

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

**APPLICATION OF SYNERGY OPERATING,
LLC FOR COMPULSORY POOLING, SAN
JUAN COUNTY, NEW MEXICO.**

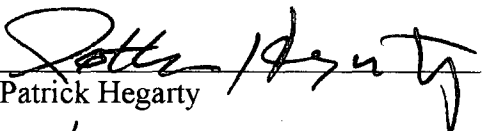
Case No. 13,539

AFFIDAVIT OF PATRICK HEGARTY

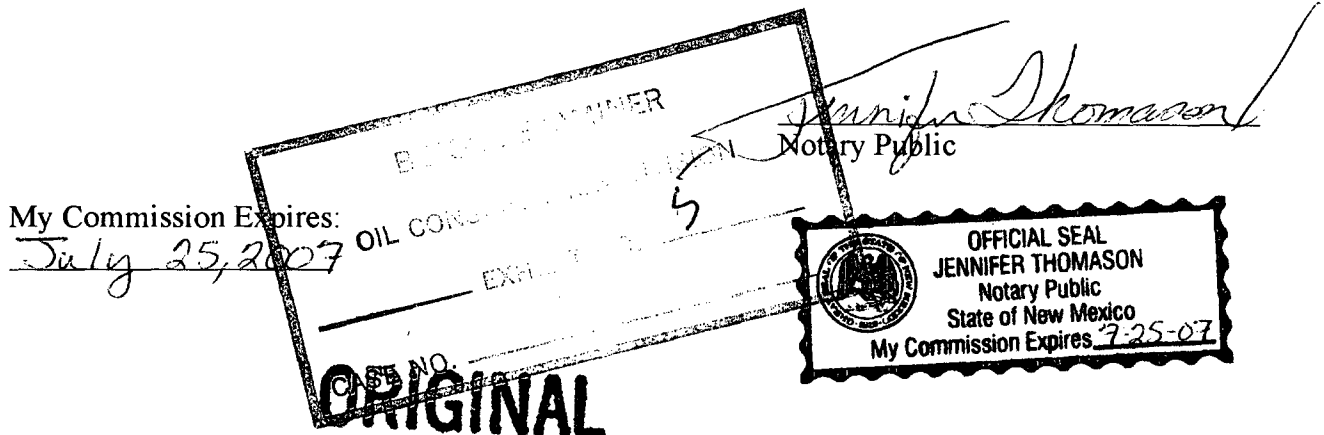
COUNTY OF SAN JUAN)
) ss.
STATE OF NEW MEXICO)

Patrick Hegarty, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am a principal of Synergy Operating, LLC.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the locatable interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.


Patrick Hegarty

SUBSCRIBED AND SWORN TO before me this 23rd day of August, 2005 by Patrick Hegarty.



SYNERGY OPERATING

POSTAL RECEIPTS

and

RETURN RECEIPTS

Mailed July 1, 2005

ORIGINAL

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:

ABEYTA LEO P
P O BOX 901
IGNACIO CO, 81137-0901

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8437

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

AUG - 8 2005

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

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

ABEYTA LEO P
P O BOX 901
IGNACIO CO, 81137-0901

Street, Apt. No
or PO Box No

City, State, Zi

PS Form 380

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

ADAMS LEWIS ROBERT ET UX
2416 SANTIAGO
FARMINGTON NM, 87401-9067

Street, Apt.
or PO Box

City, State,

PS Form 3

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:

ADAMS LEWIS ROBERT ET UX
2416 SANTIAGO
FARMINGTON NM, 87401-9067

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9106

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7/5/05

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ANSTEAD RICHARD R
1428 YORK AVE
FARMINGTON NM, 87401-6755

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard Anstead* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Richard Anstead *7/18/05*

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

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

\$

Sent To

ANSTEAD RICHARD R

Street, A

or PO Box

1428 YORK AVE

City, State

FARMINGTON NM, 87401-6755

Postmark
HereFARMINGTON
NM 87401-6755

PS Form

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

\$

Sent

ARCHULETA JOSE A ET UX

Street

or PO Box

3423 RIDGEWAY DR

City,

LOS ALAMOS NM, 87544-2139

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ARCHULETA JOSE A ET UX
3423 RIDGEWAY DR
LOS ALAMOS NM, 87544-2139

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jose Archuleta* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Jose Archuleta *7-7-05*

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

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9168

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ASSOCIATES FINANCIAL SERVICES
C/O FLORES, LUIS A ET UX
PO BOX 1219
FLORA VISTA NM, 87415-7415

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rosa Flores ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Rosa Flores

C. Date of Delivery

7-11

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent to ASSOCIATES FINANCIAL SERVICES
C/O FLORES, LUIS A ET UX
PO BOX 1219
FLORA VISTA NM, 87415-7415

City, St

PS Form 3811, February 2004

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

To: ATENCIO VINCENTE ET UX
1404 GULLEDGE AVE
FARMINGTON NM, 87401-7214

City

PS Form 3811, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ATENCIO VINCENTE ET UX
1404 GULLEDGE AVE
FARMINGTON NM, 87401-7214

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rosie Atencio ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Rosie Atencio

C. Date of Delivery

7-7

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9236

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BEARDSLEY DOLORES A
617 POPLAR
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Dolores Beardsley

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

U.S. Postal Service

CERTIFIED MAIL

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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:

BEARDSLEY DOLORES A
617 POPLAR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Dolores Beardsley

Agent
Addressee

B. Received by (Printed Name)

Dolores Beardsley

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)

☐ YesU.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sen

BEARDSLEY DOLORES A
617 POPLAR
FARMINGTON NM, 87401-7401

Stre

or P

City,

PS F

Instructions

U.S. Postal Service
CERTIFIED MAIL

(Domestic Mail Only)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Si

BEGAYE EUNICE
PO BOX 61
REHOBOTH NM,

Stre

or

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:

BEGAYE EUNICE
PO BOX 61
REHOBOTH NM, 87322-7322

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

10259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Deirryck Begaye

B. Received by (Printed Name)

Deirryck Begaye

C. Date of Delivery

7-6

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BLACK JIM MAC ET UX
1219 BLUFFVIEW AVE
FARMINGTON NM, 87401-7205

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9304

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim Mac Black*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jim Black

C. Date of Delivery

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee \$

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sen

BLACK JIM MAC ET UX
1219 BLUFFVIEW AVE
FARMINGTON NM, 87401-7205

City

PS Form

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee \$

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sen

BIXLER LEONARD D
1301 CAMINO MONTE
FARMINGTON NM, 87401-8072

City

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BIXLER LEONARD D
1301 CAMINO MONTE
FARMINGTON NM, 87401-8072

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9298

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Candice Bixler*☐ Agent☐ Addressee

B. Received by (Printed Name)

Candi Bixler

C. Date of Delivery

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

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:

BLUFFVIEW PROPERTIES LLC
P O BOX 223
AZTEC NM, 87410-7410

2. Article Number
(Transfer from service label)

7002 0860 0003 4743 9311

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-08

COMPLETE THIS SECTION ON DELIVERY

A. Signature
R. Dickens

B. Received by (Printed Name)
R. Dickens

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: BLUFFVIEW PROPERTIES LLC
Street or PO: P O BOX 223
City, St: AZTEC NM, 87410-7410

PS Form

U.S. Postal Service
CERTIFIED MAIL
(Domestic Mail Only)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: BOSER ROBERT W
Street, or PO B: 705 SYCAMORE
City, St: FARMINGTON

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:

BOSER ROBERT W
705 SYCAMORE
FARMINGTON NM, 87401-6667

2. Article Number
(Transfer from service label)

7002 0860 0003 4743

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Robert W. Boser

B. Received by (Printed Name)
Robert W. Boser

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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:

BOWEN C B TRUST 2000 014
C/O GONZALEZ JOSE A AND CECILIA
1012 TAMARACK
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9342

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

BOWEN C B TRUST 2000 014
C/O GONZALEZ JOSE A AND CECILIA
1012 TAMARACK
FARMINGTON NM, 87401-7401

Street, Apt.
or PO Box

City, State,

PS Form 38

ions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

BOYLE WILLIAM W
C/O STRAUSS GREGORY S ET UX
404 GODFREY AVE
BELEN NM, 87002-8313

Street,
or PO Box

City, State,

PS Form

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BOYLE WILLIAM W
C/O STRAUSS GREGORY S ET UX
404 GODFREY AVE
BELEN NM, 87002-8313

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature] Strauss

C. Date of Delivery

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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9366

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BREWER EMMA JEAN
ATTN: BREWER PHILLIP
7855 CR 3520
FLORA VISTA NM, 87415-7415

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9373

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *James Klein*☐ Agent☐ Addressee

B. Received by (Printed Name)

James Klein

C. Date of Delivery

7/7/05

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

BREWER EMMA JEAN
ATTN: BREWER PHILLIPStreet, Apt.
or PO Box

7855 CR 3520

City, State,

FLORA VISTA NM, 87415-7415

PS Form 3800, April 2001

ions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

BROWNING LARRY

PO BOX 2184

Street, Apt.
or PO Box

BLOOMFIELD NM, 87413-7413

City, State,

PS Form 3800, April 2001

ions

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:

BROWNING LARRY
PO BOX 2184
BLOOMFIELD NM, 87413-7413

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9397

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Larry Browning*☐ Agent☐ Addressee

B. Received by (Printed Name)

Larry Browning

C. Date of Delivery

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

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:

BUFFINGTON GUY TRUSTEES.
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9410

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Desirae Benade*☒ Agent☐ Addressee

B. Received by (Printed Name)

Desirae Benade

C. Date of Delivery

*7/11/05*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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

\$

Return Receipt Fee
(Endorsement Required)

\$

Restricted Delivery Fee
(Endorsement Required)

\$

Total Postage & Fees

\$

Sent To

BUFFINGTON GUY TRUSTEES.
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

Street, Apt. 1
or PO Box N

City, State, 2

PS Form 3811

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

\$

Return Receipt Fee
(Endorsement Required)

\$

Restricted Delivery Fee
(Endorsement Required)

\$

Total Postage & Fees

\$

Sent To

BULLER MATTIE R
2103 SOUTHSIDE RIVER RD
FARMINGTON NM, 87401-7401

Street, Apt. 1
or PO Box

City, State

PS Form 3811

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:

BULLER MATTIE R
2103 SOUTHSIDE RIVER RD
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9427

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mattie Buller*☐ Agent☐ Addressee

B. Received by (Printed Name)

MATTIE BULLER

C. Date of Delivery

*7/11/05*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

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:

BURRELL RICHARD L ESTATE
3509 COLGATE AVE
FARMINGTON NM, 87402-8827

2. Article Number

(Transfer from service lat

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

ELVIRA BUR.

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 0860 0003 4743 9434

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Ser. BURRELL RICHARD L ESTATE
3509 COLGATE AVE
FARMINGTON NM, 87402-8827

PS Form

Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To BYRD RENAE A
72926 1/2 RD
GRAND JUNCTION CO, 81506-1506

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BYRD RENAE A
72926 1/2 RD
GRAND JUNCTION CO, 81506-1506

2. Article Number

(Transfer from service lat

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 0860 0003 4743 9458

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CARDENAS JACINTO ET UX
1418 BLUFFVIEW
FARMINGTON NM, 87401-7210

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9465

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *apalache Cardenas*☐ Agent☐ Addressee

B. Received by (Printed Name)

Yolanda Cardenas

C. Date of Delivery

7-7-05

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

CARDENAS JACINTO ET UX

1418 BLUFFVIEW

Street,
or PO Box

FARMINGTON NM, 87401-7210

City, State

PS Form 3800, April 2002

See Reverse for Instructions



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

CASSIDA SCOTT W

325 SPRUCE ST

Street, Ap
or PO Box

FARMINGTON NM, 87401-6631

City, State

PS Form 3800, April 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CASSIDA SCOTT W
325 SPRUCE ST
FARMINGTON NM, 87401-6631

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9489

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Scott Cassida*☐ Agent☐ Addressee

B. Received by (Printed Name)

SCOTT CASSIDA

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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:

CEPEDA OSCAR AND MONCLOVA ANA
MARIA
1007 TAMARACK
FARMINGTON NM, 87401-7245

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9496

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Oscar Cepeda*☐ Agent☐ Addressee

B. Received by (Printed Name)

Oscar Cepeda

C. Date of Delivery

7-6-05

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To CEPEDA OSCAR AND MONCLOVA ANA
MARIAStreet, Apt. N or PO Box No 1007 TAMARACK
City, State, ZI FARMINGTON NM, 87401-7245

PS Form 3800

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Post

Sent To CHAMBERLAIN-OLSON DIANA K
2312 SANTIAGOStreet, Apt. N or PO Box No FARMINGTON NM, 87401-9065
City, State

PS Form 3800, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHAMBERLAIN-OLSON DIANA K
2312 SANTIAGO
FARMINGTON NM, 87401-9065

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9519

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Greg Crabtree*☒ Agent☐ Addressee

B. Received by (Printed Name)

Greg Crabtree

C. Date of Delivery

7-7-05

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

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:

CHARLESWORTH ETHEL C ESTATE
1207 S BUTLER
FARMINGTON NM, 87401-6645

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Thomas E. Harrison

☐ Agent☐ Addressee

B. Received by (Printed Name)

THOMAS E. HARRISON

C. Date of Delivery

7-6

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

2. Article Number

(Transfer from service)

7002 0860 0003 4743 9526

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total

Sent CHARLESWORTH ETHEL C ESTATE
1207 S BUTLER

Street or PO FARMINGTON NM, 87401-6645

City,

PS Form 3800, April 2002

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Post

Sent To CHARLEY HARRISON J
P O BOX 5641

Street, Apt. or PO Box FARMINGTON NM, 87499-5641

City, State,

PS Form 3800, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHARLEY HARRISON J
P O BOX 5641
FARMINGTON NM, 87499-5641

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Charley Harrison

☐ Agent☐ Addressee

B. Received by (Printed Name)

CHARLEY HARRISON

C. Date of Delivery

7-6

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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9533

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHRISTENSEN HAROLD A ESTATE
ATTN: CHRISTENSEN BARBARA
506 E 16TH ST
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9571

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

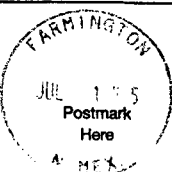
Total Postage & Fee

Sent To

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

City, State, ZIP+4

CHRISTENSEN HAROLD A ESTATE
ATTN: CHRISTENSEN BARBARA
506 E 16TH ST
FARMINGTON NM, 87401-7401



PS Form 3800, April 2002

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

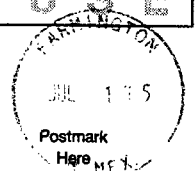
Total Postage & F

Sent To

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

City, State, ZIP+4

CHURCH WORD OF LIFE CHRISTIAN
CENTER
PO BOX 202
FARMINGTON NM, 87499-0202



PS Form 3800, April 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:

CHURCH WORD OF LIFE CHRISTIAN
CENTER
PO BOX 202
FARMINGTON NM, 87499-0202

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9601

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

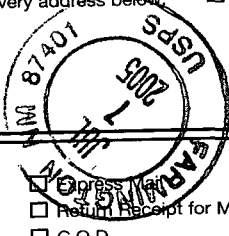
☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



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:

CRUZ CESAR A ET UX
601 POPLAR
FARMINGTON NM, 87401-6675

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9649

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Elvin Cruz

C. Date of Delivery

7-6-05

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fee

Postmark
Here

Sent To

CRUZ CESAR A ET UX
601 POPLAR
FARMINGTON NM, 87401-6675

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

City, State, ZIP+

PS Form 3800, April 2002

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fee

Postmark
Here

Sent To

CRUZ GERARDO AND CRUZ CESAR A
601 POPLAR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+ 4

PS Form 3800, April 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:

CRUZ GERARDO AND CRUZ CESAR A
601 POPLAR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

9596 E424 E000 0980 2002

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Elvin Cruz

C. Date of Delivery

7-6-05

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

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:

DE ANDA FRANK A
321 SPRUCE ST
FARMINGTON NM, 87401-6631

2. Article Number

(Transfer from service)

PS Form 3811, August 2001

7002 0860 0003 4743 9670

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
B. Received by (Printed Name)
Frank Deanda

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

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & F

Sent To

DE ANDA FRANK A
321 SPRUCE ST
FARMINGTON NM, 87401-6631

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

City, State, ZIP+

PS Form 3800, April 2002

Postmark Here

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & F

Sent To

DE LEON EDITH
712 TAMARACK AVE
FARMINGTON NM, 87401-6769

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

City, State, ZIP+ 4

PS Form 3800, April 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:

DE LEON EDITH
712 TAMARACK AVE
FARMINGTON NM, 87401-6769

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Edith DeLeon

C. Date of Delivery

7-9-01

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 0860 0003 4743 9687

Domestic Return Receipt

102595-02-M-0830

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:

DELGADO MANUEL ET UX
709 SYCAMORE
FARMINGTON NM, 87401-6667

2. Article Number

(Transfer from service lab)

7002 0860 0003 4743 9694

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Manuel Sandoval

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Manuel Sandoval

C. Date of Delivery

7-12

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

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & F

Sent To

DELGADO MANUEL ET UX
709 SYCAMORE
FARMINGTON NM, 87401-6667

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

City, State, ZIP+ 4

PS Form 3800, April 2002

See Reverse for Instructions



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fe

Sent To

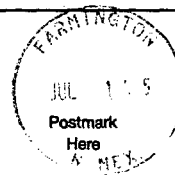
DESERT INVESTMENTS LLC
4510 W MAIN
FARMINGTON NM, 87402-7402

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

City, State, ZIP+ 4

PS Form 3800, April 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DESERT INVESTMENTS LLC
4510 W MAIN
FARMINGTON NM, 87402-7402

2. Article Number

(Transfer from servi

7002 0860 0003 4743 9700

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Manuel Sandoval

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Manuel Sandoval

C. Date of Delivery

7-12

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

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

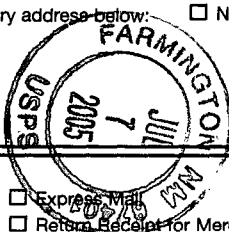
☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DIXON JERRY EMEL
401 CONCHO DR
FARMINGTON NM, 87401-6703

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9748

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Dixon*☐ Agent☐ Addressee

B. Received by (Printed Name)

J. Dixon

C. Date of Delivery

7-7-05

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)

☐ YesU.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent

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

City, State, ZIP+4

PS.F

DIXON JERRY EMEL
401 CONCHO DR
FARMINGTON NM, 87401-6703

Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

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

City, State, ZIP+4

PS Form 3800, April 2000

DODSON MATTHEW AND MARIA A
1009 N BUTLER AVE
FARMINGTON NM, 87401-6848

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:

DODSON MATTHEW AND MARIA A
1009 N BUTLER AVE
FARMINGTON NM, 87401-6848

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9755

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Matthew Dodson

☐ Agent☒ Addressee

B. Received by (Printed Name)

Matthew Dodson

C. Date of Delivery

7-11-05

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature <i>Pilar Estrada</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Pilar Estrada</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: DRINKARD BOBBY C/O ESTRADA FRANCISCO AND PILAR 718 POPLAR FARMINGTON NM, 87401-7401		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 0085		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here *FARMINGTON*

Sent To: DRINKARD BOBBY
C/O ESTRADA FRANCISCO AND PILAR
718 POPLAR
FARMINGTON NM, 87401-7401

PS Form 3800, June 2002 See reverse for instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees \$

Postmark Here *FARMINGTON*

Sent To: DUKE DAVID S AND GAIL S
446 EASY LIVING DR
LAS CRUCES NM, 88005-8005

PS Form 3800, June 2002 See reverse for instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature <i>David S. Duke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: DUKE DAVID S AND GAIL S 446 EASY LIVING DR LAS CRUCES NM, 88005-8005		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7004 2890 0004 1770 0108		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

2. Article Number (Transfer from service label) 7004 2890 0004 1770 6117	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post

Postmark Here *FARMINGTON*

Sent To: DURAN DANNY G
C/O NEWLON MARY
1300 BASIN RD
FARMINGTON NM, 87401-7401

PS Form 3800, June 2002 See reverse for instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total

Postmark Here *FARMINGTON*

Sent To: DURAN RAYMOND E
4900 POQUITA
FARMINGTON NM, 87402-7402

PS Form 3800, June 2002 See reverse for instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		<p>A. Signature <i>Erin M. Duan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Erin M. Duan</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:			

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:

EATON CHARLENE
2650 WEST BARBARA CIRCLE NUM 1
MEMPHIS TN, 38128-8128

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Charlene Eaton* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-11-05

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 2890 0004 1770 4892

*32595-02-M-0835

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

EATON CHARLENE
2650 WEST BARBARA CIRCLE NUM 1
MEMPHIS TN, 38128-8128

PS Form 3800, June 2001

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

Total Po

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

ESPARZA BETTY R TRUST ESTATE
C/O MUNOZ GUMARO ET UX
1201 S BUTLER
FARMINGTON NM, 87401-6645

PS Form 3800, June 2001

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:

ESPARZA BETTY R TRUST ESTATE
C/O MUNOZ GUMARO ET UX
1201 S BUTLER
FARMINGTON NM, 87401-6645

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elaine Munoz* ☐ 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 2890 0004 1770 4908

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DURAN DANNY G
C/O NEWLON MARY
1300 BASIN RD
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 6117

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jean Hennrich* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

JEAN HENNRICH

C. Date of Delivery

07-05-05

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

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Post

Sent To

DURAN DANNY G
C/O NEWLON MARY
1300 BASIN RD
FARMINGTON NM, 87401-7401

Street, Apt.
or PO Box

City, State,

PS Form 3800, June 2002

See reverse for instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Tot

Sent

DURAN RAYMOND E
4900 POQUITA
FARMINGTON NM, 87402-7402

Street, Apt.
or P

City,

PS Form 3800, June 2002

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DURAN RAYMOND E
4900 POQUITA
FARMINGTON NM, 87402-7402

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0139

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Clinton M. Duan* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Clinton M. Duan

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

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 LILLIAN AND MATTHEW S
613 POPLAR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4977

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lillian Frank

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Lillian Frank

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

U.S. Postal Service™

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OFFICIAL USE

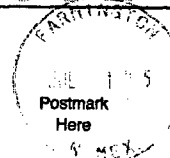
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total



Sent FRANK LILLIAN AND MATTHEW S

613 POPLAR

FARMINGTON NM, 87401-7401

City

PS Form 3811, June 2002

See reverse for instructions

7004 2890 0004 1770 4977

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:

ESTRADA FRANCISCO SAUL ET UX
718 POPLAR
FARMINGTON NM, 87401-6660

2. Article Number

(Transfer from service)

7004 2890 0004 1770 4922

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pilar Estrada* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Pilar Estrada

C. Date of Delivery

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)

☐ YesU.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total P

Postmark
Here

Sent To ESTRADA FRANCISCO SAUL ET UX
718 POPLAR
Street, A or PO B FARMINGTON NM, 87401-6660
City, Sta

PS Form 3800, June 2002

Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

To

Sent FITZGERALD SHANNON D AND DEBRA D
2333 E 11TH ST
Street, A or PO B FARMINGTON NM, 87401-7401
City, Sta

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FITZGERALD SHANNON D AND DEBRA D
2333 E 11TH ST
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4953

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shannon D Fitzgerald* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

S HANNON FITZGERALD

C. Date of Delivery

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> x <i>[Signature]</i> <div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7/5/00</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>FOUR STATES COMMUNICATIONS INC 909 E MURRAY DR FARMINGTON NM, 87401-7201</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7004 2890 0004 1770 4960</u></p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

7004 2890 0004 1770 4960

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

FOUR STATES COMMUNICATIONS INC
909 E MURRAY DR
FARMINGTON NM, 87401-7201

PS Form 3811, August 2001 See Reverse for Instructions

7004 2890 0004 1770 5011

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

FRIAS DANIEL AND BLANCA
820 E SPRUCE
FARMINGTON NM, 87401-7401

PS Form 3811, August 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> x <i>[Signature]</i> <div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <u>Blanca Frias</u> C. Date of Delivery <u>7-7</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>FRIAS DANIEL AND BLANCA 820 E SPRUCE FARMINGTON NM, 87401-7401</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7004 2890 0004 1770 5011</u></p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

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:

HARRIS MANSFIELD JR
1107 S MONTEREY ST
FARMINGTON NM, 87401-6607

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5264

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Mansfield Jr ☐ Agent ☐ Addressee

B. Received by (Printed Name)

1107 S MONTEREY

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)

☐ YesU.S. Postal Service™
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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total

Postmark
Here

Sent HARRIS MANSFIELD JR
Street 1107 S MONTEREY ST
or PO FARMINGTON NM, 87401-6607
City,

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total

Postmark
Here

Sent HEAD JERRY R ET UX
Street 704 E HEAD ST
or PO FARMINGTON NM, 87401-6788
City,

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HEAD JERRY R ET UX
704 E HEAD ST
FARMINGTON NM, 87401-6788

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5288

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Ron Dead ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Ron Dead

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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:

HEAD MARTHA A
1824 S BUTLER AVE
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5295

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Samantha Head* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Samantha Head

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) ☐ YesU.S. Postal Service™
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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total F

Sent To

HEAD MARTHA A
1824 S BUTLER AVE
FARMINGTON NM, 87401-7401

Street, Apt. A
or PO Box No.

City, State, ZIP

PS Form 3800, June 2002

See Reverse for Instructions

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

HEFNER JULIA A
511 1/2 CONCHO DR
FARMINGTON NM, 87401-6765

Street, Apt. A
or PO Box No.

City, State, ZIP

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HEFNER JULIA A
511 1/2 CONCHO DR
FARMINGTON NM, 87401-6765

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5318

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julia Gonzales* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Julia Gonzales

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- 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:

HERRERA DON R ET UX
809 SYCAMORE ST
FARMINGTON NM, 87401-6669

2. Article Number

(Transfer from service lab)

7004 2890 0004 1770 0177

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Don R Herrera

☐ Agent☐ Addressee

B. Received by (Printed Name)

Don R Herrera

C. Date of Delivery

7-11-05

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 \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

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

HERRERA DON R ET UX
809 SYCAMORE ST
FARMINGTON NM, 87401-6669

PS Form 380

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Street, Apt.
or PO Box
City, State,

HERRERA WILLIAM P
1211 S MONTEREY
FARMINGTON NM, 87401-6609

PS Form 3

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:

HERRERA WILLIAM P
1211 S MONTEREY
FARMINGTON NM, 87401-6609

2. Article Number

(Transfer from service)

7004 2890 0004 1770 0184

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X William Herrera

☐ Agent☐ Addressee

B. Received by (Printed Name)

WILLIAM HERRERA

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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 R. and Fern A.
 HERRON TRUST
 4513 Spring Valley Cir SW
 Albuquerque, NM 87105-6344

2. Article Number

(Transfer from service)

7002 0860 0003 4743 8710

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *ECEN HERRON* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

KRUPA

C. Date of Delivery

7-27-05

 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 \$

Certified Fee

 Return Receipt Fee
 (Endorsement Required)

 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

Sent To

Street, Apt. 1
 or PO Box N
 City, State, Z

HERRON JOHN R AND FERN A TRUST
 9 SUZANNE CT
 LOS LUNAS NM, 87031-7031

PS Form 3811

ns

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OFFICIAL USE

Postage \$

Certified Fee

 Return Receipt Fee
 (Endorsement Required)

 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

Sent To

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

HOCKENHULL CHESTER CARL
 3250 SPENCER DR
 FARMINGTON NM, 87401-2864

PS Form 3800, June

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:

HOCKENHULL CHESTER CARL
 3250 SPENCER DR
 FARMINGTON NM, 87401-2864

2. Article Number

(Transfer from service)

7004 2890 0004 1770 0245

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chester Hockenhull* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/05

 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-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HOLGUIN DAVID J
1115 S BLUFFVIEW AVE
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0283

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Vanessa Pacheco

☐ Agent☒ Addressee

B. Received by (Printed Name)

Vanessa Pacheco

C. Date of Delivery

7-8-05

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

\$

Certified Fee

\$

Return Receipt Fee
(Endorsement Required)

\$

Restricted Delivery Fee
(Endorsement Required)

\$

Total Postage & Fees

\$

Sent To

HOLGUIN DAVID J
Street, Apt. No.,
or PO Box No. 1115 S BLUFFVIEW AVE
City, State, ZIP+4 FARMINGTON NM, 87401-7401

PS Form 3800, Jun

Postmark

Here JUL 11 5

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OFFICIAL USE

Postage

\$

Certified Fee

\$

Return Receipt Fee
(Endorsement Required)

\$

Restricted Delivery Fee
(Endorsement Required)

\$

Total Postage & Fees

\$

Sent To

JACQUEZ ANTOLINO I ET UX
Street, Apt. No.,
or PO Box No. 1424 S BUTLER
City, State, ZIP+4 FARMINGTON NM, 87401-6739

PS Form 3800, Jun

Postmark

Here JUL 11 5

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:

JACQUEZ ANTOLINO I ET UX
1424 S BUTLER
FARMINGTON NM, 87401-6739

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4090

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ditia Jacquez

☐ Agent☒ Addressee

B. Received by (Printed Name)

Ditia Jacquez

C. Date of Delivery

7-6-05

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

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:

JACQUEZ DILIA
1424 S BUTLER
FARMINGTON NM. 87401-6739

2. Article Number

(Transfer from service)

7004 2890 0004 1770 4106

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dilia Jacquez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Dilia JACQUEZ

C. Date of Delivery

7-6-05

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 \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

JACQUEZ DILIA
1424 S BUTLER
FARMINGTON NM, 87401-6739

PS Form 3800, Jun

U.S. Postal Service™

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

JACQUEZ FELIX
704 E SPRUCE ST
FARMINGTON NM, 87401-6662

PS Form 3800, Jun

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:

JACQUEZ FELIX
704 E SPRUCE ST
FARMINGTON NM, 87401-6662

2. Article Number

(Transfer from service)

7004 2890 0004 1770 4113

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Felix Jacquez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Felix JACQUEZ

C. Date of Delivery

7-7-05

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

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:

JACQUEZ FRANKIE D ET AL
1424 S BUTLER
FARMINGTON NM, 87401-6739

2. Article Number

(Transfer from service)

7004 2890 0004 1770 4120

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Dilia Jacques

C. Date of Delivery

7-6-05

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

U.S. Postal Service™

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OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

JACQUEZ FRANKIE D ET AL
1424 S BUTLER
FARMINGTON NM, 87401-6739

PS Form 3800, Jun



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

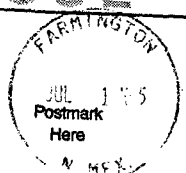
Total Postage & Fees

\$

Sent To

JACQUEZ KRISTI O
808 E SPRUCE
FARMINGTON NM, 87401-7401

PS Form 3800, Jun



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:

JACQUEZ KRISTI O
808 E SPRUCE
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service)

7004 2890 0004 1770 4137

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kristi O Jacques

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

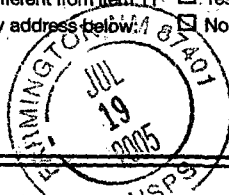
If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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:

JACQUEZ TONY I
C/O PENN MABEL
P O BOX 3833
FARMINGTON NM, 87499-3833

2. Article Number
(Transfer from se)

7004 2890 0004 1770 4144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mabel Penn☐ Agent☐ Addressee

B. Received by (Printed Name)

MABEL PENN

C. Date of Delivery

7-9-05

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

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

City, State, ZIP+4

JACQUEZ TONY I
C/O PENN MABEL
P O BOX 3833
FARMINGTON NM, 87499-3833

PS Form 3800, June



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

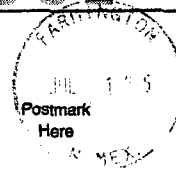
\$

Sent To

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

JAQUEZ UBALDO ET UX
4401 ROWE AVE
FARMINGTON NM, 87401-3011

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:

JAQUEZ UBALDO ET UX
4401 ROWE AVE
FARMINGTON NM, 87401-3011

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4168

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jacqueline Jazquez☐ 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

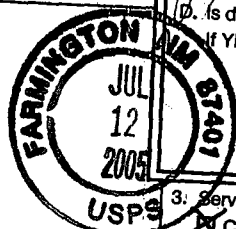
☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOYCE WRIGHT</i></p> <p>C. Date of Delivery <i>7-12-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>JOHNSON GERRY J ET AL C/O WRIGHT ELTON L ET UX 1625 SILVER ST FARMINGTON NM, 87401-7401</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from <i>7004 2890 0004 1770 4175</i>)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7004 2890 0004 1770 4175

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: JOHNSON GERRY J ET AL
C/O WRIGHT ELTON L ET UX
1625 SILVER ST
FARMINGTON NM, 87401-7401

PS Form 3800, Ju



7004 2890 0004 1770 4205

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

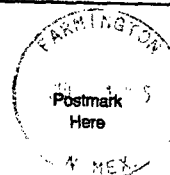
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: KENNEDY DELLAR A
310 PIMA AVE
FARMINGTON NM, 87401-6717

PS Form 3800, Ju



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Dellar A Kennedy</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dellar A. Kennedy</i></p> <p>C. Date of Delivery <i>7-7-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>KENNEDY DELLAR A 310 PIMA AVE FARMINGTON NM, 87401-6717</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label) <i>7004 2890 0004 1770 4205</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KENNEDY DELLAR A.
C/O GARDNER WESLEY A
502 PIMA AVE
FARMINGTON NM, 87401-6721

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jennifer Gardner*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jennifer Gardner

C. Date of Delivery

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

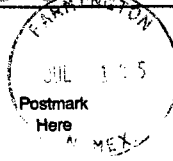
Sent To

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

City, State, ZIP+4

KENNEDY DELLAR A.
C/O GARDNER WESLEY A
502 PIMA AVE
FARMINGTON NM, 87401-6721

PS Form 3800, June



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

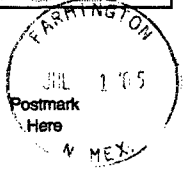
Sent To

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

City, State, ZIP+4

LEWIS LEONA
1214 RANDOLPH RD
FARMINGTON NM, 87401-6628

PS Form 3800, June



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:

LEWIS LEONA
1214 RANDOLPH RD
FARMINGTON NM, 87401-6628

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Leona Lewis*☐ Agent☐ Addressee

B. Received by (Printed Name)

Leona Lewis

C. Date of Delivery

*7-9-05*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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4243

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LOPEZ FRANK A AND EVA M
C/O ACOSTA OSVALDO AND IMELDA
813 PEACH ST
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4267

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Imelda Acosta* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

City, State, ZIP+4

LOPEZ FRANK A AND EVA M
C/O ACOSTA OSVALDO AND IMELDA
813 PEACH ST
FARMINGTON NM, 87401-7401

PS Form 3800, Jul

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

City, State, ZIP+4

LOPEZ GUILLERMO ET UX
722 POPLAR
FARMINGTON NM, 87401-6660

PS Form 3800, Jul

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:

LOPEZ GUILLERMO ET UX
722 POPLAR
FARMINGTON NM, 87401-6660

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4274

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Guillermo Lopez* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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:

FRY JAMES R AND GLORIA J
C/O HARLESS REBECCA J
PO BOX 3944
FARMINGTON NM, 87499-7499

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rebecca Harless ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Rebecca Harless

C. Date of Delivery

7-9-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5028

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Postmark
Here

Sent To

FRY JAMES R AND GLORIA J
C/O HARLESS REBECCA J
PO BOX 3944
FARMINGTON NM, 87499-7499

Street, Apt.
or PO Box

City, State

PS Form 3811, August 2001

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Postmark
Here

Sent To

GALLEGOS CARLOS ET UX
712 POPLAR
FARMINGTON NM, 87401-6660

Street, Apt.
or PO Box

City, State

PS Form 3811, August 2001

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:

GALLEGOS CARLOS ET UX
712 POPLAR
FARMINGTON NM, 87401-6660

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rebecca Gallegos ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Rebecca Gallegos

C. Date of Delivery

7-6-05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5035

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GALLEGOS ERNIE D AND GALLEGOS
EDWARD L
1203 S MONTEREY
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5042

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY
A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Post

Sent To

Street, Apt.
or PO Box
City, State

GALLEGOS ERNIE D AND GALLEGOS
EDWARD L
1203 S MONTEREY
FARMINGTON NM, 87401-7401

PS Form 3800, June 2002

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Post

Sent To

Street, Apt.
or PO Box
City, State

GARDNER JESSE W ET AL
502 PIMA AVE
FARMINGTON NM, 87401-6721

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:

GARDNER JESSE W ET AL
502 PIMA AVE
FARMINGTON NM, 87401-6721

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5080

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY
A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>X Jennifer Gardner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jennifer Gardner</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">GARDNER RUSSELL LEE ET AL 502 PIMA AVE FARMINGTON NM, 87401-6721</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7004 2890 0004 1770 5097</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

7004 2890 0004 1770 5097

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

OFFICIAL USE

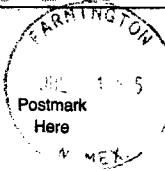
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: GARDNER RUSSELL LEE ET AL
 502 PIMA AVE
 FARMINGTON NM, 87401-6721

Street, Apt. or PO Box

City, State

PS Form 3800, June 2002
See Reverse for Instructions



7004 2890 0004 1770 5103

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

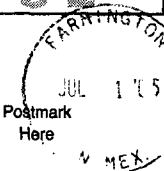
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: GIRON SILAS S AND ELIZABETH J
 584 HEAD ST
 FARMINGTON NM, 87401-7401

Street, Apt. or PO Box

City, State

PS Form 3800, June 2002
See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>X Elizabeth Giron</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Elizabeth Giron</i></p> <p>C. Date of Delivery <i>7-13-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">GIRON SILAS S AND ELIZABETH J 584 HEAD ST FARMINGTON NM, 87401-7401</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7004 2890 0004 1770 5103</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>	

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:

GLOVER PAUL A ET UX
1120 RANDOLPH RD
FARMINGTON NM, 87401-6626

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Connie Glover*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5110

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total

Sent To GLOVER PAUL A ET UX
1120 RANDOLPH RD
FARMINGTON NM, 87401-6626
Street, Apt. or PO Box
City, S.

PS Form 3800, June 2002

Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Pos

Sent To GOMEZ RICHARDO
302 TAOS AVE
FARMINGTON NM, 87401-7401
Street, Apt. or PO Box
City, State,

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GOMEZ RICHARDO
302 TAOS AVE
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Gomez*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5134

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GORDON TIMOTHY LEE ET AL
408 SPRUCE
FARMINGTON NM, 87401-6634

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5189

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

TIMOTHY L. GORDON 7/8/05

C. Date of Delivery

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

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

To

GORDON TIMOTHY LEE ET AL
408 SPRUCE
FARMINGTON NM, 87401-6634

Ser.

Str.

or I

City

PS Form 3800, June 2002

See Reverse for Instructions



U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

To

HARRIS CHARLES H
1303 S BUTLER AVE
FARMINGTON NM, 87401-6647

Sent

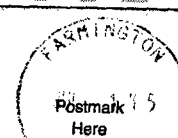
Str.

or P

City

PS Form 3800, June 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HARRIS CHARLES H
1303 S BUTLER AVE
FARMINGTON NM, 87401-6647

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5257

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

JANIA HARRIS

C. Date of Delivery

7-8-05

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

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:

LUCERO CELIA
924 S BOWEN
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Louis R Lucero

☐ Agent☐ Addressee

B. Received by (Printed Name)

Louis R Lucero

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

LUCERO CELIA

924 S BOWEN

FARMINGTON NM, 87401-7401

PS Form 3800, J

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

LUCERO VALERIE M

708 TAMARACK

FARMINGTON NM, 87401-6769

PS Form 3800, J

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:

VALERIE M. LUCERO
816 HYDRO PLANT RD.
FARMINGTON, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Valerie M Lucero

☐ Agent☐ Addressee

B. Received by (Printed Name)

Valerie M Lucero

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

E028 E424 E000 0980 2002

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MACE RICK W ET UX
C/O TICE DOLLIE BABE
1218 RANDOLPH RD
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

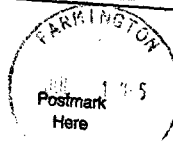
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

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

MACE RICK W ET UX
C/O TICE DOLLIE BABE
1218 RANDOLPH RD
FARMINGTON NM, 87401-7401



COMPLETE THIS SECTION ON DELIVERY

A. Signature

Richard Richter ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Richard Richter

C. Date of Delivery

7-6

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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

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

MAESTAS MAX AND JEAN
801 E SPRUCE
FARMINGTON NM, 87401-6663



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:

MAESTAS MAX AND JEAN
801 E SPRUCE
FARMINGTON NM, 87401-6663

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4335

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Max Maestas ☐ Agent ☐ Addressee

B. Received by (Printed Name)

MAX MAESTAS

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

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:

MAESTAS RICHARD ET AL
807 E SPRUCE ST
FARMINGTON NM, 87401-6663

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dr. Maestas*☐ 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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4342

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

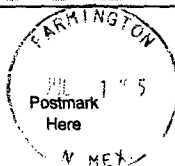
Sent To

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

City, State, ZIP+4

MAESTAS RICHARD ET AL
807 E SPRUCE ST
FARMINGTON NM, 87401-6663

PS Form 3800, Jun



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

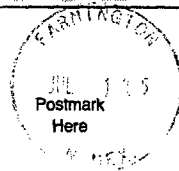
Sent To

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

City, State, ZIP+4

MAEZ GENARO AND ROSALIE E
402 TAOS AVE
FARMINGTON NM, 87401-7401

PS Form 3800, Jun



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:

MAEZ GENARO AND ROSALIE E
402 TAOS AVE
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rosalie E. Maez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Rosalie E. Maez

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

2. Article Number

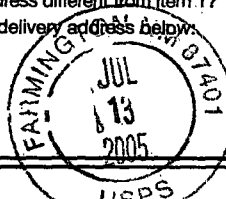
(Transfer from service label)

7004 2890 0004 1770 4359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MANGUM RALPH L
P O BOX 2521
BLOOMFIELD NM, 87413-2521

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ 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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4366

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

MANGUM RALPH L
P O BOX 2521
BLOOMFIELD NM, 87413-2521

PS Form 3800, J

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

MANZANARES FRANCIS A ET UX
303 OURAY AVE
FARMINGTON NM, 87401-6708

PS Form 3800, J

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:

MANZANARES FRANCIS A ET UX
303 OURAY AVE
FARMINGTON NM, 87401-6708

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ 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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4373

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARQUEZ TOMAS ET UX
203 W TYCKSEN
FARMINGTON NM, 87401-6153

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4380

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ 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

U.S. Postal Service™

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(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

MARQUEZ TOMAS ET UX
203 W TYCKSEN
FARMINGTON NM, 87401-6153

PS Form 3800, Jun

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

MARTIN PAULINE H
1795 S BUTLER AVE
FARMINGTON NM, 87401-6744

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:

MARTIN PAULINE H
1795 S BUTLER AVE
FARMINGTON NM, 87401-6744

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4397

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery


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

3. Service Type

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

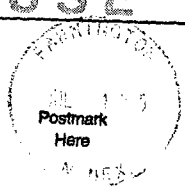
4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MARTINEZ JUAN D JR ET UX P O BOX 2124 ESPANOLA NM, 87532-7532		B. Received by (Printed Name) J.D. Martinez C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7004 2890 0004 1770 4427	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

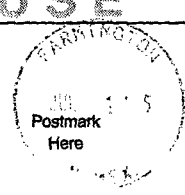
7004 2890 0004 1770 4403

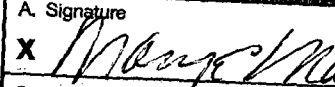
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To MARTINEZ ALBERTO 619 POPLAR FARMINGTON NM, 87401-6675	



7004 2890 0004 1770 4434

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To MARTINEZ MARY E P O BOX 10398 ALBUQUERQUE NM, 87184-0398	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MARTINEZ MARY E P O BOX 10398 ALBUQUERQUE NM, 87184-0398		B. Received by (Printed Name) MARY E MARTINEZ C. Date of Delivery 7-05 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7004 2890 0004 1770 4434	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MARTINEZ TIM AND IRENE TRUST
1405 GULLEDGE RD
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4472

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *no Martinez*☐ Agent☐ Addressee

B. Received by (Printed Name)

TIM MARTINEZ

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

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

Street, Apt. No.,
or PO Box No. MARTINEZ TIM AND IRENE TRUST
1405 GULLEDGE RD
City, State, ZIP+4 FARMINGTON NM, 87401-7401

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

Street, Apt. No.,
or PO Box No. MC DONALD CHARLES L ET UX
2208 CAMINO RIO
City, State, ZIP+4 FARMINGTON NM, 87401-8150

PS Form 3800, Jun

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:

MC DONALD CHARLES L ET UX
2208 CAMINO RIO
FARMINGTON NM, 87401-8150

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charles L. McDonald*☐ Agent☐ Addressee

B. Received by (Printed Name)

Charles L. McDonald

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- 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:

MC NEELY NAOMI RUTH
1119 GRAHAM RD
FARMINGTON NM, 87401-7251

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 4519

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Naomi R McNeely

☐ Agent☐ Addressee

B. Received by (Printed Name)

NAOMI R. MCNEELY

C. Date of Delivery

7-6-05

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

U.S. Postal Service™

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

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

City, State, ZIP+4

MC NEELY NAOMI RUTH
1119 GRAHAM RD
FARMINGTON NM, 87401-7251

PS Form 3800, Ju

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

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

City, State, ZIP+4

MC NEELY WILLIAM PRESTON
1119 S GRAHAM RD
FARMINGTON NM, 87401-7251

PS Form 3800, Ju

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:

MC NEELY WILLIAM PRESTON
1119 S GRAHAM RD
FARMINGTON NM, 87401-7251

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0016

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X William R McNeely

☐ Agent☐ Addressee

B. Received by (Printed Name)

WILLIAM R. MCNEELY

C. Date of Delivery

7-6-05

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

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:

MC NELEY JAMES K AND GRACE ANNA
TRUST
18102 CR G
CORTEZ CO, 81321-1321

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0023

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James K. McNeley*☐ Agent☒ Addressee

B. Received by (Printed Name)

James K. McNeley

C. Date of Delivery

7/09/05

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

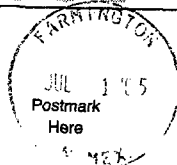
OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & F



Sent To

MC NELEY JAMES K AND GRACE ANNA
TRUSTStreet, Apt. No.,
or PO Box No.

18102 CR G

City, State, ZIP+4

CORTEZ CO, 81321-1321

PS Form 3800, June 2002

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & F



Sent To

MERCADO GABRIEL ET UX

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

1421 TORY DR

City, State, ZIP+4

FARMINGTON NM, 87401-6754

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:

MERCADO GABRIEL ET UX
1421 TORY DR
FARMINGTON NM, 87401-6754

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0030

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Christina Mercado*☐ Agent☐ Addressee

B. Received by (Printed Name)

Christina Mercado

7-23-05

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

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:

MIHELICH JIMMY W ET UX
P O BOX 1993
FARMINGTON NM, 87499-1993

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Becky Mihelich ☐ Agent ☒ Addressee

B. Received by (Printed Name)

BECKY MIHELICH 7/5/05

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9762

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

MIHELICH JIMMY W ET UX
P O BOX 1993
FARMINGTON NM, 87499-1993

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

City, State, ZIP+

PS Form 3800, April 2002

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

MIHELICH JIM ET AL
C/O TEVERBAUGH GAYLE B TRUST
77 CR 6480
KIRTLAND NM, 87417-7417

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

City, State, ZIP+

PS Form 3800, JUL

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:

MIHELICH JIM ET AL
C/O TEVERBAUGH GAYLE B TRUST
77 CR 6480
KIRTLAND NM, 87417-7417

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gayle B Teverbaugh ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Gayle B Teverbaugh

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 0061

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>X Norma L. Boggs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-7-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MONTAÑA ELISAIDA ET AL 1407 BLUFFVIEW DR FARMINGTON NM, 87401-7401</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 0860 0003 4743 9847</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
OFFICIAL USE	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage & _____</p>	<p style="text-align: center;">FARMINGTON JUL 1 15 Postmark Here MEX</p>
<p>Sent To MONTAÑA ELISAIDA ET AL 1407 BLUFFVIEW DR FARMINGTON NM, 87401-7401</p> <p>Street, Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4 _____</p>	
<p>PS Form 3800, April 2002 See Reverse for Instructions</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
OFFICIAL USE	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage & _____</p>	<p style="text-align: center;">FARMINGTON JUL 1 15 Postmark Here MEX</p>
<p>Sent To MONTAÑA PAUL ET UX P O BOX 5078 BERNALILLO NM, 87004-7004</p> <p>Street, Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4 _____</p>	
<p>PS Form 3800, April 2002 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>X Paul Montano</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-5-5</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MONTAÑA PAUL ET UX P O BOX 5078 BERNALILLO NM, 87004-7004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 0860 0003 4743 9830</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

MULLINS CAROLYN J AND JAMES A
PO BOX 154
POINT BLANK TX, 77364-7364

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Carolyn Mullins

☐ Agent☐ Addressee

B. Received by (Printed Name)

Carol Mullins

C. Date of Delivery

7-5-5

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

Received
USPS Richardson, TX

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9892

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

Sent To

MULLINS CAROLYN J AND JAMES A
PO BOX 154
POINT BLANK TX, 77364-7364

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

City, State, ZIP+

PS Form 3800, April 2002

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

Sent To

MUNOZ FELIX
1017 ACACIA ST
FARMINGTON NM, 87401-7401

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

City, State, ZIP+

PS Form 3800, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MUNOZ FELIX
1017 ACACIA ST
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Felix Munoz

☐ Agent☐ Addressee

B. Received by (Printed Name)

Felix Munoz

C. Date of Delivery

5/10/5

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9908

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NELSON JUNE
801 SYCAMORE
FARMINGTON NM, 87401-6669

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 9915

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Nelson

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. Nelson

C. Date of Delivery

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

NELSON JUNE
801 SYCAMORE
FARMINGTON NM, 87401-6669

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

City, State, ZIP+4

PS Form 3800, April 2002

Postmark
Here

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Name (Please Print)

NEWLON MARY A.
C/O HARMON DONNA K AND DOUGLAS
5765 US 64
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, April 2002

Postmark
Here

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:

NEWLON MARY A.
C/O HARMON DONNA K AND DOUGLAS
5765 US 64
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7709 3220 0002 9608

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Doug Harmon

☐ Agent☐ Addressee

B. Received by (Printed Name)

DOUG HARMON

C. Date of Delivery

7-7-05

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

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:

NEWLON MARY A
1300 BASIN RD
FARMINGTON NM, 87401-8104

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

JEAN HEINRICH

☐ Agent
☐ Addressee

B. Received by (Printed Name)

JEAN HEINRICH

C. Date of Delivery

070505

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7099 3220 0002 8979 9592

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print)

NEWLON MARY A

Street, Apt. No.; or

1300 BASIN RD

City, State, ZIP+ 4

FARMINGTON NM, 87401-8104

PS Form 3800, July 2002

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print)

NORTON CLEO ET AL

Street, Apt. No.; or

511 CONCHO DR

City, State, ZIP+ 4

FARMINGTON NM, 87401-6765

PS Form 3800, July 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:

NORTON CLEO ET AL
511 CONCHO DR
FARMINGTON NM, 87401-6765

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lillian Hunt

☐ Agent
☐ Addressee

B. Received by (Printed Name)

LILLIAN HUNT

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7099 3220 0002 8979 9615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

NORTON ROBERT K ET AL
515 TAOS AVE
FARMINGTON NM, 87401-6749

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Vanna Norton*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Vanna Norton

C. Date of Delivery

7-8

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3220 0002 9639

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

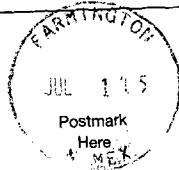
Name (Please Print)

Street, Apt. No.; or P

City, State, ZIP+4

PS Form 3800, July

NORTON ROBERT K ET AL
515 TAOS AVE
FARMINGTON NM, 87401-6749



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

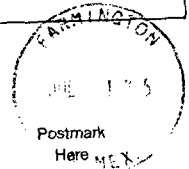
Name (Please Print)

Street, Apt. No.; or P

City, State, ZIP+4

PS Form 3800, July

OFF HAROLD C AND PHYLLIS W TRUST
P O BOX 165
FARMINGTON NM, 87499-0165



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:

OFF HAROLD C AND PHYLLIS W TRUST
P O BOX 165
FARMINGTON NM, 87499-0165

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Phyllis Off*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Phyllis Off

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7705 3220 0002 8979 9646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Irma Ortega</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> IRMA ORTEGA 7-7-05 </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">ORTEGA EMILIO AND IRMA 1213 S BUTLER AVE FARMINGTON NM, 87401-7401</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from service label) 7002 0860 0003 4743 8222

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

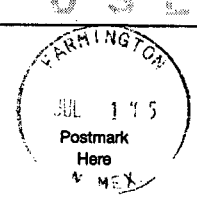
O F F I C I A L U S E

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To ORTEGA EMILIO AND IRMA
1213 S BUTLER AVE
FARMINGTON NM, 87401-7401

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

City, State, ZIP+



PS Form 3800, April 2002 See Reverse for Instructions

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

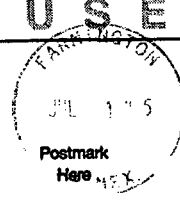
O F F I C I A L U S E

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To OWENS GERRY W ET UX
605 PIMA AVE
FARMINGTON NM, 87401-4607

Street, Apt. No., or PO Box

City, State



PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Gerry W Owens</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">OWENS GERRY W ET UX 605 PIMA AVE FARMINGTON NM, 87401-4607</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 0860 0003 4743 8239</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

PAYAN MARTIN RAYMUNDO AND RITA
A
811 PEACH ST
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8284

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rita Raymundo

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

PAYAN MARTIN RAYMUNDO AND RITA

A

Street, Apt. No.
or PO Box No.

811 PEACH ST

City, State, ZIP

FARMINGTON NM, 87401-7401

PS Form 3800

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

PALOMINO RAMON JR ET UX

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

1001 TAMARACK

City, State, ZIP+

FARMINGTON NM, 87401-7285

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:

PALOMINO RAMON JR ET UX
1001 TAMARACK
FARMINGTON NM, 87401-7285

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8260

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Emma Palomino

☐ Agent☐ Addressee

B. Received by (Printed Name)

Emma Palomino

C. Date of Delivery

7/14/05

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

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:

PATTERSON MAYELA
2707 SPENCER DR
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mayela Silva*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mayela Silva

C. Date of Delivery

7-8-05

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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8277

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

Street, Apt. N
or PO Box No

City, State, Z

PATTERSON MAYELA
2707 SPENCER DR
FARMINGTON NM, 87401-7401

PS Form 3800, April 2002

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

Street, Apt. N
or PO Box No

City, State, Z

PINEDA VICTOR M ET AL
700 TAMARACK
FARMINGTON NM, 87401-6769

PS Form 3800, April 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:

PINEDA VICTOR M ET AL
700 TAMARACK
FARMINGTON NM, 87401-6769

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria Pineda*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Maria Pineda

C. Date of Delivery

7-15

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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8277

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Shirley Raymond</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>RAYMOND THOMAS ET UX 502 OURAY AVE FARMINGTON NM, 87401-6713</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Transfer from service label) 7002 0860 0003 4743 8314</p> <p>S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

7002 0860 0003 4743 8314

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

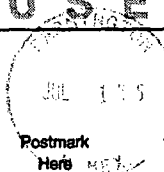
O F F I C I A L U S E

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & F		

Sent To RAYMOND THOMAS ET UX
502 OURAY AVE
FARMINGTON NM, 87401-6713

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

PS Form 3800, April 2002



7002 0860 0003 4743 8321

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

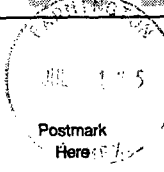
O F F I C I A L U S E

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & F		

Sent To REAL ESTATE CORP OF
LOCAL UNION NO 16
1030 SAN PEDRO NE
ALBUQUERQUE NM, 87110-6722

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

PS Form 3800, April 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>J. Ruiz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 7-5-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>REAL ESTATE CORP OF LOCAL UNION NO 16 1030 SAN PEDRO NE ALBUQUERQUE NM, 87110-6722</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 0860 0003 4743 8321</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>RESECKER LEO 404 OURAY AVE FARMINGTON NM, 87401-4600</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7002 0860 0003 4743 8338</p> <p>(Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

7002 0860 0003 4743 8338

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To RESECKER LEO
 404 OURAY AVE
 FARMINGTON NM, 87401-4600

Street, Apt. No. or PO Box No.

City, State, ZIP

PS Form 3800

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

7002 0860 0003 4743 8406

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To ROBLES MAXIMILIANO ET UX
 4208 BECKLAND DR
 FARMINGTON NM, 87402-7402

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

City, State, ZIP+ 4

PS Form 3800, April 2003 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ROBLES MAXIMILIANO ET UX 4208 BECKLAND DR FARMINGTON NM, 87402-7402</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7002 0860 0003 4743 8406</p> <p>(Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <u>Benny B. Sanchez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Benny B. Sanchez</u> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>SANCHEZ BENNY B 300 TAOS AVE FARMINGTON NM, 87401-6723</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7002 0860 0003 4743 8819</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE		OFFICIAL USE	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage & Fees \$ _____</p>	<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage & Fees \$ _____</p>		
<p>Sent To</p> <p>SANCHEZ BENNY B 300 TAOS AVE FARMINGTON NM, 87401-6723</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	<p>Sent To</p> <p>SANCHEZ TAMMY SUZZTTE ATENCIO ET AL 2700 FOX ST FARMINGTON NM, 87401-7401</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>		
PS Form 3800, April 2002 See Reverse for Instructions		PS Form 3800, April 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <u>Thomas Alvarez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Thomas Alvarez</u> C. Date of Delivery <u>7-9-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>SANCHEZ TAMMY SUZZTTE ATENCIO ET AL 2700 FOX ST FARMINGTON NM, 87401-7401</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7002 0860 0003 4743 8826</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

SANDOVAL JOSEPH M
702 E SPRUCE
FARMINGTON NM, 87401-6662

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8833

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Joseph M Sandoval

☐ Agent☐ Addressee

C. Date of Delivery

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

SANDOVAL JOSEPH M
702 E SPRUCE
FARMINGTON NM, 87401-6662

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

City, State, ZIP+

PS Form 3800, April 2002

See reverse for instructions.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

SANDOVAL OCTAVIO ET UX C/O I
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

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:

SANDOVAL OCTAVIO ET UX C/O I
C/O BENAVIDEZ ADAM G ET UX
602 N EXECUTIVE DR
BLOOMFIELD NM, 87413-7413

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Desirae Benauid

☒ Agent☐ Addressee

C. Date of Delivery

7/1/05

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

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:

SCARPELLINI JOHN
1111 GRAHAM RD
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Scarpellini* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

John Scarpellini

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8857

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

SCARPELLINI JOHN
1111 GRAHAM RD
FARMINGTON NM, 87401-7401

Street, Apt. No.
or PO Box No.

City, State, ZIP+

PS Form 3800, A

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

SCHILZ ARLIN M ET UX
1601 CAMINO RIO
FARMINGTON NM, 87401-7401

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

City, State, ZIP+ 4

PS Form 3800, A

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:

SCHILZ ARLIN M ET UX
1601 CAMINO RIO
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wanda Schulz* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

WANDA SCHULZ

C. Date of Delivery

7-05-05

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

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8864

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SELPH JOHN F ET UX
701 E SPRUCE ST
FARMINGTON NM, 87401-6661

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8895

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Selph*☐ Agent☐ Addressee

B. Received by (Printed Name)

John Selph

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

SELPH JOHN F ET UX
701 E SPRUCE ST
FARMINGTON NM, 87401-6661

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

City, State, ZIP+4

PS Form 3800, Apr

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

SERRANO AMALIA TRUST
709 PEACH ST
FARMINGTON NM, 87401-6653

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

City, State, ZIP+4

PS Form 3800, Apr

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:

SERRANO AMALIA TRUST
709 PEACH ST
FARMINGTON NM, 87401-6653

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8888

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chen Shen*☐ Agent☐ Addressee

B. Received by (Printed Name)

Chen Shen

C. Date of Delivery

7-14

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

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:

SHORTHAIR ANNIE
1409 GULLEDGE RD
FARMINGTON NM, 87401-7213

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8925

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Allen Shorthair*☐ Agent☐ Addressee

B. Received by (Printed Name)

Allen Shorthair

C. Date of Delivery

7-8-05

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

SHORTHAIR ANNIE
1409 GULLEDGE RD
FARMINGTON NM, 87401-7213

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

City, State, ZIP+ 4

PS Form 3800, April 2002

See Reverse for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

SILVA ALFREDO
313 N MONTEREY
FARMINGTON NM, 87401-7401

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

City, State, ZIP+ 4

PS Form 3800, April 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:

SILVA ALFREDO
313 N MONTEREY
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8949

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carmen Silva*☐ Agent☐ Addressee

B. Received by (Printed Name)

Carmen Silva

C. Date of Delivery

7-29-05

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Phil Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>Phil Smith</i> </p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <p>SMITH VICKI R AND PHILLIP L 1705 S MILLER AVE FARMINGTON NM, 87401-7401</p>	<p>3. Service Type</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Certified Mail</div> <div style="width: 50%;"><input type="checkbox"/> Express Mail</div> <div style="width: 50%;"><input type="checkbox"/> Registered</div> <div style="width: 50%;"><input type="checkbox"/> Return Receipt for Merchandise</div> <div style="width: 50%;"><input type="checkbox"/> Insured Mail</div> <div style="width: 50%;"><input type="checkbox"/> C.O.D.</div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7004 2890 0004 1770 5332</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2890 0004 1770 5332

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

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

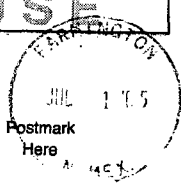
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage	

Sent To SMITH VICKI R AND PHILLIP L

Street, Apt. No.,
or PO Box No. 1705 S MILLER AVE

City, State, ZIP+ FARMINGTON NM, 87401-7401



PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SINGLETON SHERMAN AND HELEN
C/O RADFORD SUE
P O BOX 2001
FARMINGTON NM, 87499-2001

2. Article Number

(Transfer from service label)

7002 0860 0003 4743 8956

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

SINGLETON SHERMAN AND HELEN
C/O RADFORD SUE
P O BOX 2001
FARMINGTON NM, 87499-2001

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

City, State, ZIP

PS Form 3800

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

SOLANO ARTHUR T TRUSTEES
1111 1/2 GRAHAM RD
FARMINGTON NM, 87401-7251

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

City, State, ZIP

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SOLANO ARTHUR T TRUSTEES
1111 1/2 GRAHAM RD
FARMINGTON NM, 87401-7251

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5349

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ 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

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:

T AND H INSULATION AND METAL
SUPPLY
C/O TADCO INC
P O BOX 46
FARMINGTON NM, 87499-7499

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Pineda Pineda*☐ Agent☐ Addressee

B. Received by (Printed Name)

DENNY

C. Date of Delivery

7-4

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage &

T AND H INSULATION AND METAL
SUPPLY

Sent To

C/O TADCO INC

Street, Apt. No.,

P O BOX 46

or PO Box No.

City, State, ZIP+4

FARMINGTON NM, 87499-7499

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

TERAN JAVIER R AND THERESA ETAL
1406 BLUFFVIEW AVE
FARMINGTON NM, 87401-7401Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

TERAN JAVIER R AND THERESA ETAL
1406 BLUFFVIEW AVE
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Pineda Pineda*☐ Agent☐ Addressee

B. Received by (Printed Name)

M. Pineda Pineda

C. Date of Delivery

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 2890 0004 1770 5394

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THURSTON BERNARD AND MARVA
MARIE
C/O LA ASCENCION LLC
PO BOX 6724
FARMINGTON NM, 87499-7499

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5417

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jesus Villalobos

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jesus Villalobos

C. Date of Delivery

7-15

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To

THURSTON BERNARD AND MARVA
MARIEStreet, Apt. No.,
or PO Box No.C/O LA ASCENCION LLC
PO BOX 6724

City, State, ZIP+4

FARMINGTON NM, 87499-7499

PS Form 3800,



U.S. Postal Service™

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OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage &

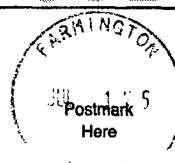
Sent To

THURSTON KENNETH R
C/O TROXELL JIMMY
611 POPLAR
FARMINGTON NM, 87401-6675Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THURSTON KENNETH R
C/O TROXELL JIMMY
611 POPLAR
FARMINGTON NM, 87401-6675

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5424

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Beth Troxell

☐ Agent☐ Addressee

B. Received by (Printed Name)

Beth Troxell

C. Date of Delivery

7-6

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VALDEZ JAMES L ET AL
200 W 20TH ST
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amber Valdez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Amber Valdez

C. Date of Delivery

*6/17*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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5486 79

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fee

Sent To

VALDEZ JAMES L ET AL

200 W 20TH ST

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

FARMINGTON NM, 87401-7401

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Sent To

VALDEZ PHILLIP A ET UX

1304 CAMINA VEGA

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

FARMINGTON NM, 87401-7401

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VALDEZ PHILLIP A ET UX
1304 CAMINA VEGA
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Phillip Valdez*☐ Agent☐ Addressee

B. Received by (Printed Name)

Phillip Valdez

C. Date of Delivery

*07/15/08*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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5486

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VARELA CRUZBERTO AND GLORIA
1304 UTTON LN
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gloria Varela

☐ Agent☐ Addressee

B. Received by (Printed Name)

Gloria Varela

C. Date of Delivery

7-7

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5516

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

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

City, State, ZIP+4

VARELA CRUZBERTO AND GLORIA
1304 UTTON LN
FARMINGTON NM, 87401-7401

PS Form 3800

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

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

City, State, ZIP+4

VARGAS SARAH C
1205 GRAHAM RD
FARMINGTON NM, 87401-7253

PS Form 3800, Jun

See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VARGAS SARAH C
1205 GRAHAM RD
FARMINGTON NM, 87401-7253

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sarah Vargas Bardwell

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sarah Vargas Bardwell

C. Date of Delivery

7-7

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5523

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIGIL AMANDA C
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Helen Vigil*☐ Agent☐ Addressee

B. Received by (Printed Name)

Helen Vigil

C. Date of Delivery

*7-6-05*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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5530

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fee

Sent To

VIGIL AMANDA C
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2002

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fee

Sent To

VIGIL RAMON PHILLIP ET UX
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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:

VIGIL RAMON PHILLIP ET UX
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Helen Vigil*☐ Agent☐ Addressee

B. Received by (Printed Name)

Helen Vigil

C. Date of Delivery

*7-6-05*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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5547

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIGIL RAYMOND ET UX
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5554

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Helen Vigil

☐ Agent☐ Addressee

B. Received by (Printed Name)

Helen Vigil

C. Date of Delivery

7-6-05

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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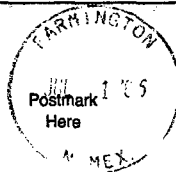
OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage



Sent To

VIGIL RAYMOND ET UX
1408 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees



Sent To

VIGIL REYES ET UX
1412 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

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

City, State, ZIP+4

PS Form 3800, June 2003

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIGIL REYES ET UX
1412 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5561

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rufina Vigil

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rufina Vigil

C. Date of Delivery

7-7-05

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

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:

VON FAULK CILLA ET AL
2 CLEARVIEW DR
SCARBOROUGH ME, 04074-4074

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

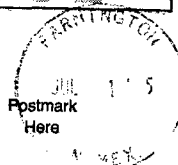
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street, Apt. No.,
or PO Box No. 2 CLEARVIEW DR
City, State, ZIP+4 SCARBOROUGH ME, 04074-4074

PS Form 3800, June

See Reverse for Instructions

U.S. Postal Service™

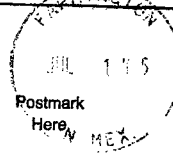
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street, Apt. No.,
or PO Box No. WABBINGTON ENIOUS ET UX
City, State, ZIP+4 501 OURAY AVE
FARMINGTON NM, 87401-6712

PS Form 3800, June

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:

WABBINGTON ENIOUS ET UX
501 OURAY AVE
FARMINGTON NM, 87401-6712

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5585

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WALTON GLEORA JOAN
C/O CURRY CAROL
P O BOX 497
FARMINGTON NM, 87499-0497

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gleora Walton

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Gleora Walton

C. Date of Delivery

7-5-05

- 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

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Sent To

WALTON GLEORA JOAN
C/O CURRY CAROL
P O BOX 497
FARMINGTON NM, 87499-0497

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

WATSON JOHN W ET UX
C/O JARAMILLO SALVADOR ET UX
604 CHARLOFF
FARMINGTON NM, 87401-8526

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:

WATSON JOHN W ET UX
C/O JARAMILLO SALVADOR ET UX
604 CHARLOFF
FARMINGTON NM, 87401-8526

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John Jaramillo

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

John Jaramillo

C. Date of Delivery

7-11

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WALTON GLEORA JOAN
C/O CURRY CAROL
P O BOX 497
FARMINGTON NM, 87499-0497

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Sent To

WALTON GLEORA JOAN
C/O CURRY CAROL
P O BOX 497
FARMINGTON NM, 87499-0497

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

PS Form 3800, June 2002

See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gleora Walton ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Gleora Walton *7-5-05*

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

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

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

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Sent To

WATSON JOHN W ET UX
C/O JARAMILLO SALVADOR ET UX
604 CHARLOFF
FARMINGTON NM, 87401-8526

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:

WATSON JOHN W ET UX
C/O JARAMILLO SALVADOR ET UX
604 CHARLOFF
FARMINGTON NM, 87401-8526

2. Article Number

(Transfer from service label)

7004 2890 0004 1770 5615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Nora Jaramillo ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Nora Jaramillo *7-11*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

YAZZIE ALFRED ET UX
1505 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

2. Article Number

(Transfer from service label).

7004 2890 0004 1770 5677

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jane W Yazzie ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Jane W Yazzie

C. Date of Delivery

7-7

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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

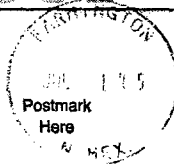
Sent To

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

YAZZIE ALFRED ET UX
1505 BLUFFVIEW DR
FARMINGTON NM, 87401-7401

PS Form 3800, June 2002

7004 2890 0004 1770 5677



SYNERGY OPERATING

POSTAL RECEIPTS

and

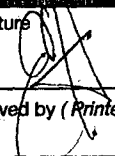
RETURN RECEIPTS

Mailed July 7th

and

July 13th, 2005

ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>BP America Production Co. 501 Westlake Park Blvd. Houston, TX 77079</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7004 2890 0004 1770 4533</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-02-M-1540</p>			

7004 2890 0004 1770 4533

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65
<p>Postmark Here</p> <p>7/7/05</p>	
<p>Sent To BP America</p> <p>Street, Apt. No., or PO Box No. 501 Westlake Park Blvd.</p> <p>City, State, ZIP+4 Houston, TX 77079</p>	
<p>PS Form 3800, June 2002 See Reverse for Instructions</p>	

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:



Jay Burnham, City Attorney
 City of Farmington
 800 Municipal Drive
 Farmington, New Mexico 87401

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 X *[Signature]*
- B. Received by (Printed Name) C. Date of Delivery
 7/8
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label) 7004 2890 0004 1770 4526

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

7/7/05
 Postmark
 Here

Sent To JAY Burnham City of Fm
 Street, Apt. No., or PO Box No. 800 Municipal Dr.
 City, State, ZIP+4 Fm, NM 87401

PS Form 3800, June 2002

See Reverse for Instructions

7004 2890 0004 1770 4526

LANCE OIL & GAS COMPANY, INC.

1099 18th Street, Suite 1200 • Denver, Colorado 80202-1964
(303) 452-5603

July 29, 2005

Mr. Patrick Hegarty
Synergy Operating, LLC
P.O. Box 5513
Farmington, NM 87499

RE: Proposed Fruitland/Pictured Cliffs Test Wells
Township 29 North – Range 13 West, NMPM
Section 22: W1/2
San Juan County, New Mexico

Dear Mr. Hegarty:

In reference to your letter to Lance Oil and Gas Company, Inc. dated July 13, 2005, please be advised that Lance has declined to execute your Joint Operating Agreement as proposed. As you are aware, Lance has a Fruitland/Pictured Cliffs well recently permitted in Section 22: NW1/4.

We strongly believe that Lance should be the Operator of the wells in the W1/2 spacing unit due to the far greater percentage of leasehold interest that Lance owns. In addition, it is our belief that Synergy's JOA has been furnished to Lance prematurely, given the ongoing leasing that both of our companies are still wrapping up. We are not able to sign a JOA in which the Exhibit "A" working interests of the respective parties are still to be determined.

Lance intends to proceed with the development of Section 22: W1/2 in a prompt and timely manner, and very much looks forward to working with Synergy when the leasing and surface owner issues have been completed.

Very truly yours,

Lance Oil & Gas Company, Inc.



Gerald T. Sullivan
Senior Landman

SYNERGY OPERATING

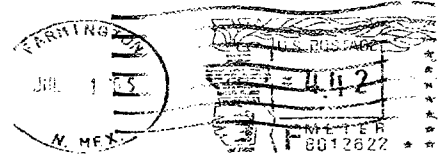
UNCLAIMED

CERTIFIED LETTERS

**NOTIFICATION
of
FORCED-POOLING**

Mailed July 1, 2005

Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499



AP 176
7-13
7-22

ALBINO BRENT
1009 TAMARACK
FARMINGTON NM 87401-7245
UNCLAIMED

87401-7245

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

ALBINO H BRENT
1009 TAMARACK
FARMINGTON NM, 87401-7245

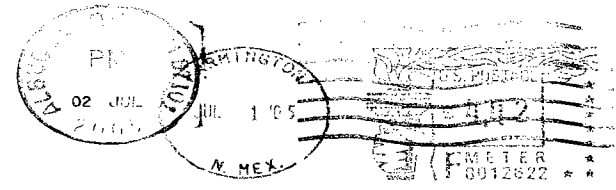
Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9120

RA 7/5
7-13
7-22

ALONZO ALBERTO JR AND YOLANDA
1115 SOUTH MONTEREY
FARMINGTON NM, 87401-7401
UNCLAIMED

87401-7401



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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To ALONZO ALBERTO JR AND YOLANDA
1115 SOUTH MONTEREY
Street, or PO B FARMINGTON NM, 87401-7401
City, Sta
PS Form

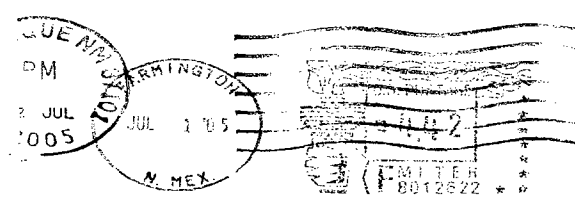
Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9137

8-1

UNCLAIMED

ANDERSON CAROL A C/O
C/O PLAMER ANDRE AND TAWNA
4136 BUCKINGHAM RD APT D
LOS ANGELES CA, 90008-3337
Route No. Date
Carrier/Initials
ZIP Code 90008/56



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

OFFICIAL USE

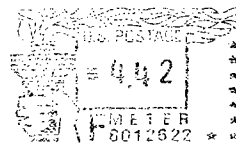
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To ANDERSON CAROL A C/O 1
C/O PLAMER ANDRE AND TAWNA
4136 BUCKINGHAM RD APT D
Street, or PO B LOS ANGELES CA, 90008-3337
City, Sta
PS Form

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9229



8-11/8-17

ATENCIO VICTOR B AND DOLORES
BOX 513
IGNACIO CO, 81137-0513

7/11

7/11

Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

ATENCIO VICTOR B AND DOLORES
BOX 513
IGNACIO CO, 81137-0513

NIXIE 808 1 39 08/07/05

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87499551313 *0268-04063-02-37

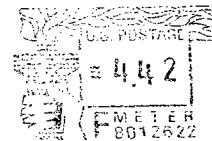
874995513

|||||

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9267



4/17/5
7-13/7-22

BARBER LEONARD
618 POPLAR
FARMINGTON NM, 87401-6674
UNCLAIMED

87401+6674 66

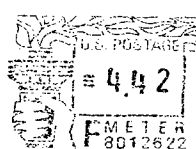
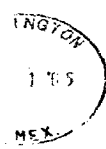
|||||

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
Sent To	BARBER LEONARD
Street, A or PO Box	618 POPLAR
City, State	FARMINGTON NM, 87401-6674
PS Form	

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9335



AP 7/6
7-12
7-22

BOTELLO DOMINGA D AND LUIS
1222 S BLUFFVIEW
FARMINGTON NM, 87401-7206
UNCLAIMED

87401+7206 64

|||||

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
Sent To	BOTELLO DOMINGA D AND LUIS
Street, A or PO Box	1222 S BLUFFVIEW
City, State	FARMINGTON NM, 87401-7206
PS Form	

CERTIFIED MAIL™



Synergy Operating, LLC

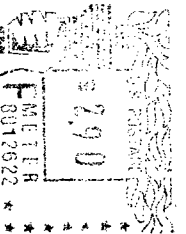
PO Box 5513

Farmington, NM 87499

AUG 20 2005

Post Due

7004 2890 0004 1770 5745



Sara C. Bunyea
1785 S. Alamo
Cruces, NM 88001

U.S. Postal Service®

CERTIFIED MAIL® RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total

Sara C. Bunyea

1785 S. Alamo

Las Cruces, NM 88001

Sent To
Street,
or PO B
City, St

7/24/05
Postmark
Here

PS Form 3800, June 2002

See Reverse for Instructions

7004 2890 0004 1770 5745

880014341327

8/12/05

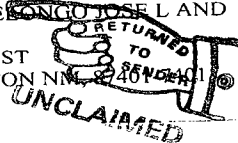


Energy Operating, LLC

PO Box 5513
Farmington, NM 87499

AP 7/5
7-B
7-22

CHAVEZ MICHAEL T SR AND TRUST
C/O MONTELONGO JOSE L AND
GEORGINA
819 PEACH ST
FARMINGTON NM, 87401-7401



7002 0860 0003 4743 9540

87401-6655

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To CHAVEZ MICHAEL T SR AND TRUST
C/O MONTELONGO JOSE L AND
GEORGINA
819 PEACH ST
FARMINGTON NM, 87401-7401

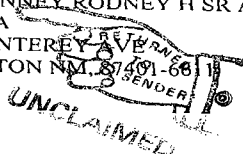
PS Form 3800, April 2002 See Reverse for Instructions

Energy Operating, LLC

PO Box 5513
Farmington, NM 87499

NA 7/5
7-B
7-22

BREWER WALLACE AND CONNIE
C/O MC KINNEY RODNEY H SR AND
MELODY A
1305 S MONTEREY AVE
FARMINGTON NM, 87401-6611



7002 0860 0003 4743 9380

87401-6611

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To BREWER WALLACE AND CONNIE
C/O MC KINNEY RODNEY H SR AND
MELODY A
1305 S MONTEREY AVE
FARMINGTON NM, 87401-6611

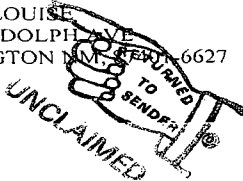
PS Form 3800, April 2002 See Reverse for Instructions

Energy Operating, LLC

PO Box 5513
Farmington, NM 87499

NA 7/5
7-B
7-22

BOWEN LOUISE
1215 RANDOLPH AVE
FARMINGTON NM, 87401-6627



7002 0860 0003 4743 9380

87401-6627

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

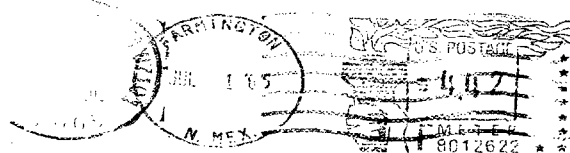
Sent To BOWEN LOUISE
1215 RANDOLPH AVE
FARMINGTON NM, 87401-6627

PS Form 3800, April 2002 See Reverse for Instructions

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9663



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	

Sent To CURLEY JUSTIN H SR ET UX
701 SYCAMORE
FARMINGTON NM, 87401-6667
**Street, Apt. No.,
or PO Box No.**
City, State, ZIP+4

PS Form 3800, April 2002

CURLEY JUSTIN H SR ET UX
701 SYCAMORE
FARMINGTON NM, 87401-6667

UNCLAIMED

87401-6667

Synergy Operating,

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9595



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	

Sent To CHURCH SEVENTH DAY ADVENTIST
ASSOC OF CO
C/O GRAVES EDNA JANE
PO BOX 215
FARMINGTON NM, 87499-7499
**Street, Apt. No.,
or PO Box No.**
City, State, ZIP+4

PS Form 3800, April 2002

CHURCH SEVENTH DAY ADVENTIST
ASSOC OF CO
C/O GRAVES EDNA JANE
PO BOX 215
FARMINGTON NM, 87499-7499

UNCLAIMED

87499-0215

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9564



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	

Sent To CHAVEZ TOBY AND HELEN
801 3/4 E MURRAY DR
FARMINGTON NM, 87401-7401
**Street, Apt. No.,
or PO Box No.**
City, State, ZIP+4

PS Form 3800, April 2002

CHAVEZ TOBY AND HELEN
801 3/4 E MURRAY DR
FARMINGTON NM, 87401-7401

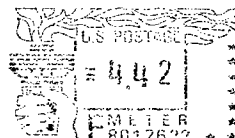
UNCLAIMED

87401-6667

ynergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9212



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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Sent To DIAZ LUCIANO S ET UX
616 E POPLAR
FARMINGTON NM, 87401-6674

PS Form 3800, April 2002

DIAZ LUCIANO S ET UX
616 E POPLAR
FARMINGTON NM, 87401-6674

RETURNED TO SENDER
UNCLAIMED

87401+6674 66

Synergy Operating, LLC

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

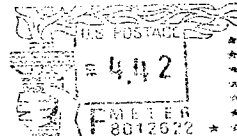
ESQUIBEL ABEL PETER
P.O. BOX 5504
FARMINGTON NM, 87499-5504

7004 2890 0004 1770 4915

ESQUIBEL ABEL PETER
P.O. BOX 5504
FARMINGTON NM, 87499-5504

RETURNED TO SENDER
UNCLAIMED

+8804 43

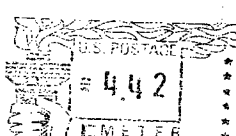


7-5/7-13
7-22

Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7004 2890 0004 1770 4939



EVANS MARK D ET UX
1245 MORNING VIEW DR APT 213
ESCONDIDO CA, 92026-3432

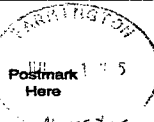
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Sent To EVANS MARK D ET UX
1245 MORNING VIEW DR APT 213
ESCONDIDO CA, 92026-3432



ATTACHED
7/5/05
7-19
7-22

ergy Operating, LLC

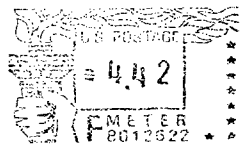
PO Box 5513
armington, NM 87499

KA 7/5
7-13 7-22

7004 2890 0004 1770 4984

FREEMAN ROBERT M
304 TAOS AVE
FARMINGTON NM 87401-7401

UNCLAIMED



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

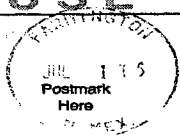
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To
Street, Apt or PO Box
City, State
FREEMAN ROGER ET UX
ATTN: FREEMAN DESMOND
634 MANSFIELD RD
CLEBURNE TX, 76031-3341



ergy Operating, LLC

PO Box 5513
armington, NM 87499

21

MOVED LEFT NO ADDRESS
FORWARDING ORDER EXPIRED
ATTEMPTED NOT KNOWN
UNCLAIMED ☒ REFUSED
NO SUCH STREET PO BOX 1369
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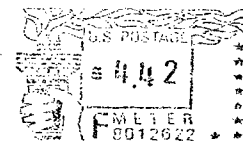
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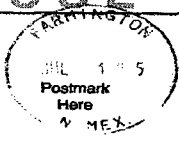
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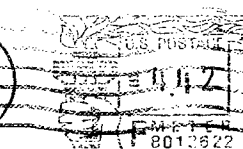
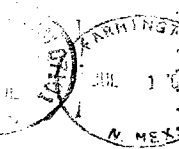
PO Box 5513
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2008
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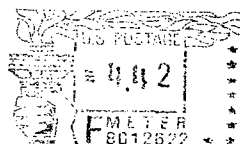
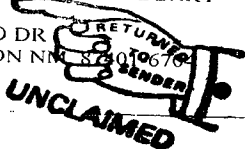


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PO Box 5513
Farmington, NM 87499

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DOROTHY
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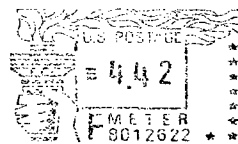


nergy Operating, LLC

PO Box 5513
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HILLIARD LARRY J SR ET UX
1226 S BLUFFVIEW
FARMINGTON NM 87401-7206



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Synergy Operating, LLC

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HOBBS IVA J
C/O ALVAREZ TOMAS AND LETICIA
1104 ALPINE AVE
FARMINGTON NM 87401-8587

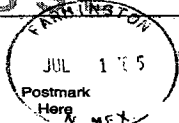


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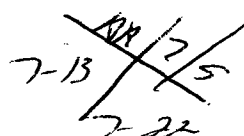
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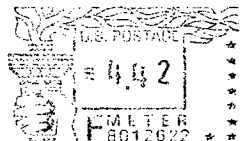
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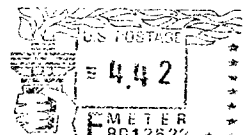
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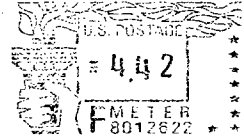
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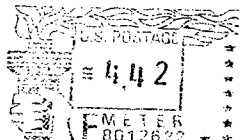
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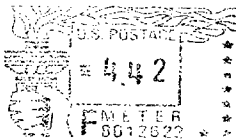
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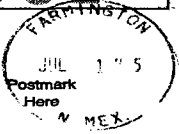


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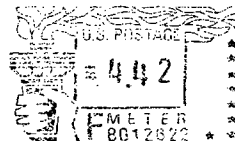
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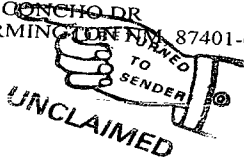
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514 CONCHO DR
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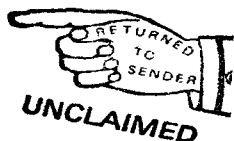
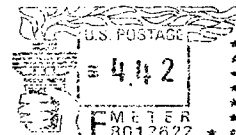
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103 N MESA VERDE AVE
AZTEC NM, 87410-1929

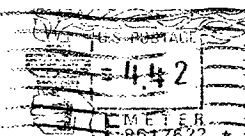
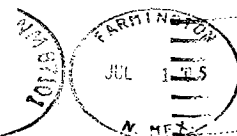
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2nd Notice 7/23
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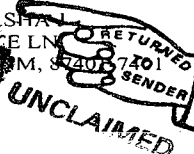
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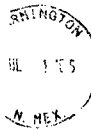
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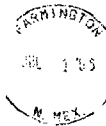
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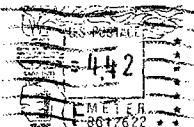
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7-13
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KENNETT MARSHA J
524 NORTHGATE LN
FARMINGTON NM, 87401-7401

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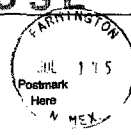
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1112 BLUFFVIEW
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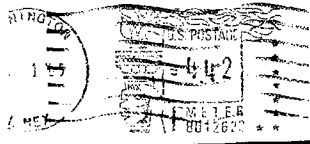
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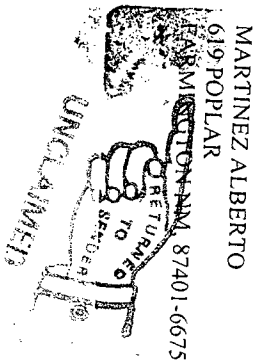


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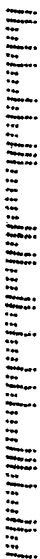
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gy Operating, LLC
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
MC KENZIE CECIL S ET UX
405 OURAY AVE
FARMINGTON NM, 87401-4602

PS Form 3800, June 2002

ergy Operating, LLC
PO Box 5513
armington, NM 87499

7004 2890 0004 1770 0054

AP 7/5
7-15
7-22

MEYER WALTER W
1317 GRAHAM RD
FARMINGTON NM, 87401-7255
UNCLAIMED

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	

Sent To
MEYER WALTER W
1317 GRAHAM RD
FARMINGTON NM, 87401-7255

PS Form 3800, June 2002

ergy Operating, LLC
PO Box 5513
armington, NM 87499

7002 0860 0003 4743 9786

AP 7/5
7-12
7-22
UNCLAIMED

MONCLOVA CARLOS AND JOSEFINA
1401 BLUFFVIEW
FARMINGTON NM, 87401-7401
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MONCLOVA CARLOS AND JOSEFINA
1401 BLUFFVIEW
FARMINGTON NM, 87401-7401

PS Form 3800, April 2002 See Reverse for Instructions

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9809

AA 7/5
13 7-22

MONCLOVA MARTIN ET UX
1825 S BUTLER AVE
FARMINGTON NM 87401-4616

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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Sent To: MONCLOVA MARTIN ET UX
1825 S BUTLER AVE
FARMINGTON NM, 87401-4616

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

 Synergy Operating, LLC

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7002 0860 0003 4743 9816

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	

FARMINGTON
JUL 1 '05
Postmark Here MEX

MONROY DONATO ET UX
1122 BOWEN AVE
FARMINGTON NM 87401-6606

RETURNED TO SENDER
UNCLAIMED

7/6
7-12
7-22

Sent To: MONROY DONATO ET UX
1122 BOWEN AVE
FARMINGTON NM, 87401-6606

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

PS Form 3800, April 2002

synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 9823

AA 7/5
20 7-22

MONROY GERARDO
1122 S BOWEN
FARMINGTON NM 87401-7401

RETURNED TO SENDER
UNCLAIMED

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CERTIFIED MAIL RECEIPT
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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	

Sent To: MONROY GERARDO
1122 S BOWEN
FARMINGTON NM, 87401-7401

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

PS Form 3800, April 2002 See Reverse for Instructions

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

KA/7S
7-8 7-22

7002 0860 0003 7722 1000
MONTAÑA MIGUEL ET UX
1113 S BUTLER AVE
FARMINGTON NM, 87401-6643
UNCLAIMED

87401+6643 64

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Sent To MONTAÑA MIGUEL ET UX
1113 S BUTLER AVE
FARMINGTON NM, 87401-6643
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, April 2002 See Reverse for Instructions

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

AP 746
7-13
7-22

7002 0860 0003 4743 9861
MOORE LEONARD BRYAN AND
CHRISTOPHER BRYA
1424 YORK AVE
FARMINGTON NM, 87401-7401
UNCLAIMED

87401+6733 64

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Sent To MOORE LEONARD BRYAN AND
CHRISTOPHER BRYA
1424 YORK AVE
FARMINGTON NM, 87401-7401
Street, Apt. No., or PO Box No.
City, State, ZIP+4

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Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

27/7/8
UNCLAIMED
7-14
7-24

7002 0860 0003 4743 9885
MORA MIKE ET UX
408 SYCAMORE ST
FARMINGTON NM, 87401-6729
UNCLAIMED

87401+6729 66

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

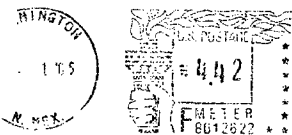
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Sent To MORA MIKE AND MATA JUAN
408 SYCAMORE ST
FARMINGTON NM, 87401-6729
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, April 2002 See Reverse for Instructions

ergy Operating, LLC
PO Box 5513
armington, NM 87499

7002 0860 0003 4743 9878



MORA MIKE AND MATA JUAN
406 SYCAMORE ST
FARMINGTON NM, 87401-6729



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To MORA MIKE ET UX
406 SYCAMORE ST
FARMINGTON NM, 87401-6729

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

PS Form 3800, April 2006

ergy Operating, LLC
PO Box 5513
armington, NM 87499

7002 0860 0003 4743 8



ORTEGA ARMANDO ET UX
1302 RANDOLPH AVE
FARMINGTON NM, 87401-7401



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To ORTEGA ARMANDO ET UX
1302 RANDOLPH AVE
FARMINGTON NM, 87401-7401

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

PS Form 3800, April 2006

ergy Operating, LLC
PO Box 5513
armington, NM 87499

7002 0860 0003 4743 8345



RHODES JUANITA G
C/O MC MINN ROBERT L
304 SYCAMORE ST
FARMINGTON NM, 87401-6727



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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To RHODES JUANITA G
C/O MC MINN ROBERT L
304 SYCAMORE ST
FARMINGTON NM, 87401-6727

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

PS Form 3800, April 2006

ergy Operating, LLC
PO Box 5513
rmington, NM 87499

NA 7/5
7-15 7-22

RHODES RAYMOND
C/O BREWER SHANE L AND PEGGY
407 SPRUCE ST.
FARMINGTON NM 87402-7402
UNCLAIMED

87401+6633 66

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

Sent To RHODES RAYMOND
C/O BREWER SHANE L AND PEGGY
407 SPRUCE ST.
FARMINGTON NM, 87402-7402
City, State, ZIP+

See Reverse for Instructions

ergy Operating, LLC
PO Box 5513
mington, NM 87499

NA 7/5
7-12 7-22

RIBOTA ABIGAELE ET UX
1111 S BUTLER AVE
FARMINGTON NM 87401-6643
UNCLAIMED

87401+6643 66

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

Sent To RIBOTA ABIGAELE ET UX
1111 S BUTLER AVE
FARMINGTON NM, 87401-6643
City, State, ZIP+

PS Form 3800

gy Operating, LLC
PO Box 5513
mington, NM 87499

NA 7/5
7-12 7-22

ROBERTS JAMES B
C/O ROBERTS MELVIN LEE
1301 S MONTEREY
FARMINGTON NM 87401-6611
UNCLAIMED

87401+6611 66

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

Sent To ROBERTS JAMES B
C/O ROBERTS MELVIN LEE
1301 S MONTEREY
FARMINGTON NM, 87401-6611
City, State, ZIP+

PS Form 3800

ergy Operating, LLC
PO Box 5513
armington, NM 87499

7002 0860 0003 4743 8789

AP 17-6
7-13
7-22

SAIZ BERNADINE ET VIR
704 TAMARACK
FARMINGTON NM 87401-6769
UNCLAIMED

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: SAIZ BERNADINE ET VIR
704 TAMARACK
FARMINGTON NM, 87401-6769
City, State, ZIP+

Postmark: JUL 17 5
FARMINGTON NM

87401-6769

ergy Operating, LLC
PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 8796

? 17-6
35
7-13
7-22

SALAZAR ANNA M
CONCHO DR
FARMINGTON NM 87401-7401
UNCLAIMED

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: SALAZAR ANNA M
CONCHO DR
FARMINGTON NM, 87401-7401
City, State, ZIP+

Postmark: JUL 17 5
FARMINGTON NM

87401-6702 64

Synergy Operating, LLC

7002 0860 0003 4743 8802

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: SANCHEZ BEN LEE
1432 S BUTLER
FARMINGTON NM, 87401-6739
City, State, ZIP+

Postmark: JUL 17 5
FARMINGTON NM

SANCHEZ BEN LEE
1432 S BUTLER
FARMINGTON NM 87401-6739
UNCLAIMED

7-13
7-22

87401-6739

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 8901



AA 7/5
7/3
7/22

SHAY JIM
708 POPLAR ST
FARMINGTON NM, 87401-6660

UNCLAIMED

87401-6660

U.S. Postal Service
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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

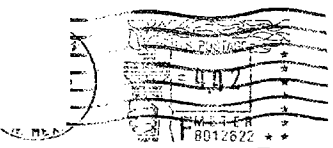
Sent To
SHAY JIM
708 POPLAR ST
FARMINGTON NM, 87401-6660
City, State, ZIP

PS Form 3800

ergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7002 0860 0003 4743 8932



AA 7/5
7/22

SHORTY EMMA J
1603 S BUTLER AVE
FARMINGTON NM, 87401-6799

UNCLAIMED

87401-6799

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$

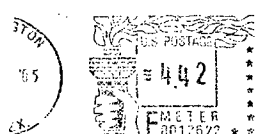
Sent To
SHORTY EMMA J
1603 S BUTLER AVE
FARMINGTON NM, 87401-6799
City, State, ZIP

PS Form 3800, April 2002

gy Operating, LLC

PO Box 5513
Farmington, NM 87499

7004 2890 0004 1770 5356



AA 7/5
7/22

STALLINGS ROBERT R ET UX
600 TAOS AVE
FARMINGTON NM, 87401-6737

UNCLAIMED

87401-6737

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$

Sent To
STALLINGS ROBERT R ET UX
600 TAOS AVE
FARMINGTON NM, 87401-6737
City, State, ZIP

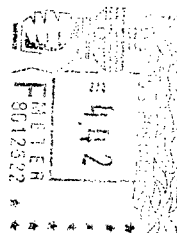
PS Form 3800, June 2002



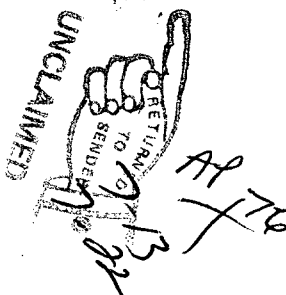
PO Box 5513
Farmington, NM 87499

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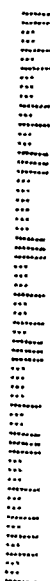
RUU4 2890 0004 1770 0221



HINOJOSA JIM AND ELIZABETH C
1108 S. BLUFFVIEW DRIVE
FARMINGTON NM 87401



874017204 64



SYNERGY OPERATING

UNDELIVERABLE

CERTIFIED LETTERS

**NOTIFICATION
of
FORCED POOLING**

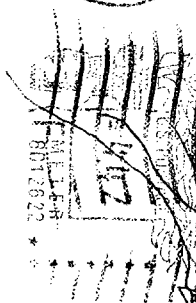
Mailed July 1, 2005



**PO Box 5513
Farmington, NM 87499**



TEHS 0227 4004 0682 4002

~~121~~

- [illegible]

TORREZ DAVID F ET UX
10 RD 6735

1-800-4-A-ROAD-NOW, 87476-9701

SECRET

 $\frac{7}{5}$

7/8

7/20

Synergy Operating, LLC

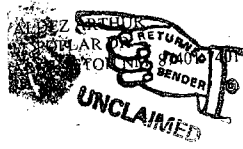
PO Box 5513



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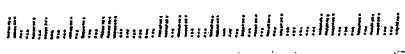
7004 2890 0004 1770 5780

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	



Sent To: VALDEZ ARTHUR
717 POPLAR DR
FARMINGTON NM, 87401-7401
Street, Apt. No., or PO Box No.
City, State, ZIP+4

87401-6653



PS Form 3800, June 2002

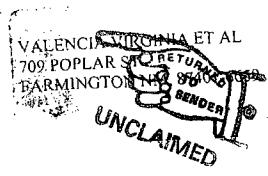
Synergy Operating, LLC

PO Box 5513
Farmington, NM 87499

7004 2890 0004 1770 5509

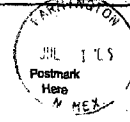


Handwritten: APR 75, 7-13, 7-22



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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	



Sent To: VALENCIA VIRGINIA ET AL
709 POPLAR ST
FARMINGTON NM, 87401-6659
Street, Apt. No., or PO Box No.
City, State, ZIP+4

87401-6653

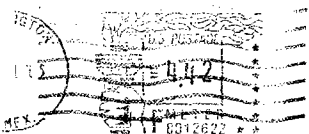
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PS Form 3800, June 2002

Synergy Operating, LLC

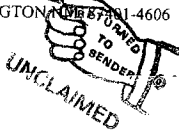
PO Box 5513
Farmington, NM 87499

7004 2890 0004 1770 5646



Handwritten: APR 75, 7-12, 7-22

WHARTON JIMMY R ET UX
502 TAOS AVE
FARMINGTON NM 87401-4606



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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	



Sent To: WHARTON JIMMY R ET UX
502 TAOS AVE
FARMINGTON NM, 87401-4606
Street, Apt. No., or PO Box No.
City, State, ZIP+4

87401-6748

7004 2890 0004 1770 5646

PS Form 3800, June 2002

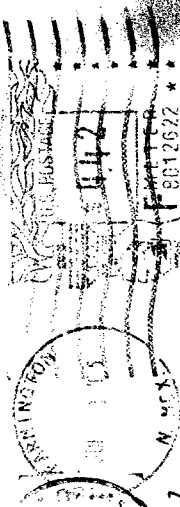


PO Box 5513
Farmington, NM 87499



FREEMAN ROGER ET UX
ATTN: FREEMAN DESMOND
634 MANSFIELD RD
CLEBURNE TX, 76031-3341

7004 2890 0004 1770 4991



25
10
25
5542
V

NAME

1st Notice ~~7-5~~
2nd Notice ~~7-5~~

NIXIE

750 0 1

00 08/02/05

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 07499551313

W0760-02799-02-35

07499551313



VERIFIED MAIL™

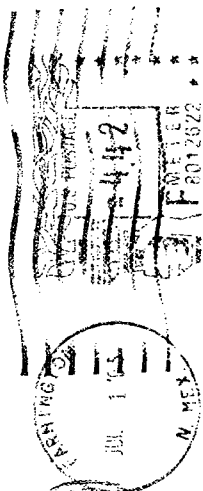


PO Box 5513
Farmington, NM 87499

7004 2840 0004 4444 0000 0000

HATTIE MCCLURE TRUST
1600 YORK ST
FARMINGTON NM, 87401-6724

- ☐ Not Deliverable As Addressed
☐ Unable to Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☒ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed - No Order
☐ Returned For Better Address
☐ Postage Due

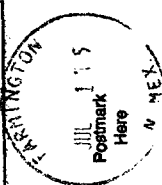


U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	



Sent 7 HATTIE MCCLURE TRUST
 Street 1600 YORK ST
 or PO FARMINGTON NM, 87401-6724
 City

PS Form 3800, June 2002



P.O. Box 5513
Farmington, NM 87499

CERTIFIED MAIL

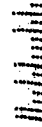
7099 3220 0002 8979 9653

OPDYCKE SUZETTE A
608 POPLAR ST
FARMINGTON NM, 87401-7401

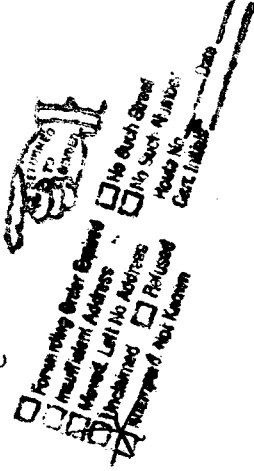


7/15/05
same address - Inac. Off.
Not in Phone Bk
Not on White Cn. com

87401-8874



7099 3220 0002 8979 9653



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

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Name (Please Print) OPDYCKE SUZETTE A
Street, Apt. No.: 608 POPLAR ST
FARMINGTON NM, 87401-7401
City, State, Zip+4

PS Form 3800, J. See Reverse for Instructions

