

# Affidavit of Publication

STATE OF NEW MEXICO )

) ss.

COUNTY OF LEA )

## LEGAL NOTICE NOTICE OF PUBLICATION

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

### Notice of Publication

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of May 18, 2005 and ending with the issue of May 18, 2005.

And that the cost of publishing said notice is the sum of \$ 90.08 which sum has been (Paid) as Court Costs.

Subscribed and sworn to before me this 18th day of May 2005.

Debbie Schilling

Notary Public, Lea County, New Mexico

My Commission Expires June 22, 2006

BEFORE THE  
OIL CONSERVATION DIVISION  
Case No. 13503 & 04 Exhibit No. **75**  
Submitted By:  
**Apache Corporation**  
Hearing Date: June 16, 2005

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on June 2, 2005, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. The Division requires that if you intend to participate at this hearing, you must file a pre-hearing statement not later than May 27, 2005. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 27, 2005. Public documents including the agenda and minutes, can be provided in various accessible form. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public:

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

**CASE 13504:** Application of Apache Corporation for statutory unitization, Lea County, New Mexico. Applicant seeks an order unitizing, for the purpose of establishing an enhanced oil recovery project, all mineral interest in the unitized formations the vertical limits of which extend from an upper limit being 75 feet above the stratigraphic Blinberry marker to a lower limit at the top of the Abo formation as seen on the type log from the Continental Lockhart B-11 #17 well located 1980 feet FNL and 1980 feet FEL Section 11, T21S, R37E and is that interval which is correlative to the interval from 5615 feet to 6795 feet below the surface measured from the derrick floor as shown on this type log. The Blinberry marker has been defined by the NMOCD at a depth of 545 feet (elevation 3380, sub-sea datum 2077) in Exxon State S#30 well located in the SW/4NW/4 of Section 2, T22S, R37E, Lea County, New Mexico, underlying 2080.01 acres, more or less, of Federal and Fee lands in the following acreage:

Township 21 South, Range 37 East, NMPM

Section 1:	Lots 11 thru 15, SW/4 and W/2SE/4
Section 11:	E/2 and NW/4
Section 12:	W/2NE/4, NW/4, W/2SE/4, SW/4
Section 13:	W/2, W/2NE/4 and NW/4SE/4
Section 14:	NE/4 and E/2SE/4

This unit is to be designated as the East Blinberry-Drinkard Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including a participation formula, capital investment to each of the various tracts in the unit area; the determination of credit and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations. Applicant also request that any such order issued in this case include a non consent penalty for risk to be charged against carried working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. This Unit is located approximately 4 miles Northeast of Eunice, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Fesmire, P.E., Director

Published in the Lovington Daily Leader May 18, 2005.

7004 2510 0001 1870 8868

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Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>10.10</b>

**UNIT ID:** \_\_\_\_\_

**Post H:** \_\_\_\_\_

**Clerk:** KM

**03/22/05**

**Sent To:** AMCO Resources  
 P.O. Box 3025  
 Oklahoma City, OK 73101

PS Form 3811, February 2004

**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:

AMCO Resources  
 P.O. Box 3025  
 Oklahoma City, OK 73101

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8868

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Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

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

7004 2510 0001 1870 9254

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**RIO RANCHO, NM 87124**

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>10.10</b>

**UNIT ID:** \_\_\_\_\_

**Post H:** \_\_\_\_\_

**Clerk:** \_\_\_\_\_

**03/22/05**

**Sent To:** Frank H. Hults  
 500 Eastlake  
 Rio Rancho, NM 87124

PS Form 3811, February 2004

**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:

Frank H. Hults  
 500 Eastlake  
 Rio Rancho, NM 87124

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

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

7004 2510 0001 1870 9674

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**SANTA FE, NM 87508**

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>10.10</b>

**UNIT ID:** \_\_\_\_\_

**Post H:** \_\_\_\_\_

**Clerk:** \_\_\_\_\_

**03/22/05**

**Sent To:** Sally Rodgers  
 152B Arroyo Honda Road  
 Santa Fe, NM 87508

PS Form 3811, February 2004

**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:

Sally Rodgers  
 152B Arroyo Honda Road  
 Santa Fe, NM 87508

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

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

102-M-154

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ALBUQUERQUE, NM 87110

Postage \$ 6.05  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement) 0.00  
Total Postage 10.10

UNIT ID: 7004 2510 0001 1870 9391

Post  
He

Clerk: KNP

Jo Ann Long  
1744 Blume NE  
Albuquerque, NM 87110

03/22/05

Sent To Jo Ann Long  
1744 Blume NE  
Albuquerque, NM 87110

Street, Apt.  
or PO Box  
City, State, ZIP

PS Form 3811, February 2004

**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:

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jo Ann Long*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Jo Ann Long

C. Date of Delivery

3/12/05

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

7004 2510 0001 1870 9391

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BRAWLEY, CA 92227

Postage \$ 6.85  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement) 0.00  
Total Postage 10.90

UNIT ID: 7004 2510 0001 1870 8936

Post  
H

Clerk: KNP

Trubee Buford  
P.O. Box 1059  
Brawley, CA 92227

Sent To Trubee Buford  
P.O. Box 1059  
Brawley, CA 92227

Street, Apt. No.  
or PO Box No.  
City, State, ZIP

PS Form 3811, February 2004

**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:

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Trubee Buford*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

TRUBEE BUFORD

C. Date of Delivery

3/31/05

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

7004 2510 0001 1870 8936

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LAS CRUCES, NM 88001

Postage \$ 4.75  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement) 0.00  
Total Postage 8.80

UNIT ID: 7004 2510 0001 1870 9780

Post  
Her

Clerk: KNP

Smith-Todd Properties Ltd. Company  
4810 Sage Road  
Las Cruces, NM 88001

Smith-Todd Properties Ltd. Company  
4810 Sage Road  
Las Cruces, NM 88001

**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:

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mark Smith-Todd*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

MARK SMITH-TODD

C. Date of Delivery

3/31/05

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

7004 2510 0001 1870 9780

2768 0787 1100 0152 4007

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ARTESIA, NM 88211

Postage	\$ 4.75	UNIT ID: 0
Certified Fee		Postn Here
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement)	1.75	
Total Post	8.80	Clerk: KMM

June S. Brown  
 P.O. Box 1505  
 Carlsbad, NM 88211

03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

June S. Brown  
 P.O. Box 1505  
 Carlsbad, NM 88211

2. Article Number (Transfer from service label) **7004 2510 0001 1870 8912**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *June Brown* ☐ 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

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**OFFICIAL US**

SCOTTSDALE, AZ 85260

Postage	\$ 6.05	UNIT ID: 05
Certified Fee		Postn Here
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement)	1.75	
Total Post	10.10	Clerk: KMM

Clifford J. Roth  
 8647 East Davenport Drive  
 Scottsdale, AZ 85260

03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Clifford J. Roth  
 8647 East Davenport Drive  
 Scottsdale, AZ 85260

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9681**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *Pamela Roth* ☐ 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

102595-02-M-154

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BARTLESVILLE, OK 74006

Postage	\$ 6.05	UNIT ID: 07
Certified Fee		Postn Here
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement)	1.75	
Total Post	10.10	Clerk: KMM

Lynn Reeves  
 P.O. Box 3312  
 Bartlesville, OK 74006

03/22/05

Sent To  
 Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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 Reeves  
 P.O. Box 3312  
 Bartlesville, OK 74006

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9643**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *RL Reeves* ☐ 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

102595-02-M-154

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HOBBS, NM 88240

Postage	\$ 4.75	UNIT ID: 01
Certified Fee	2.30	Post He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KN

Roy G. Barton, Sr. and Opal Barton Revocable Trust  
1919 South Turner Street  
Hobbs, NM 88240-2712

**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:

Roy G. Barton, Sr. and Opal Barton Revocable Trust  
1919 South Turner Street  
Hobbs, NM 88240-2712

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9704

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Joan Isbell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joan Isbell C. Date of Delivery 3-23-05

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

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ROSWELL, NM 88202

Postage	\$ 4.75	UNIT ID: C
Certified Fee	2.30	Post He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KN

Charles H. Coll  
P.O. Box 1818  
Roswell, NM 88202-1818

**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:

Charles H. Coll  
P.O. Box 1818  
Roswell, NM 88202-1818

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8998

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Hay Coll ☒ Agent ☐ Addressee

B. Received by (Printed Name) Hay Coll C. Date of Delivery 3-23-05

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

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**OFFICIAL US**

LOVINGTON, NM 88260

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	Post He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KN

June D. Speight  
P.O. Drawer 1687  
Lovington, NM 88260-1687

**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:

June D. Speight  
P.O. Drawer 1687  
Lovington, NM 88260-1687

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9797

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Joan Clements ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joan Clements C. Date of Delivery 3-23-05

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

7004 2510 0001 1870 9322

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**OFFICIAL USE**

LOVINGTON, NM 88260

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restricted (Endorsement) **MAR 22 2005**

Total Paid **Patricia D. Lee** 8.80 03/22/05

Sent To **Patricia D. Lee**  
 176 Lee Ranch Road  
 Lovington, NM 88260

Street, Apt or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Patricia D. Lee  
 176 Lee Ranch Road  
 Lovington, NM 88260

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9322**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *R Taylor* ☒ Agent ☐ Addressee

B. Received by (Printed Name) **R Taylor** C. Date of Delivery **3-23-05**

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

7004 2510 0001 1870 9018

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**OFFICIAL USE**

ROSWELL, NM 88202

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restricted (Endorsement) **MAR 22 2005**

Total Paid **Eric J. Coll** 8.80 03/22/05

Sent To **Eric J. Coll**  
 P.O. Box 1818  
 Roswell, NM 88202-1818

Street, Apt or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Eric J. Coll  
 P.O. Box 1818  
 Roswell, NM 88202-1818

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9018**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *Eric Coll* ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Eric Coll** C. Date of Delivery **3-23-05**

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

7004 2510 0001 1870 9001

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ROSWELL, NM 88202

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restricted (Endorsement) **MAR 22 2005**

Total Paid **Clarke C. Coll** 8.80 03/22/05

Sent To **Clarke C. Coll**  
 P.O. Box 1818  
 Roswell, NM 88202-1818

Street, Apt or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Clarke C. Coll  
 P.O. Box 1818  
 Roswell, NM 88202-1818

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9001**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *Clarke Coll* ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Clarke Coll** C. Date of Delivery **3-23-05**

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

7004 2510 0001 1870 9568

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Postage	\$ 4.75	UNIT ID
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total	8.80	

Res (End)

 To Betty Ann Philley 8.80 03/22/05  
 P.O. Box 132  
 San Jon, NM 88434

 Sent  
 Street or P.O. Box  
 City

PS Form 3800, June 2002

**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:

 Betty Ann Philley  
 P.O. Box 132  
 San Jon, NM 88434

Clerk:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9568

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X Betty Philley ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Betty Philley C. Date of Delivery 4-22-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9605

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Postage	\$ 4.75	UNIT ID
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total	8.80	

Res (End)

 John Redfern 8.80 03/22/05  
 P.O. Box 50890  
 Midland, TX 79710

 Sent  
 Street or P.O. Box  
 City

PS Form

**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 Redfern  
 P.O. Box 50890  
 Midland, TX 79710

Clerk:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9605

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X John Redfern ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

John Redfern C. Date of Delivery 3-24-05

D. Is delivery address different from item 1? ☐ YesIf 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

7004 2510 0001 1870 9667

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OFFICIAL U.S. MAIL

Postage	\$ 4.75	UNIT ID
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total	8.80	

Res (End)

 A.V. Rodgers 8.80 03/22/05  
 P.O. Box 1891  
 Eunice, NM 88231

 Sent  
 Street or P.O. Box  
 City

PS

**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:

 A.V. Rodgers  
 P.O. Box 1891  
 Eunice, NM 88231

Clerk:

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9667

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X A.V. Rodgers ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

A.V. Rodgers C. Date of Delivery 3/24/05

D. Is delivery address different from item 1? ☐ YesIf 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



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**OFFICIAL USE**

Postage \$ 6.05  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 0.00  
Total Postage 10.10

UNIT ID: 03/22/05

Clerk: KMM

Sent To  
Cindy Ann Allen  
1218 East Indigo Street  
Mesa, AZ 85203

Street, Apt. No. or PO Box No.  
City, State, ZIP

PS Form 3800

**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:

Cindy Ann Allen  
1218 East Indigo Street  
Mesa, AZ 85203

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8837

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Cindy Allen* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Cindy Allen* C. Date of Delivery *3/22/05*

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

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**OFFICIAL USE**

Postage \$ 6.05  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 0.00  
Total Postage 10.10

UNIT ID: 03/22/05

Clerk: KMM

Sent To  
Judith Lee Taylor  
P.O. Box 8537  
Mesa, AZ 85214

Street, Apt. No. or PO Box No.  
City, State, ZIP

PS Form 3800

**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:

Judith Lee Taylor  
P.O. Box 8537  
Mesa, AZ 85214

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9803

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Robert S. Taylor* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *ROBERT S. TAYLOR* C. Date of Delivery *3/22/05*

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

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**OFFICIAL USE**

Postage \$ 4.75  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Restricted Delivery Fee (Endorsement Required) 0.00  
Total Postage 8.80

UNIT ID: 03/22/05

Clerk: KMM

Sent To  
Pure Resources, L.P.  
500 West Illinois  
Midland, TX 79701

Street, Apt. No. or PO Box No.  
City, State, ZIP

PS Form 3800

**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:

Pure Resources, L.P.  
500 West Illinois  
Midland, TX 79701

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9599

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *J. Reyes* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *J. Reyes* C. Date of Delivery *3/21/05*

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



7004 2510 0001 1870 9810

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**OFFICIAL U**

HOBBS, NM 88241

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	8.80	
<b>Total</b>	<b>17.60</b>	

Postmark: MAR 22 2005

Sent To: The Black Trust  
 P.O. Box 278  
 Hobbs, NM 88241-0278

Street, Apt. or PO Box  
 City, State

PS Form 3800, June 2002 See Reverse

**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 Black Trust  
 P.O. Box 278  
 Hobbs, NM 88241-0278

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Claudia Young*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

CLAUDIA YOUNG

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

7004 2510 0001 1870 9810

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9094

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**OFFICIAL U**

ODESSA, TX 79762

Postage	\$ 4.75	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	8.80	
<b>Total</b>	<b>17.60</b>	

Postmark: MAR 22 2005

Sent To: Laquita Rodgers Cross  
 1802 East 43rd Street  
 Odessa, TX 79762

Street, Apt. or PO Box  
 City, State

PS Form 3800, June 2002 See Reverse

**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:

Laquita Rodgers Cross  
 1802 East 43rd Street  
 Odessa, TX 79762

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Gary Cross*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

GARY CROSS

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

7004 2510 0001 1870 9094

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9698

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**OFFICIAL U**

SCOTTSDALE, AZ 85267

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	10.10	
<b>Total</b>	<b>20.20</b>	

Postmark: MAR 22 2005

Sent To: Glen Warren Roth  
 P.O. Box 13861  
 Scottsdale, AZ 85267

Street, Apt. or PO Box  
 City, State

PS Form 3800, June 2002 See Reverse

**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:

Glen Warren Roth  
 P.O. Box 13861  
 Scottsdale, AZ 85267

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *G. Roth*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

G. Roth

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

7004 2510 0001 1870 9698

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

102595-02-M-154

7004 2510 0001 1870 9230

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**OFFICIAL USE**

DALLAS, TX 75225

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	10.10
<b>Total</b>	<b>20.20</b>

UNIT ID: \_\_\_\_\_

Postmaster: \_\_\_\_\_

Clerk: KN

03/22/05

Ronald O. Holman  
5949 Sherry Lane, Suite 1700  
Dallas, TX 75225

**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:

Ronald O. Holman  
5949 Sherry Lane, Suite 1700  
Dallas, TX 75225

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9230**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *AM* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **SM ROBERTSON**

C. Date of Delivery **03-25-05**

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

7004 2510 0001 1870 9315

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**OFFICIAL USE**

ODESSA, TX 79761

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.80
<b>Total</b>	<b>17.60</b>

UNIT ID: \_\_\_\_\_

Postmaster: \_\_\_\_\_

Clerk: KN

03/22/05

Dorothy Leathers  
1806 Patton Drive  
Odessa, TX 79761

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Dorothy Leathers  
1806 Patton Drive  
Odessa, TX 79761

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9315**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *C Leathers* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **D LEATHERS**

C. Date of Delivery **3-23-05**

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

7004 2510 0001 1870 9223

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**OFFICIAL USE**

ODESSA, TX 79761

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.80
<b>Total</b>	<b>17.60</b>

UNIT ID: \_\_\_\_\_

Postmaster: \_\_\_\_\_

Clerk: \_\_\_\_\_

03/22/05

Roberta Herron  
2523 Roper  
Odessa, TX 79761

**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:

Roberta Herron  
2523 Roper  
Odessa, TX 79761

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9223**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *Roberta Herron* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Roberta Herron**

C. Date of Delivery **3-23-05**

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

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**OFFICIAL USE**

TUCSON, AZ 85748

Postage	\$ 6.05	UNIT ID: 0
Certified Fee	2.30	Postnet He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KMM
Restricted Delivery Fee (Endorsement)		
Total Postage	10.10	03/22/05

Sent To: Maura Smyrl Jennings  
1810 South Breton Place  
Tucson, AZ 85748

Street, Apt. or PO Box  
City, State

PS Form 3811, February 2004

**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:

Maura Smyrl Jennings  
1810 South Breton Place  
Tucson, AZ 85748

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9285

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

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

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

ALBUQUERQUE, NM 87110

Postage	\$ 6.05	UNIT ID: 11
Certified Fee	2.30	Postnet He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: 3
Restricted Delivery Fee (Endorsement)		
Total Postage	10.10	03/22/05

Sent To: Frances May Reeder  
3106 Colorado NE  
Albuquerque, NM 87110

Street, Apt. or PO Box  
City, State

PS Form 3800, June 2002

**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:

Frances May Reeder  
3106 Colorado NE  
Albuquerque, NM 87110

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9612

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

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

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**OFFICIAL USE**

DALLAS, TX 75391

Postage	\$ 6.05	UNIT ID: 1
Certified Fee	2.30	Postnet He
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KMM
Restricted Delivery Fee (Endorsement)		
Total Postage	10.10	03/22/05

Sent To: J. Hiram Moore Trust  
P.O. Box 910833  
Dallas, TX 75391-0833

Street, Apt. or PO Box  
City, State

PS Form 3800, June 2002

**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:

J. Hiram Moore Trust  
P.O. Box 910833  
Dallas, TX 75391-0833

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9278

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

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

7469 1870 0001 1870 9469

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

HOLLY SPRINGS, NC 27540

Postage	7.15
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75

UNIT ID: 0005

Postmaster's Office

Restrict (Endorse)

Clerk: KMH

Total: Sara Brown Marshall 20 03/22/05

Sent To: 1112 Braswell Creek Pointe  
Holly Springs, NC 27540

Street, Apt. or PO Box  
City, State, ZIP+4

PS Form 3811, February 2004

**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:

Sara Brown Marshall  
1112 Braswell Creek Pointe  
Holly Springs, NC 27540

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9469

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
X *Sara Brown Marshall*

B. Received by (Printed Name) C. Date of Delivery  
SARA MARSHALL 3/23/05

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

9759 1870 0001 1870 9759

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**OFFICIAL USE**

PEACE, AZ 85625

Postage	6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75

UNIT ID: 0005

Postmaster's Office

Restrict (Endorse)

Clerk: KMH

Total Pos: Gerald R. Sharp 10.10 03/22/05

Sent To: P.O. Box 757  
Peace, AZ 85625-0757

Street, Apt. or PO Box  
City, State, ZIP+4

PS Form 3811, February 2004

**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:

Gerald R. Sharp  
P.O. Box 757  
Peace, AZ 85625-0757

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9759

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
X *Gerald R. Sharp*

B. Received by (Printed Name) C. Date of Delivery  
GERALD R SHARP 3/25/05

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

9773 1870 0001 1870 9773

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**OFFICIAL USE**

YUMA, AZ 85365

Postage	6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75

UNIT ID: 0005

Postmaster's Office

Restrict (Endorse)

Clerk: KMH

Total F: Louise B. Siewert 10 03/22/05

Sent To: 11494 Scottsdale Drive  
Yuma, AZ 85365

Street, Apt. or PO Box  
City, State, ZIP+4

PS Form 3811, February 2004

**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 B. Siewert  
11494 Scottsdale Drive  
Yuma, AZ 85365

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9773

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee  
X *Louise B. Siewert*

B. Received by (Printed Name) C. Date of Delivery  
LOUISE B SIEWERT 3-24-05

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

7004 2510 0001 1870 9520

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**OFFICIAL U.S. MAIL**

Fort Worth, TX 76101

Postage	\$ 4.75	UNIT ID
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restr (Endo) **USPS** MAR 2 2005

Total: National Finance Credit Corporation  
 P.O. Box 1897  
 Fort Worth, TX 76101

Sent: P.O. Box 1897  
 Fort Worth, TX 76101

PS Form 3811, February 2004

## 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:

National Finance Credit Corporation  
 P.O. Box 1897  
 Fort Worth, TX 76101

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9520

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Simmons*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 2 5 2005

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

7004 2510 0001 1870 9261

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**OFFICIAL U.S. MAIL**

Ringwood, OK 73768

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restr (Endo) **USPS** MAR 22 2005

Total: Ilene Gulick Living Trust  
 RR2, Box 2  
 Ringwood, OK 73768

Sent: RR2, Box 2  
 Ringwood, OK 73768

PS Form 3811, February 2004

## 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:

Ilene Gulick Living Trust  
 RR2, Box 2  
 Ringwood, OK 73768

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ilene Gulick*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-24-05

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

7004 2510 0001 1870 9049

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**OFFICIAL U.S. MAIL**

Santa Fe, NM 87505

Postage	\$ 6.05	UNIT ID:
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	

Restr (Endo) **USPS** MAR 22 2005

Total Pos: Max W. Coll 10.10 03/22/05

Sent To: 83 La Barberia Trail  
 Santa Fe, NM 87505

PS Form 3811, February 2004

## 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:

Max W. Coll  
 83 La Barberia Trail  
 Santa Fe, NM 87505

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Max W. Coll*
☐ 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

7004 2510 0001 1870 9292

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**OFFICIAL USE**

BOULDER, CO 80304

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
<b>Total</b>	<b>10.10</b>

UNIT ID: 03/22/05

Clerk: KN

Tate Byrne Jennings  
 3535 23rd Street  
 Boulder, CO 80304

PS Form 3811, February 2004

**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:

Tate Byrne Jennings  
 3535 23rd Street  
 Boulder, CO 80304

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9292

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

DATE OF DELIVERY  
 MAR 24 2005

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

7004 2510 0001 1870 8905

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**OFFICIAL USE**

MORRISON, CO 80465

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
<b>Total</b>	<b>10.10</b>

UNIT ID: 03/22/05

Clerk: K

BCM Partnership, L.P.  
 5661 South Crestbrook Drive  
 Morrison, CO 80465

PS Form 3811, February 2004

**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:

BCM Partnership, L.P.  
 5661 South Crestbrook Drive  
 Morrison, CO 80465

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8905

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 3-24-05

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

7004 2510 0001 1870 9728

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**OFFICIAL USE**

FORT MCCOY, FL 32134

Postage	\$ 7.15
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
<b>Total</b>	<b>11.20</b>

UNIT ID: 03/22/05

Clerk: 3

Charles D. Sands  
 12801 NE 139th Place  
 Ft. McCoy, FL 32134

PS Form 3811, February 2004

**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:

Charles D. Sands  
 12801 NE 139th Place  
 Ft. McCoy, FL 32134

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9728

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 3-24-05

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



7004 2510 0001 1870 9247

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**OFFICIAL USE**

ROBERT LEE, TX 76945

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post	
Return Receipt Fee (Endorsement Required)	1.75	H	
Restricted Delivery Fee (Endorsement Required)		Clerk:	KN
Total	8.80		03/22/05

Sent To: Wayman Weldon Holmes  
 P.O. Box 158  
 Robert Lee, TX 76945

Street, or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

**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:

Wayman Weldon Holmes  
 P.O. Box 158  
 Robert Lee, TX 76945

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9247

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X *Wayman Holmes* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-24

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

7004 2510 0001 1870 9452

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

**OFFICIAL USE**

LUBBOCK, TX 79401

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post	
Return Receipt Fee (Endorsement Required)	1.75	H	
Restricted Delivery Fee (Endorsement Required)		Clerk:	KN
Total	8.80		03/22/05

Sent To: Jack Markham  
 1500 Broadway, Suite 1212  
 Lubbock, TX 79401

Street, or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

**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 Markham  
 1500 Broadway, Suite 1212  
 Lubbock, TX 79401

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9452

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X *Markham* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3/23/05

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

7004 2510 0001 1870 9032

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

**OFFICIAL USE**

SAN ANTONIO, TX 78200

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post	
Return Receipt Fee (Endorsement Required)	1.75	H	
Restricted Delivery Fee (Endorsement Required)		Clerk:	KN
Total	8.80		03/22/05

Sent To: Jon F. Coll  
 7335 Walla Walla  
 San Antonio, TX 78280-5242

Street, or PO Box  
 City, State

PS Form 3811, February 2004 See Reverse

**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:

Jon F. Coll  
 7335 Walla Walla  
 San Antonio, TX 78280-5242

2. Article Number (Transfer from service label) 7004 2510 0001 1870 9032

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X *Jon Coll* ☐ 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

7004 2510 0001 1870 9483

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

OFFICIAL U

 HENRIETTA, OK 74437  
 Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Total 10.10

 Mitchell Minerals, L.L.C.  
 P.O. Box 488  
 Henrietta, OK 74437

 Sent To  
 Street or PO  
 City, St

PS Form 3800, June 2002

## 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:

 Mitchell Minerals, L.L.C.  
 P.O. Box 488  
 Henrietta, OK 74437

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9483

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Henrietta OK*  
 B. Received by (Printed Name) C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 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

7004 2510 0001 1870 9575

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

OFFICIAL U

 TULSA, OK 74105  
 Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Total P 10.10

 Virginia Denalta Phillips  
 1460 East 52nd Street  
 Tulsa, OK 74105

 Sent To  
 Street, A  
 or PO Bc  
 City, St

PS Form

## 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:

 Virginia Denalta Phillips  
 1460 East 52nd Street  
 Tulsa, OK 74105

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9575

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Va Denalta Phillips*  
 B. Received by (Printed Name) C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 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

7004 2510 0001 1870 9544

**U.S. Postal Service™**  
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OFFICIAL U

 ROSWELL, NM 88201  
 Postage \$ 4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Total 8.80

 Norma D. Owen  
 RR3 4102 La Joya Road  
 Roswell, NM 88201

 Sent To  
 Street,  
 or PO E  
 City, St

PS Form 3800, June 2002

## 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:

 Norma D. Owen  
 RR3 4102 La Joya Road  
 Roswell, NM 88201

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9544

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *Norma D. Owen*  
 B. Received by (Printed Name) C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 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

7004 2510 0001 1870 8820

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**OFFICIAL USE**

LUBBOCK, TX 79424

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	8.80

UNIT ID: C

Postmaster: Kay Parker Adkins

Clerk: KNN

03/22/05

Sent To: Kay Parker Adkins

5733 67th Street

Lubbock, TX 79424

PS Form 3800, June 2002

**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:

Kay Parker Adkins  
5733 67th Street  
Lubbock, TX 79424

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8820

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ Agent  
☒ Addressee

B. Received by (Printed Name)

KAY ADKINS

C. Date of Delivery

3-23

 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

7004 2510 0001 1870 9537

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**OFFICIAL USE**

ROSWELL, NM 88202

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	8.80

UNIT ID: C

Postmaster: New Mexico Western Minerals, Inc.

Clerk: KNN

03/23/05

Sent To: New Mexico Western Minerals, Inc.

P.O. Box 1738

Roswell, NM 88202

PS Form 3800, June 2002

**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:

New Mexico Western Minerals, Inc.  
P.O. Box 1738  
Roswell, NM 88202

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9537

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ Agent  
☒ Addressee

B. Received by (Printed Name)

Sandra Berica

C. Date of Delivery

3-23-05

 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

7004 2510 0001 1870 9308

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**OFFICIAL USE**

EL CENTRO, CA 92243

Postage	\$ 6.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement)	
Total Postage	10.90

UNIT ID: C

Postmaster: Lynn Lawrence

Clerk: I

03/22/05

Sent To: Lynn Lawrence

1710 West Euclid, SPC 2

El Centro, CA 92243

PS Form 3800, June 2002

**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 Lawrence  
1710 West Euclid, SPC 2  
El Centro, CA 92243

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9308

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ Agent  
☒ Addressee

B. Received by (Printed Name)

Lynn Lawrence

C. Date of Delivery

3-22-05

 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

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**OFFICIAL USE**

NEWALLA, OK 74857

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery (Endorsement Required) 0.00  
 Total Postage \$ 10.10

Sent To: Ethan A. Walker  
 203 Red Oak Lane  
 Newalla, OK 74857

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

PS Form 3800, June 2002

**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:  
 Ethan A. Walker  
 203 Red Oak Lane  
 Newalla, OK 74857

2. Article Number  
 (Transfer from service label) 7004 2510 0001 1870 9841

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ethan A. Walker* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 ETHAN WALKER 3/25/05

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

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**OFFICIAL USE**

LUBBOCK, TX 79408

Postage \$ 4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery (Endorsement Required) 0.00  
 Total \$ 8.80

Sent To: J. R. Cone  
 P.O. Box 10217  
 Lubbock, TX 79408

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

PS Form 3800, June 2002

**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:  
 J. R. Cone  
 P.O. Box 10217  
 Lubbock, TX 79408

2. Article Number  
 (Transfer from service label) 7004 2510 0001 1870 9063

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jane Cone* ☐ 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

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**OFFICIAL USE**

LUBBOCK, TX 79464

Postage \$ 4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery (Endorsement Required) 0.00  
 Total \$ 8.80

Sent To: Edith Coppedge Wheeler  
 P.O. Box 64035  
 Lubbock, TX 79464

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

PS Form 3800, June 2002

**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:  
 Edith Coppedge Wheeler  
 P.O. Box 64035  
 Lubbock, TX 79464

2. Article Number  
 (Transfer from service label) 7004 2510 0001 1870 9858

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Edith Coppedge Wheeler* ☐ Agent ☐ Addressee

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

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

7004 2510 0001 1870 9414

**U.S. Postal Service™**  
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**OFFICIAL U.S. MAIL**

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 0.00  
 Total P 10.10

Sent To  
 Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Earl W. Lyon  
 5215 Foothills Drive  
 Berthoud, CO 80513

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Earl W. Lyon* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Earl W. Lyon* C. Date of Delivery *3/24/05*

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

7004 2510 0001 1870 8929

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.gov](http://www.usps.gov)

**OFFICIAL U.S. MAIL**

Postage \$ 4.75  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 0.00  
 Total P 8.80

Sent To  
 Street, Apt. or PO Box  
 City, State

PS Form 3811, February 2004

**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:

Charlene Bruhn  
 P.O. Box 38  
 Logan, NM 88426

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Bill Bruhn* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Bill Bruhn* C. Date of Delivery *3/24/05*

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

7004 2510 0001 1870 8813

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**OFFICIAL U.S. MAIL**

Postage \$ 6.05  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 0.00  
 Total Postage & Fee 10.10

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

PS Form 3800, June 2003

**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 Abney  
 P.O. Box 4428  
 Tulsa, OK 74159-0428

2.

PS

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *John Abney* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *John Abney* C. Date of Delivery *3/24/05*

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

102595-02-M-154

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**OFFICIAL USE**

ALVIN, TX 77511

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN

Restrict (Endorsement Required)

Total 10.10

Sent To: Janice Rodgers Griffith

1402 Fairview Drive

Alvin, TX 77511

Street or PO Box

City, State

PS Form 3811, February 2004

**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:

Janice Rodgers Griffith  
 1402 Fairview Drive  
 Alvin, TX 77511

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9179

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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

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**OFFICIAL USE**

LUBBOCK, TX 79490

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KI

Restrict (Endorsement Required)

Total 8.80

Sent To: Estate of R.H. Fulton

P.O. Box 16860

Lubbock, TX 79490

Street or PO Box

City, State

PS Form 3811, February 2004

**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:

Estate of R.H. Fulton  
 P.O. Box 16860  
 Lubbock, TX 79490

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9124

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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

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**OFFICIAL USE**

FORT WORTH, TX 76155

Postage	\$ 4.75	UNIT ID:	
Certified Fee	2.30	Post Office	
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	KN

Restrict (Endorsement Required)

Total 8.80

Sent To: Joy M. Winn

P.O. Box 155093

Fort Worth, TX 76155

Street or PO Box

City, State

PS Form 3811, February 2004

**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:

Joy M. Winn  
 P.O. Box 155093  
 Fort Worth, TX 76155

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**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

7004 2510 0001 1870 9865

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**OFFICIAL USE**

Postage \$ 4.75 UNIT I  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 0.00  
 Total Postage \$ 8.80

Sent To: Dennis A. Whorton  
 10512 Bing Drive  
 Fort Worth, TX 76108

PS Form 3811, February 2004

## 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:

Dennis A. Whorton  
 10512 Bing Drive  
 Fort Worth, TX 76108

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9865

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Whorton*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

J Whorton

C. Date of Delivery

3/24/05

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 8974

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)

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

**OFFICIAL USE**

Postage \$ 6.05 UNIT  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 0.00  
 Total Postage \$ 10.10

Sent To: Pat R. Chandler  
 12301 Manitoba NE  
 Albuquerque, NM 87111

PS Form 3811, February 2004

## 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:

Pat R. Chandler  
 12301 Manitoba NE  
 Albuquerque, NM 87111

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8974

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Chandler*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

PAT CHANDLER

C. Date of Delivery

3/24/05

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 9742

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

**OFFICIAL USE**

Postage \$ 4.75 UNIT  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 0.00  
 Total Postage \$ 8.80

Sent To: Dorothy Scribner  
 6395 Quay Road AL  
 Tucumcari, NM 88401

PS Form 3811, February 2004

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dorothy Scribner  
 6395 Quay Road AL  
 Tucumcari, NM 88401

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9742

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorothy Scribner*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Dorothy Scribner

C. Date of Delivery

3/25/05

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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- 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.

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/25/05

 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

1. Article Addressed to:

 Mary Anne Fauble  
 815 Seminary Street  
 Warsaw, MO 65355

 2. Article Number  
 (Transfer from service label)

7004 2510 0001 1870 9148

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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## 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.

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

PAVI PATTERSON 3/28/05

 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

1. Article Addressed to:

 Margie Pearl Patterson  
 P.O. Box 1966  
 Eunice, NM 88231

 2. Article Number  
 (Transfer from service label)

7004 2510 0001 1870 9551

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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- 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.

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Virginia Busbee 3-23-05

 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

1. Article Addressed to:

 Waikiki Partners, L.P.  
 P.O. Box 2127  
 Midland, TX 79702-2127

 2. Article Number  
 (Transfer from service label)

7004 2510 0001 1870 9834

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

MIDLAND, TX 79702

UNIT

Postage \$ 4.75

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted (Endorsement)

Total Postage

Clerk: 03/22

Sent To

P.O. Box 2127

Midland, TX 79702-2127

Street, Apt. or PO Box

City, State

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7004 2510 0001 1870 9087

**U.S. Postal Service™**  
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SPENCER, IN 47460

Postage \$ 6.85

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endor) 03/22/05

Total James E. Coppedge 9.90

Sent by P.O. Box 43

Street or PO Spencer, IN 47460

PS Form 3800, June 2002

**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 E. Coppedge  
 P.O. Box 43  
 Spencer, IN 47460

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9087

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\* *James E. Coppedge*☐ Agent☐ Addressee

B. Received by (Printed Name)

JAMES T. COPPEDGE

C. Date of Delivery

3/25/05

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 9582

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HATTIESBURG, MS 39402

Postage \$ 6.85

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endor) 03/22/05

Total John Morris Plumlee 10.90

Sent by 2902 Lincoln Road, #16

Street or PO Hattiesburg, MS 39402-3072

PS Form 3800, June 2002

**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 Morris Plumlee  
 2902 Lincoln Road, #16  
 Hattiesburg, MS 39402-3072

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9582

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\* *John Morris Plumlee*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 9216

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

ODESSA, TX 79761

Postage \$ 4.75

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restrict (Endor) 03/23/05

Total Bill Herron 8.80

Sent by 4654 Lemonwood Lane

Street or PO Odessa, TX 79761

PS Form 3800, June 2002

**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:

Bill Herron  
 4654 Lemonwood Lane  
 Odessa, TX 79761

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9216

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\* *Bill Herron*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 1870 8851

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LUBBOCK, TX 79464		UNIT ID:
Postage \$	4.75	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	8.80	

Ann Dennard Allison  
P.O. Box 64035  
Lubbock, TX 79464

03/22/05

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

PS Form 3800, June 2002

**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:

Ann Dennard Allison  
P.O. Box 64035  
Lubbock, TX 79464

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8851

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ann Dennard Allison*
☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Dennard Allison

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

7004 2510 0001 1870 9827

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

MIDLAND, TX 79701		UNIT ID:
Postage \$	4.75	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	8.80	

Daniel L. Viers  
1209 Cuthbert  
Midland, TX 79701

03/22/05

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

PS Form 3800, June 2002

**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:

Daniel L. Viers  
1209 Cuthbert  
Midland, TX 79701

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 9827

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Daniel L. Viers*
☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Daniel L. Viers

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

7004 2510 0001 1870 8899

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HOBBS, NM 88240		UNIT ID:
Postage \$	4.75	
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	8.80	

Ina Bell Berryman  
2221 North Cielo Drive  
Hobbs, NM 88240

03/22/05

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

PS Form

**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:

Ina Bell Berryman  
2221 North Cielo Drive  
Hobbs, NM 88240

2. Article Number

(Transfer from service label)

7004 2510 0001 1870 8899

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Carol Randall*
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

CAROL RANDALL

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

7004 2510 0001 1870 9070

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**OFFICIAL USE**

RICHARDSON, TX 75081

Postage	\$ 6.05	UNIT ID:	
Certified Fee	2.30	Pos	H
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	K
Restricted Delivery Fee (Endorsement Required)			
Total F	10.10		03/22/05

Sent To: Davis E. Coppedge  
466 Goodwin Drive  
USPS Richardson, TX 75081

Street, or PO Box  
City, State

PS Form 3811, February 2004

**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:

Davis E. Coppedge  
466 Goodwin Drive  
Richardson, TX 75081

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9070**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*X Elizabeth Coppedge*

B. Received by (Printed Name) *Elizabeth Coppedge* C. Date of Delivery *3.24.05*

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

7004 2510 0001 1870 9513

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**OFFICIAL USE**

LINCOLN CITY, OR 97367

Postage	\$ 7.85	UNIT	
Certified Fee	2.30		
Return Receipt Fee (Endorsement Required)	1.75	Clerk:	
Restricted Delivery Fee (Endorsement Required)			
Total F	11.90		03/22/05

Sent To: N.B. Bunin Properties  
P.O. Box 65  
Lincoln City, OR 97367

Street, or PO Box  
City, State

PS Form 3811, February 2004

**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.

2. Article Number (Transfer from service label) **7004 2510 0001 1870 9513**

N.B. Bunin Properties  
P.O. Box 65  
Lincoln City, OR 97367

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*X David B. Bunin*

B. Received by (Printed Name) *David B. Bunin* C. Date of Delivery *3.24.05*

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

7004 2510 0001 1870 9117

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**OFFICIAL USE**

NONKISTOWN, PA 19403

Postage	\$ 7.85	UNIT ID: 0702	
Certified Fee	2.30		
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here	
Restricted Delivery Fee (Endorsement Required)		Clerk: KMWQ3	
Total F	11.90		03/22/05

To: Gilbert J. Eaton  
461 Rittenhouse Boulevard  
Jeffersonville, PA 19403

Street, or PO Box  
City, State

PS Form 3811, February 2004

Reverse for Instructions

**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

MEDFORD, OR 97501  
Postage \$ 7.15 UNIT ID: 0702  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Postmark Here

Restrictor (Endorsement) MAR 22 2005 Clerk: KNMWQ3

Total Postage 10.90 03/22/05

Sent To Stacia Ann Lester  
655 West 13th Street  
Medford, OR 97501

Street, Apt.  
or PO Box  
City, State

PS Form 3800, June 2002

See Reverse for Instructions

**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

MIDLAND, TX 79702  
Postage \$ 4.75 UNIT ID: 0702  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Postmark Here

Restrictor (Endorsement) MAR 22 2005 Clerk: KNMWQ3

Total Postage 8.80 03/22/05

Sent To Chevron U.S.A., Inc.  
P.O. Box 1150  
Midland, TX 79702

Street, Apt.  
or PO Box  
City, State

PS Form

See Reverse for Instructions

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

**OFFICIAL USE**

CHESTERFIELD, MO 63017  
Postage \$ 6.85 UNIT ID: 0702  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Postmark Here

Restrictor (Endorsement) MAR 22 2005 Clerk: KNMWQ3

Total Postage 10.90 03/22/05

Sent To Bruce Reeves  
904 Peach Hill Lane, #105  
Chesterfield, MO 63017

Street  
or PO Box  
City, State

PS Form

See Reverse for Instructions

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

**OFFICIAL USE**

OKLAHOMA CITY, OK 73120  
Postage \$ 6.05 UNIT ID: 0702  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Postmark Here

Restrictor (Endorsement) MAR 22 2005 Clerk: KNMWQ3

Total Postage 10.10 03/22/05

Sent To Frances B. Reeves  
2416 NW 111st  
Oklahoma City, OK 73120

Street  
or PO Box  
City, State

PS Form 3800, June 2002

See Reverse for Instructions

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

SANTA ROSA BEACH, FL 32459  
Postage \$ 6.85 UNIT ID: 0702  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Postmark Here

Restrictor (Endorsement) MAR 22 2005 Clerk: KNMWQ3

Total Postage 10.90 03/22/05

Sent To Michael H. Moore  
P.O. Box 1669  
Santa Rosa Beach, FL 32459

Street, Apt.  
or PO Box  
City, State

PS Form

See Reverse for Instructions

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

DALLAS, TX 75360  
Postage \$ 6.05 UNIT ID: 0702  
Certified Fee 2.30  
Return Receipt Fee (Endorsement Required) 1.75  
Postmark Here

Restrictor (Endorsement) MAR 22 2005 Clerk: KNMWQ3

Total Postage 10.10 03/22/05

Sent To Montgomery Petroleum, Inc.  
P.O. Box 600490  
Dallas, TX 75360-0490

Street, Apt.  
or PO Box  
City, State

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0001 1870 9735

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POMONA, CA 92074

Postage	\$ 6.85	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMW03
Total Post	10.90	03/22/05

Sent To  
Edith A. Schmidt  
P.O. Box 431  
Poway, CA 92074-0431

PS Form 38

See Reverse for Instructions

7004 2510 0001 1870 8950

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ODESSA, TX 79768

Postage	\$ 4.75	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMW03
Total	8.80	03/22/05

Sent To  
CCTC Ltd., Successor Trust for  
P.O. Box 13570  
Odessa, TX 79768-3570

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0001 1870 9353

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PONCA CITY, OK 74601

Postage	\$ 6.05	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMW03
Total Post	10.10	03/22/05

Sent To  
Medora M. Lemaster  
814 South 5th Street  
Ponca City, OK 74601

PS Form 38

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7004 2510 0001 1870 9056

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LAS CRUCES, NM 88012

Postage	\$ 4.75	UNIT ID: 0702
Certified Fee	2.30	Postmark Here
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement)		Clerk: KNMW03
Total	8.80	03/22/05

Sent To  
Max W. Coll  
7625-2 El Centro Boulevard  
Las Cruces, NM 88012

PS Form 3800, June 2002

See Reverse for Instructions