643

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For delivery information visit our website at www.usps.com®

EDGEWOOD, NM 87015 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM 87501 03/11/2004 Postmark Here
Clerk: K05K120
03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Willa Kathryn Kennedy P.O. Box 1121 Edgewood, NM 87015
City, State, ZIP+4:

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7445 7629

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

ARTESIA, NM 88210 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	Clerk: K05K1J
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 2004 USPS 87501

Sent To
EHW, LLC
Street, Apt. No.; or PO Box No. 101 South Fourth Street
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William C. White
42 Colbert Avenue
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W.C. White ☐ Agent ☐ Addressee

B. Received by (Printed Name) W.C. White C. Date of Delivery 3-16-04

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) 7003 2260 0006 7445 7605

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

EHW, LLC
101 South Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marsha Sims ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery MAR 16 2004

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) 7003 2260 0006 7445 7629

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7445 7605

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ARTESIA, NM 88210 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	Clerk: K05K1J
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 2004 USPS 87501

Sent To
William C. White
Street, Apt. No.; or PO Box No. 42 Colbert Avenue
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7445 7599

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ARTESIA NM 88210

OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRK1J
Total Postage & Fees	$ 4.88	03/11/04

MAR 11 2004 SANTA FE NM 87501

Sent To: Randy G. Patterson
Street, Apt. No.; or PO Box No.: 105 S. Fourth Street
City, State, ZIP+4: Artesia, NM 88210

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oil Royalties Corp.
c/o Jacques Vinmont, Jr.
21 Aspen Court
Boynton Beach, FL 33436

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 3/15/04

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): 7003 2260 0006 7448 2881

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Randy G. Patterson
105 S. Fourth Street
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received By (Printed Name): KATHY DONAGHE | C. Date of Delivery: MAR 15 2004

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): 7003 2260 0006 7445 7599

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7448 2881

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BOYNTON BEACH FL 33436

OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KRK1J
Total Postage & Fees	$ 4.88	03/11/04

MAR 11 2004 SANTA FE NM 87501

Sent To: Oil Royalties Corp.
Street, Apt. No.; or PO Box No.: c/o Jacques Vinmont, Jr. 21 Aspen Court
City, State, ZIP+4: Boynton Beach, FL 33436

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7766

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ALTOONA PA 16602

OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: K05K37
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 1 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Karen Elizabeth Charles, 110 Hudson Avenue
City, State, ZIP+4: Altoona, PA 16602

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Elizabeth Baish
102 Logan Avenue
Altoona, PA 16602

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth A. Baish ☐ Agent ☐ Addressee

B. Received by (Printed Name): Elizabeth Baish
C. Date of Delivery: 3-15-04

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): 7003 2260 0006 7445 7780

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Karen Elizabeth Charles
110 Hudson Avenue
Altoona, PA 16602

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Charles ☐ Agent ☐ Addressee

B. Received by (Printed Name): KAREN CHARLES
C. Date of Delivery: 3-15-04

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): 7003 2260 0006 7445 7766

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7445 7780

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ALTOONA PA 16602

OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: K05K1J
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 1 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.: Mary Elizabeth Baish, 102 Logan Avenue
City, State, ZIP+4: Altoona, PA 16602

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7448 2690

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OFFICIAL USE

VENTURA CA 93001

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
MAR 10 2004
CLERK: K05K1J
03/11/04
USPS 87501

Sent To
Carroll Larry Folkner
Street, Apt. No.; or PO Box No. 45 E. Vince
City, State, ZIP+4 Ventura, CA 93001

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Centennial
P.O. Box 1837
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 3-13-04

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) 7003 2260 0006 7448 2669

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

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:

Carroll Larry Folkner
45 E. Vince
Ventura, CA 93001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery 3-16-04

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) 7003 2260 0006 7448 2690

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

7003 2260 0006 7448 2669

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OFFICIAL USE

ROSWELL NM 88201

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
Postmark Here
MAR 10 2004
Clerk: K05K1J
03/11/04
USPS 87501

Sent To
Centennial
Street, Apt. No.; or PO Box No. P.O. Box 1837
City, State, ZIP+4 Roswell, NM 88202

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7448 2782

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RALEIGH NC 27615 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM Postmark Here
MAR 11 2004
CLERK: K05K2
USPS 87501
03/11/04

Sent To
Lucy A. McCarley, Trustee of the Lucy A. McCarley Living Trust u/a dated 6/30/99
Street, Apt. No.; or PO Box No. 4483 Springmoor Circle
City, State, ZIP+4 Raleigh, NC 27615

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Irving Graham Austin and Margaret A. Austin, Trustees of the Austin Family Trust dated 3/22/95
24992 Nellie Gail Road
Laguna Hills, CA 92653

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3-16-04

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) 7003 2260 0006 7448 2775

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Lucy A. McCarley, Trustee of the Lucy A. McCarley Living Trust u/a dated 6/30/99
4483 Springmoor Circle
Raleigh, NC 27615

NORTH RALEIGH NC 27615 MAR 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 3-16-04

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) 7003 2260 0006 7448 2782

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7448 2775

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LAGUNA HILLS CA 92653 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM Postmark Here
Clerk: K05K1J
USPS 87501
03/16/04

Sent To
Irving Graham Austin and Margaret A. Austin, Trustees of the Austin Family Trust dated 3/22/95
Street, Apt. No.; or PO Box No. 24992 Nellie Gail Road
City, State, ZIP+4 Laguna Hills, CA 92653

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7667

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RUIDOSO DOWNS, NM 88346

OFFICIAL USE

Postage	$ 0.83	
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.88	03/11/04

POSTMK ID: 0500
SANTA FE NM MAR 11 2004 USPS 87501
Postmark Here
Clerk: KGK1

Sent To
George Westall and wife Willa Mae Westall
Street, Apt. No.; or PO Box No. P.O. Box 70
City, State, ZIP+4 Ruidoso Downs, NM 88346

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jack W. McCaw and wife Mary Ann McCaw
P.O. Box 127
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Emily Moore ☐ Agent ☐ Addressee

B. Received by (Printed Name) Emily Moore C. Date of Delivery 3.15.04

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

88211

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) 7003 2260 0006 7445 7612

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1640

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:

George Westall and wife Willa Mae Westall
P.O. Box 70
Ruidoso Downs, NM 88346

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Willa Mae Westall ☐ Agent ☐ Addressee

B. Received by (Printed Name) Willa Mae Westall C. Date of Delivery MAR 15

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) 7003 2260 0006 7445 7667

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7445 7612

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ARTESIA, NM 88210

OFFICIAL USE

Postage	$ 0.83	
Certified Fee	2.30	
Return Reciept Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$ 4.88	03/11/04

POSTMK ID: 0500
SANTA FE NM MAR 11 2004 USPS 87501
Postmark Here
Clerk: KGK1

Sent To
Jack W. McCaw and wife Mary Ann McCaw
Street, Apt. No.; or PO Box No. P.O. Box 127
City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2607

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FORT WORTH, TX 76102

OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
Clerk: K05K1J
03/11/04
USPS 87501

Sent To
Bank of America N.A., Trustee
u/w/o Mildred M. Trammell
Street, Apt. No.; or PO Box No. 500 West 7th Street
City, State, ZIP+4 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bank of America N.A., Trustee
u/w/o David B. Trammell
500 West 7th Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rita Bowen ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rita Bowen
C. Date of Delivery 3/15/04

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) 7003 2260 0006 7448 2621

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Bank of America N.A., Trustee
u/w/o Mildred M. Trammell
500 West 7th Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rita Bowen ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rita Bowen
C. Date of Delivery 3/15/04

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) 7003 2260 0006 7448 2607

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2621

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FORT WORTH, TX 76102

OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
Clerk: K05K1J
03/11/04
USPS 87501

Sent To
Bank of America N.A., Trustee
u/w/o David B. Trammell
Street, Apt. No.; or PO Box No. 500 West 7th Street
City, State, ZIP+4 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2638

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ROSWELL NM 88201 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID# 0500 SANTA FE NM MAR 1 2004 Postmark Here Clerk: K05K1J 03/11/04 USPS 87501

Sent To: Armando Lopez
Street, Apt. No.; or PO Box No.: Bureau of Land Management 2909 West Second Street
City, State, ZIP+4: Roswell, New Mexico 88201

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lurae McCollum
P.O. Box 2243
Gallup, NM 87305

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Lurae McCollum ☐ Agent ☐ Addressee

B. Received by (Printed Name): Lurae McCollum C. Date of Delivery

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

MAR 16 2004 NM 87301

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): 7003 2260 0006 7448 2799

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Armando Lopez
Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): C. Date of Delivery 3/15/04

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): 7003 2260 0006 7448 2638

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7448 2799

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

GALLUP, NM 87305 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID# 0500 SANTA FE NM MAR 1 2004 Postmark Here Clerk: K05K1J 03/11/04 USPS 87501

Sent To: Lurae McCollum
Street, Apt. No.; or PO Box No.: P.O. Box 2243
City, State, ZIP+4: Gallup, NM 87305

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7759

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

TUCSON, AZ 85712 OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM MAY 1 1 Postmark Here Clerk K05K1J 03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Trustee of the Betty Baish Strohmeyer
Revocable Living Trust d. 7/18/91
c/o Martin F. Ryan, attorney
6029 E. Grant Road
Tucson, AZ 85712

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Deborah Fedric
P.O. Box 1837
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5.13.04

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) 7003 2260 0006 7448 2874

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Trustee of the Betty Baish Strohmeyer
Revocable Living Trust d. 7/18/91
c/o Martin F. Ryan, attorney
6029 E. Grant Road
Tucson, AZ 85712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAY 12 2004 TUCSON AZ MIDTOWN STA 85716

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) 7003 2260 0006 7445 7759

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2874

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ROSWELL, NM 88201 OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM MAY 1 1 Postmark Here Clerk K05K1J 03/11/04 USPS 87501

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Deborah Fedric
P.O. Box 1837
Roswell, NM 88202

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2867

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ROSWELL NM 88201 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: [illegible]5K1J
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM USPS 87501

Sent To
Margaret K. Hunker, Trustee of the Margaret K. Hunker Trust
Street, Apt. No.; or PO Box No. 1710 W. Third Street
City, State, ZIP+4 Roswell, NM 88201

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carl Lewis Folkner, Jr.
213 Camino Cuatro SW
Albuquerque, NM 87105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/15/04

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) 7003 2260 0006 7448 2720

PS Form 3811, August 2001 Domestic Return Receipt

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:

Margaret K. Hunker, Trustee of the
Margaret K. Hunker Trust
1710 W. Third Street
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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

2. Article Number (Transfer from service label) 7003 2260 0006 7448 2867

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2720

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ALBUQUERQUE NM 87103 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: [illegible]5K1J
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM USPS 87501

Sent To
Carl Lewis Folkner, Jr.
Street, Apt. No.; or PO Box No. 213 Camino Cuatro SW
City, State, ZIP+4 Albuquerque, NM 87105

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2737

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ALBUQUERQUE NM 87105 OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

SANTA FE NM ID# 0506 MAR 11 2004 USPS 87501 Postmark Here Clerk: K05K13 03/11/04

Sent To
Stephen Francis Folkner
Street, Apt. No.; or PO Box No. 213 Camino Cuatro SW
City, State, ZIP+4 Albuquerque, NM 87105

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mark Ryan Folkner
213 Camino Cuatro SW
Albuquerque, NM 87105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Stephen Folkner C. Date of Delivery

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

MAR 15 2004 ALBUQUERQUE NM 87105

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) 7003 2260 0006 7448 2713

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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 Francis Folkner
213 Camino Cuatro SW
Albuquerque, NM 87105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Stephen Folkner C. Date of Delivery

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

MAR 15 2004 ALBUQUERQUE NM 87105

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) 7003 2260 0006 7448 2737

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0006 7448 2713

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ALBUQUERQUE NM 87105 OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

SANTA FE NM UNIT ID# 0506 MAR 11 2004 USPS 87501 Postmark Here Clerk: K05K13 03/11/04

Sent To
Mark Ryan Folkner
Street, Apt. No.; or PO Box No. 213 Camino Cuatro SW
City, State, ZIP+4 Albuquerque, NM 87105

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7448 2836

U.S. Postal Service™
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ALBUQUERQUE NM 87120 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
ALBUQUERQUE NM
Postmark Here
Clerk: K05K1J
03/11/04
USPS 87501

Sent To: Davi Smithson
Street, Apt. No.; or PO Box No.: 625 W. 6th Avenue
City, State, ZIP+4: Mesa, AZ 85210

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Christopher Folkner
7201 Del Pasada NW
Albuquerque, NM 87120

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 3/12/04

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): 7003 2260 0006 7448 2744

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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:

Davi Smithson
625 W. 6th Avenue
Mesa, AZ 85210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Davien Smithson | C. Date of Delivery: 3.13.04

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): 7003 2260 0006 7448 2836

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7448 2744

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ALBUQUERQUE NM 87120 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
Clerk: K05K1J
03/11/04
USPS 87501

Sent To: John Christopher Folkner
Street, Apt. No.; or PO Box No.: 7201 Del Pasada NW
City, State, ZIP+4: Albuquerque, NM 87120

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7448 2645

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

MIDLAND TX 79701 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KQ5K13
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 11 2004 USPS 87501

Sent To: Mark Hawkins
Street, Apt. No.; or PO Box No.: Pecos Production Company, Suite 1070, 400 West Illinois
City, State, ZIP+4: Midland, Texas 79701

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lynn Pierce
P.O. Box 6027
Chandler, AZ 85246

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Lynn Pierce ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 3-15-04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7003 2260 0006 7448 2812

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1840

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:

Mark Hawkins
Pecos Production Company
Suite 1070
400 West Illinois
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X LuAnn Harrell ☑ Agent ☐ Addressee

B. Received by (Printed Name): LuAnn Harrell | C. Date of Delivery: 3-15-04

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): 7003 2260 0006 7448 2645

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7448 2812

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For delivery information visit our website at www.usps.com®

CHANDLER AZ 85246 **OFFICIAL USE**

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KQ5K13
Total Postage & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 11 2004 USPS 87501

Sent To: Lynn Pierce
Street, Apt. No.; or PO Box No.: P.O. Box 6027, Chandler, AZ 85246
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7445 7728

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

DALLAS, TX 75221 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM Postmark Here Clerk: K65K1J 05X11 USPS 87501

Sent To: Republic National Bank, Trustee of the Selma E. Andrews Trust dated 5/8/69
Street, Apt. No.; or PO Box No.: P.O. Box 241
City, State, ZIP+4: Dallas, TX 75221

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

St. Mary Land & Exploration Company
1776 Lincoln St., Suite 1100
Denver, CO 80203

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ 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

2. Article Number (Transfer from service label): 7003 2260 0006 7448 2652

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

7003 2260 0006 7448 2652

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

DENVER, CO 80203 **OFFICIAL USE**

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

SANTA FE NM Postmark Here Clerk: KQ5K1J 03/17/04 USPS 87501

Sent To: St. Mary Land & Exploration Company
Street, Apt. No.; or PO Box No.: 1776 Lincoln St., Suite 1100
City, State, ZIP+4: Denver, CO 80203

PS Form 3800, June 2002 — See Reverse for Instructions

MAR 18 2004

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™

7003 2260 0006 7448 2768

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE. NEW MEXICO 87504

To:

T. E. Brown, Jr.
2407 Cerro Road
Artesia, NM 88210

Not Delivered – As Addressed
Unable to Forward
Insufficient Address
Moved, Left No Address
Unclaimed
Attempted – Not Known
No Such Street
Vacant Illegible
No Mail Receptacle
Box Closed – No Order
Returned For Better Address
Postage Due

UNITED STATES POSTAL SERVICE

9264 88210

U.S. POSTAGE PAID
SANTA FE.NM
87501
MAR 11. 04
AMOUNT
$4.88
00055353-02

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

ARTESIA NM 88210 OFFICIAL USE

Postage	$ 0.83	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KQ5K1J
Total Postage & Fees	$ 4.88	03/11/04

To T. E. Brown, Jr.
2407 Cerro Road
Artesia, NM 88210
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Form 3800, June 2002 See Reverse for Instructions

SECTION

- 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:

T. E. Brown, Jr.
2407 Cerro Road
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ 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

2. Article Number (Transfer from service label) 7003 2260 0006 7448 2768

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

FOE
NL RR3

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7003 2260 0006 7448 2751

1ST NOTICE
2ND NOTICE
RETURN

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

☐ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed
☐ Attempted – Not Known
☐ No Such Street
☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed – No Order
☐ Forwarded for Better Address
☐ Postage Due

TO:

T. E. Brown, Jr., Personal Representative of the
Estate of Cleo Brown
2407 Cerro Road
Artesia, NM 88210

UNITED STATES POSTAL SERVICE
9264 88210

S. POSTAGE PAID
SANTA FE, NM
87501
R. II. 04
AMOUNT
$4.88
00055353-02

Postal Service™
RTIFIED MAIL™ RECEIPT
estic Mail Only; No Insurance Coverage Provided)
livery information visit our website at www.usps.com®
FICIAL USE

Postage	$ 0.83
Certified Fee	2.30
rn Reciept Fee nent Required)	1.75
d Delivery Fee nent Required)	
ostage & Fees	$ 4.88

SANTA FE, NM 87501 PERMIT ID 00500 MAR 11 2004 Postmark Here
Clerk: KUSK
03/11/04

ot. No.;
x No.
e, ZIP+4
T. E. Brown, Jr., Personal Representative of the
Estate of Cleo Brown
2407 Cerro Road
Artesia, NM 88210

3800, June 2002 See Reverse for Instructions

E 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:

T. E. Brown, Jr., Personal Representative of the
Estate of Cleo Brown
2407 Cerro Road
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

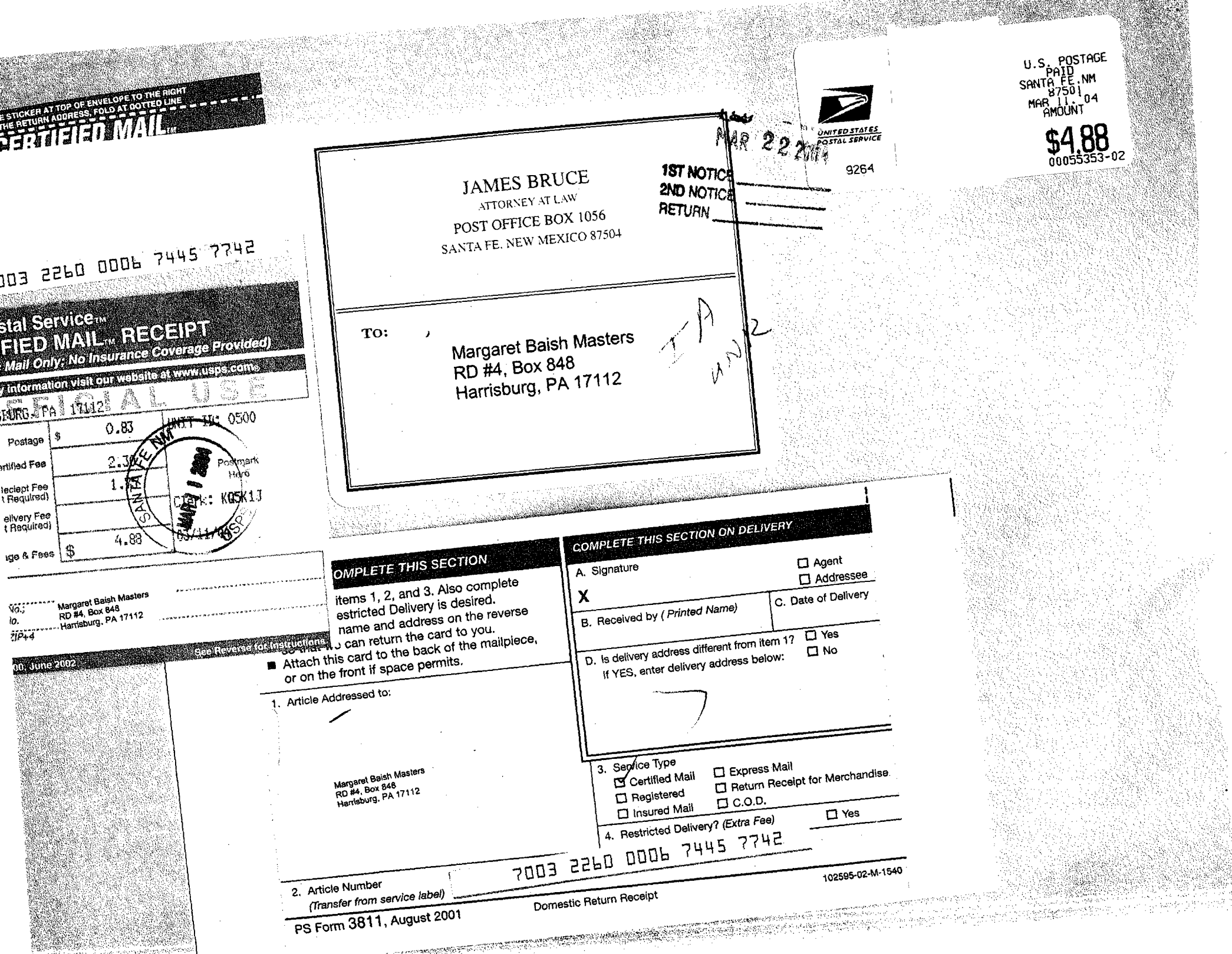
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7448 2751

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



E STICKER AT TOP OF ENVELOPE TO THE RIGHT
THE RETURN ADDRESS, FOLD AT DOTTED LINE
ERTIFIED MAIL™

003 2260 0006 7445 7742

stal Service™
FIED MAIL™ RECEIPT
Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com

URG, PA 17112

Postage	$ 0.83	UNIT IN: 0500
rtified Fee	2.30	Postmark Here
leciept Fee t Required)	1.75	Clerk: KOSKIJ
elivery Fee t Required)		
ige & Fees	$ 4.88	03/11/04

SANTA FE NM MAR 11 2004 USPS

To: Margaret Baish Masters
RD #4, Box 848
Harrisburg, PA 17112
ZIP+4

See Reverse for Instructions

00, June 2002

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

MAR 22 2004

1ST NOTICE
2ND NOTICE
RETURN

9264

TO: Margaret Baish Masters
RD #4, Box 848
Harrisburg, PA 17112

1 A
2 WD

U.S. POSTAGE
PAID
SANTA FE, NM
87501
MAR 11, 04
AMOUNT
$4.88
00055353-02

UNITED STATES POSTAL SERVICE

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:

Margaret Baish Masters
RD #4, Box 848
Harrisburg, PA 17112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

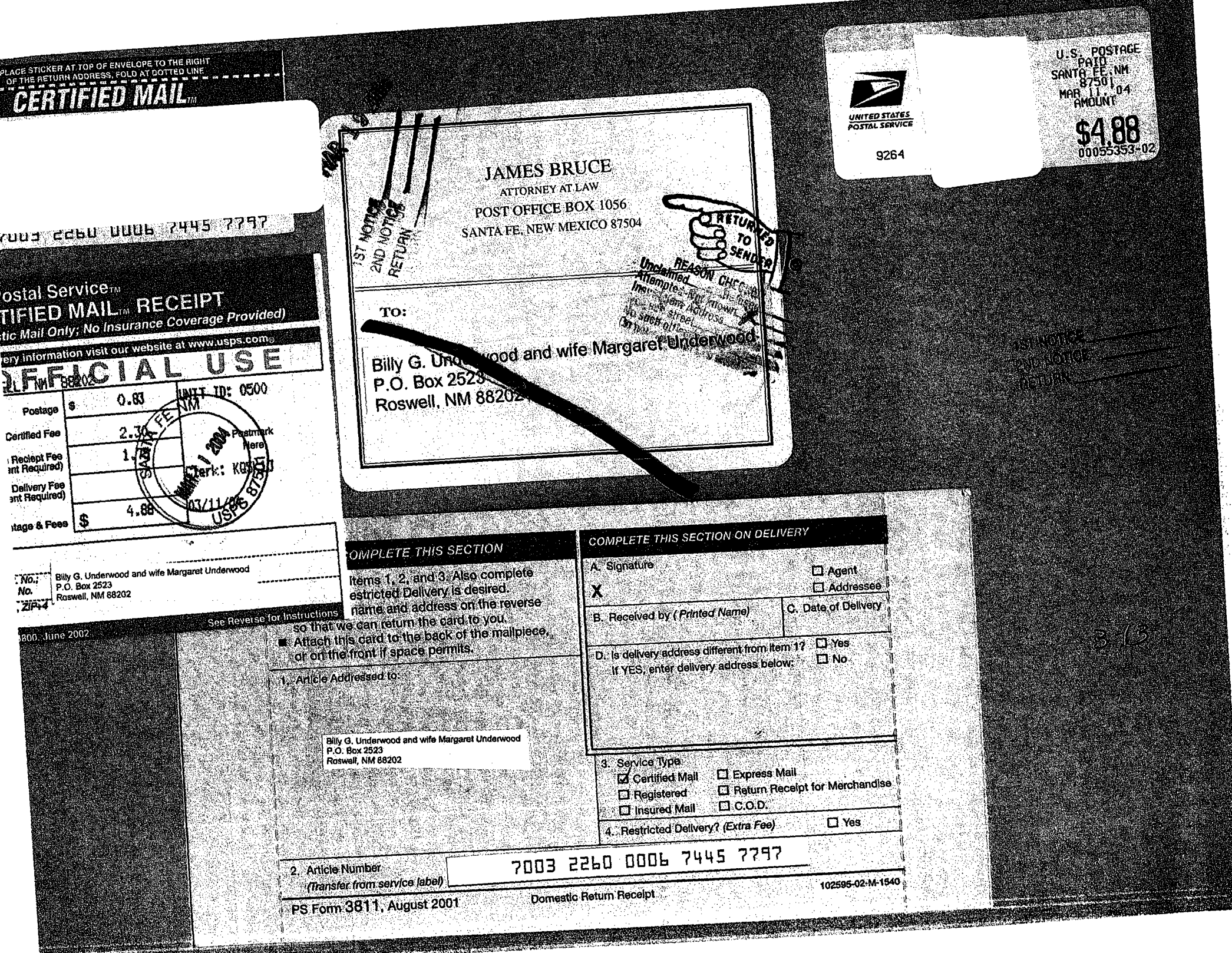
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7445 7742

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7003 2260 0006 7445 7797

Postal Service™
TIFIED MAIL™ RECEIPT
tic Mail Only; No Insurance Coverage Provided)
ery information visit our website at www.usps.com®
FICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Receipt Fee (ant Required)	1.75
Delivery Fee (ant Required)	
tage & Fees	$ 4.88

UNIT ID: 0500
SANTA FE NM
Postmark Here
Clerk: K03511
07/11/04
USPS 87501

No.; No.
Billy G. Underwood and wife Margaret Underwood
P.O. Box 2523
Roswell, NM 88202
ZIP+4

See Reverse for Instructions

800, June 2002

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

1ST NOTICE
2ND NOTICE
RETURN

RETURNED TO SENDER
REASON CHECKED
Unclaimed
Attempted - Not Known
Insufficient Address
No Such Street
No Such Office
Other

TO:
Billy G. Underwood and wife Margaret Underwood
P.O. Box 2523
Roswell, NM 88202

UNITED STATES POSTAL SERVICE
9264

U.S. POSTAGE
PAID
SANTA FE, NM
87501
MAR 11 04
AMOUNT
$4.88
00055353-02

1ST NOTICE
2ND NOTICE
RETURN

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete
estricted Delivery is desired.
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:

Billy G. Underwood and wife Margaret Underwood
P.O. Box 2523
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ 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

2. Article Number
(Transfer from service label) 7003 2260 0006 7445 7797

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

3-13

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7003 2260 0006 7445 7636

MAR 24 2004

1ST NOTICE
2ND NOTICE
RETURN

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

RETURN TO SENDER

FORWARDING ORDER EXPIRED

FORWARDING ORDER EXPIRED

TO:

Mary Kennedy Gore, Trustee
P.O. Box 13051
Las Vegas, NV 89112

UNITED STATES POSTAL SERVICE

9264

U.S. POSTAGE
PAID
SANTA FE,NM
87501
MAR 11, 04
AMOUNT

$4.88
00055353-02

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

LAS VEGAS, NV 89112

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT NM0500
SANTA FE, NM
Postmark Here
Clerk
03/11/04 USPS 87501

Sent To
Mary Kennedy Gore, Trustee
Street, Apt. No.; or PO Box No. P.O. Box 13051
City, State, ZIP+4 Las Vegas, NV 89112

PS Form 3800, June 2002 See Reverse for Instructions

MPLETE THIS SECTION

mis 1, 2, and 3. Also complete
rticted Delivery is desired.
me and address on the reverse
n return the card to you.
ach this card to the back of the mailpiece,
or on the front if space permits.

1. Article Addressed to:

Mary Kennedy Gore, Trustee
P.O. Box 13051
Las Vegas, NV 89112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ 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

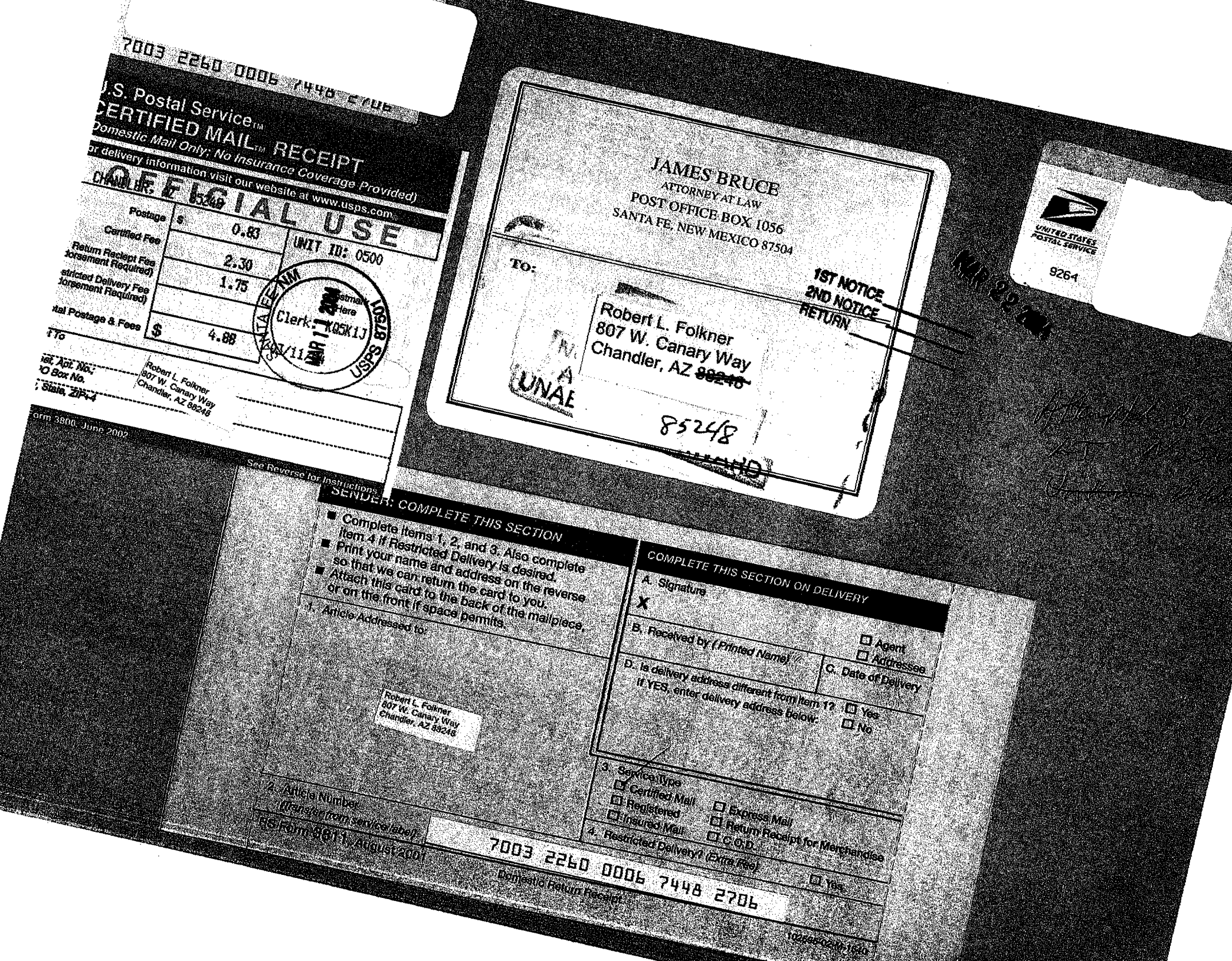
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 2260 0006 7445 7636

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

$3.10
03/10



7003 2260 0006 7448 [illegible]

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
CHANDLER, AZ 85248
OFFICIAL USE

Postage	$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.88

UNIT ID: 0500

Postmark Here
Clerk: KQ5K1J
APR 11 2004
USPS 87501

To: Robert L. Folkner
807 W. Canary Way
Chandler, AZ 85248

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

To: Robert L. Folkner
807 W. Canary Way
Chandler, AZ 85248

1ST NOTICE
2ND NOTICE
RETURN

UNAE

85248

UNITED STATES POSTAL SERVICE
9264

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert L. Folkner
807 W. Canary Way
Chandler, AZ 85248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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.

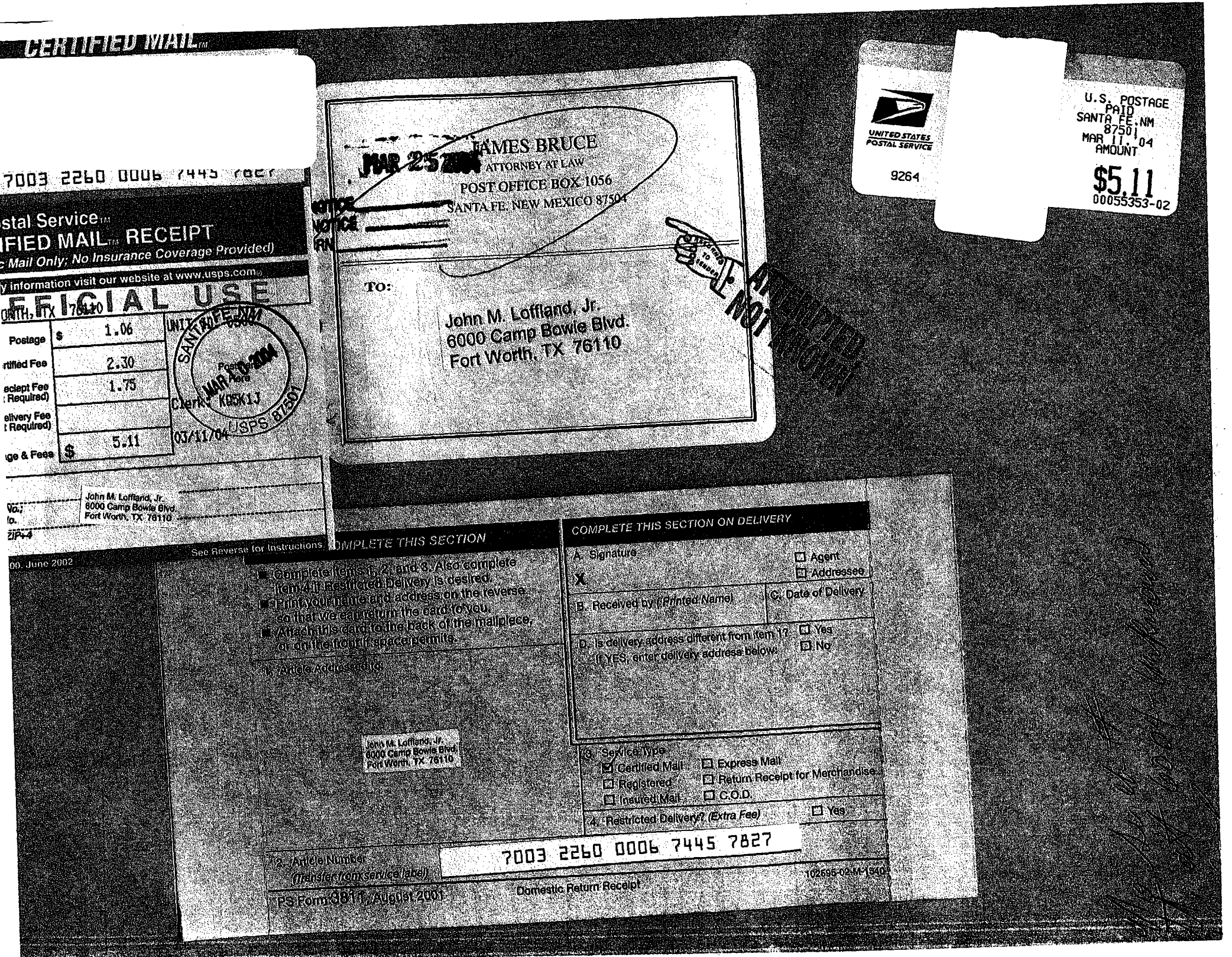
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7003 2260 0006 7448 2706

PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1540



CERTIFIED MAIL™

7003 2260 0006 7445 7827

Postal Service™
IFIED MAIL™ RECEIPT
c Mail Only; No Insurance Coverage Provided)
y information visit our website at www.usps.com®
FFICIAL USE
ORTH, TX 76110

Postage	$ 1.06
rtified Fee	2.30
eceipt Fee Required)	1.75
elivery Fee t Required)	
ge & Fees	$ 5.11

SANTA FE, NM 87501
Postmark Here
MAR 2004
Clerk: KB3K1J
03/11/04
USPS 87501

To, John M. Loffland, Jr.
6000 Camp Bowie Blvd.
Fort Worth, TX 76110
ZIP+4

See Reverse for Instructions

00, June 2002

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

MAR 25 2004

TO:

John M. Loffland, Jr.
6000 Camp Bowie Blvd.
Fort Worth, TX 76110

ATTEMPTED NOT KNOWN

UNITED STATES POSTAL SERVICE

9264

U.S. POSTAGE
PAID
SANTA FE, NM
87501
MAR 11, 04
AMOUNT
$5.11
00055353-02

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:

John M. Loffland, Jr.
6000 Camp Bowie Blvd.
Fort Worth, TX 76110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ 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

2. Article Number (Transfer from service label) 7003 2260 0006 7445 7827

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540