# 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 23 to day of August, 2005 by Patrick Hegarty.

My Commission Expires:

en Vicinia.

OFFICIAL SEAL JENNIFER THOMASON Notary Public

State of New Mexico
My Commission Expires 222

## SYNERGY OPERATING

POSTAL RECEIPTS

and

RETURN RECEIPTS

Mailed July 1, 2005

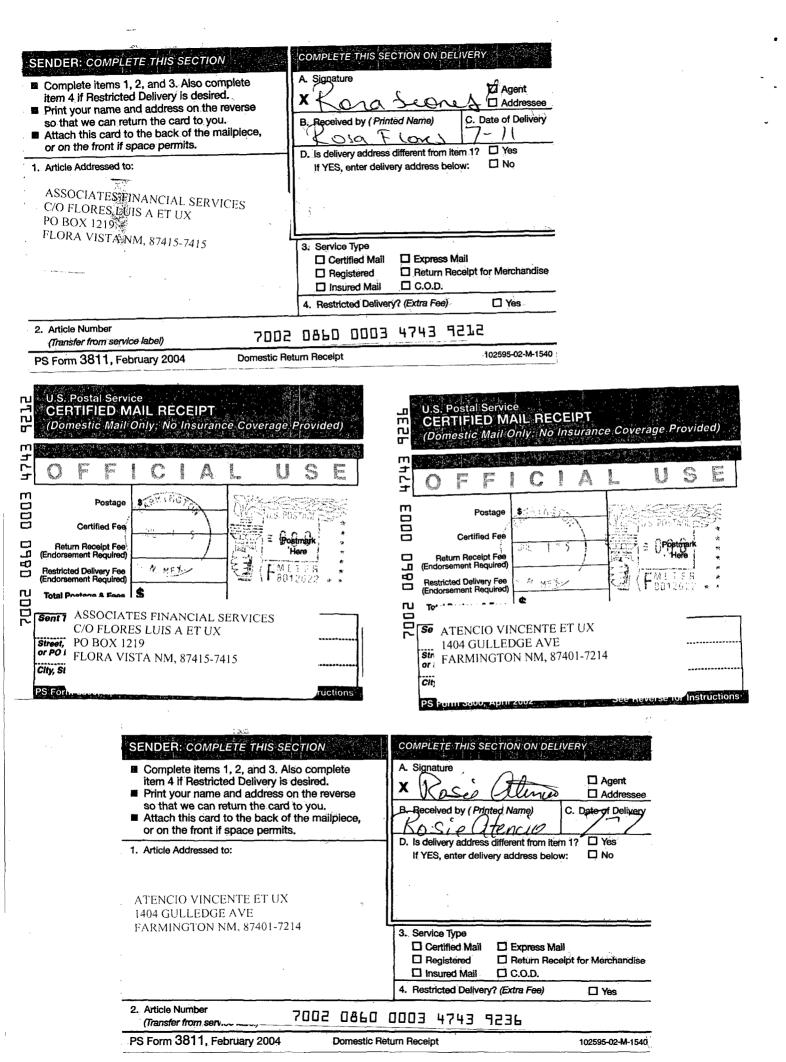
ORIGINAL

PS Form 3811, February 2004 Domes	stic Return Receipt 102595-02-M-1540
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2. Article Number	4. Restricted Delivery? (Extra Fee)
	3. Service Type  Certified Mail  Registered  Receipt for Merchandise  Insured Mail  C.O.D.
ADAMS LEWIS ROBERT ET UX 2416 SANTIAGO FARMINGTON NM, 87401-9067	
Article Addressed to:	D. Is delivery address different from item 1?
so that we can return the card to you.  Attach this card to the back of the mailpiece or on the front if space permits.	B. Received by ( Printed Name) C. Date of Delivery
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  X. Balakar   Agent  Addressee
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
PS:Form 380	RS Form 3 tons
or PO Box No IGNACIO CO, 81137-0901	or PO Box FARMINGTON NM, 87401-9067 City, State,
Sent To ABEYTA LEO P Street, Apr. N. P O BOX 901	ADAMS LEWIS ROBERT ET UX  Street, Apt. 2416 SANTIAGO
Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees S	C (Endorsement Required)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return 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	A Signature  A Signature  A Agent  A Addressee  B Reteived by (Printed Name)  C. Date of Delivery  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)  PS Form 381.1, February 2004  Domestic Retu	0003 4743 ቫጔዛዛ
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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpied or on the front if space permits.  1. Article Addressed to:  ARCHULETA JOSE A ET UX 3423 RIDGEWAY DR LOS ALAMOS NM, 87544-2139	B. Received by (Printed Name) C. Date of Delivery

Article Number
 (Transfer from service)
 PS Form 3811, February 2004

Domestic Return Receipt



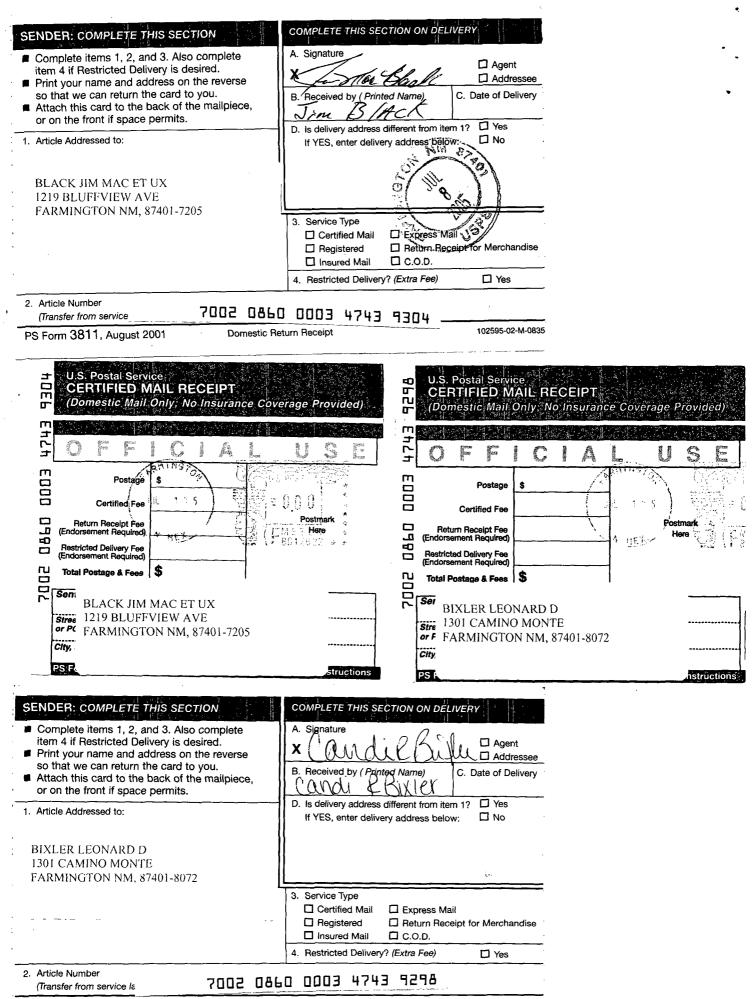
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or Barrier & Const.			

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return 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	A. Signature  X. D. D. D. C. Date of Delivery  D. D. Is delivery address different from term 1? Yes  If YES, enter delivery address below: No  3. Service Type  Certified Mail
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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpie or on the front if space permits.  1. Article Addressed to:  BEGAYÉ EUNICE PO BOX 61 REHOBOTH NM, 87322-7322	Se B. Received by (Printed Name) C. Date,

Domestic Return Receipt

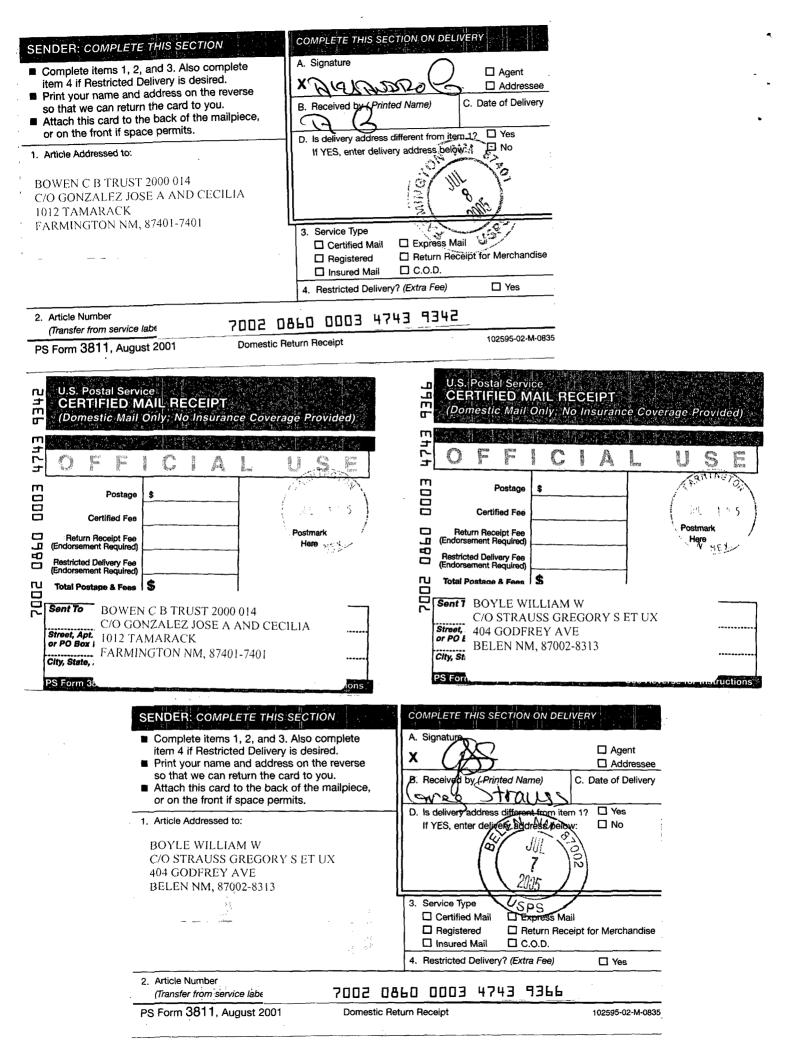
PS Form 3811, August 2001

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Domestic Return Receipt

SENDER: COMPLET	TE THIS SECTION	COMPLETE THIS SECT	ION ON DELIVERY
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or on the front if sp  1. Article Addressed to:		D. Is delivery address diff	_
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	W PROPERTIES LLC	•	BOSER ROBER
Street POBOX 23	23 1, 87410-7410		Street, 705 SYCAMOR or PO B FARMINGTON
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	2. Article Number	7002 0	860 0003 4743 °
	PS Form 3811, August 20		



<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
ATTN: BREWER PHILLIP 7855 CR 3520 FLORA VISTA NM, 87415-7415  2. Article Number (Transfer from service 7002 0866 PS Form 3811, August 2001 Domestic Ref	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Cov  Postage Certified Fee Cendorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postera & Face Sent To BREWER EMMA JEAN ATTN: BREWER PHILLIP Street, Apt. or PO Box FLORA VISTA NM, 87415-7415 City, State, PS Form 35	U.S. Postal Service CERTIFIED MAIL RECEIPT
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits.  Article Addressed to:  BROWNING LARRY PO BOX 2184 BLOOMFIELD NM, 87413-7413	e Agent Addressee

Domestic Return Receipt

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☑ Addressee so that we can return the card to you. B. Received by ( Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, Robor or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: - 1947 BUFFINGTON GUY TRUSTEES. C/O BENAVIDEZ ADAM G ET UX 602 N EXECUTIVE DR **BLOOMFIELD NM, 87413-7413** 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 7002 0860 0003 4743 9410 (Transfer from service la PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835 U.S. Postal Service U.S. Postal Service CERTIFIED MAIL RECEIPT 'n CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) (Domestic Mail Only: No Insurance Coverage Provided) Postage \$ 000 Postage Certified Fee Certified Fee Return Receipt Fee (Endorsement Required) **Postmark** Return Receipt Fee (Endorsement Required) **Postmark** 9 Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee Endorsement Required) Total Postage & Fees | \$ ш Sent To BUFFINGTON GUY TRUSTEES. Sent To BULLER MATTIE R C/O BENAVIDEZ ADAM G ET UX 2103 SOUTHSIDE RIVER RD 602 N EXECUTIVE DR or PO Box N FARMINGTON NM, 87401-7401 or PO Bo BLOOMFIELD NM, 87413-7413 City, State, 2 City, Stat PS Form 38 ctions SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. D. Is delivery address different from them 17745 1. Article Addressed to: If YES, enter delivery address BULLER MATTIE R 8 2103 SOUTHSIDE RIVER RD $SUU_2$ FARMINGTON NM, 87401-7401 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

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PS Form 3811, August 2001

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Domestic Return Receipt

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Domestic Return Receipt

102595-02;M-0835

	COMPLETE THIS SECTION ON DELIVERY
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CARDENAS JACINTO ET UX 1418 BLUFFVIEW FARMINGTON NM, 87401-7210  2. Article Number	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label)	0860 0003 4743 9465 eturn Receipt 102595-02-M-0835
PS Form 3811, August 2001  Domestic R  U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only No Insurance Cove  Postage  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  Total P  Sent 7 CARDENAS JACINTO ET UX  1418 BLUFFVIEW  Street, or PO 1  City, St.  PS Formcooce, April 2002  See new	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Postage Postage Certified Fee Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postana & Ease Sirect, Ap or PO Boj FARMINGTON NM, 87401-6631  City, State 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:  CASSIDA SCOTT W 325 SPRUCE ST FARMINGTON NM, 87401-6631	A. Signature  X
2. Article Number 7002 088	0 0003 4743 9489

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece or on the front if space permits.  Article Addressed to:  CEPEDA OSCAR AND MONCLOVA ANA MARIA 1007 TAMARACK FARMINGTON NM, 87401-7245	D. Is delivery address different from item 1?  \( \subseteq \text{VES}, \text{ enter delivery address below:} \)
·	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	08 60 0003 4743 9496 tic Return Receipt 102595-02-M-0835
U.S. Postal-Service GERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance  Postage \$  Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Sent To CEPEDA OSCAR AND MOMARIA Street, Apt. Nor PO Box Nor	Postmark Here  Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Por  Total Por  Sent To CHAMBERLAIN-OLSON DIANA K 2312 SANTIAGO  Street, At FARMINGTON NM, 87401-9065  City, State
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits.  Article Addressed to:  CHAMBERLAIN-OLSON DIANA K 2312 SANTIAGO FARMINGTON NM, 87401-9065	B. Received by (Printed Name)  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
2. Article Number	Certified Mail

Domestic Return Receipt

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. HOWAS D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: CHARLESWORTH ETHEL C ESTATE 1207 S BUTLER **FARMINGTON NM, 87401-6645** 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 7002 0860 0003 4743 9526 (Transfer from service PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835 U.S. Postal Service CERTIFIED MAIL RECEIPT U.S. Postal Service гu (Domestic Mail Only; No Insurance Coverage Provided) CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Cove m Postage 000 Postage 1 15 Certified Fee Certified Fee Return Receipt Fee (Endorsement Required) 9 Here ME Return Receipt Fee (Endorsement Required) 98 Restricted Delivery Fee (Endorsement Required) Pastricted Delivery Fee ռ ш Total Post CHARLESWORTH ETHEL C ESTATE Sent 1207 S BUTLER CHARLEY HARRISON J **FARMINGTON NM, 87401-6645** PO BOX 5641 Stree Street, Apt. FARMINGTON NM, 87499-5641 or PC City, City, State, PS Form 3800, April 2002 See Reverse for instructions SENDER: COMPLETE THIS SECTION. COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent ■ Print your name and address on the reverse □ Addressee so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: CHARLEY HARRISON J P O BOX 5641 **FARMINGTON NM, 87499-5641** 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 7002 0860 0003 4743 9533

PS Form 3811, August 2001

(Transfer from service label,

Domestic Return Receipt

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Agent χ -Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: CHRISTENSEN HAROLD A ESTATE ATTN: CHRISTENSEN BARBARA 506 E 16TH ST **FARMINGTON NM, 87401-7401** 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 <sup>70</sup>62 0860 0003 4743 9571 (Transfer from service label) PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835 U.S. Postal Service CERTIFIED MAIL RECEIPT U.S. Postal Service (Domestic Mail Only; No Insurance Coverage Provided) CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) Postage RHINGTON Postage **Certified Fee** Return Receipt Fee (Endorsement Required) Certified Fee Here MEY \_n Return Receipt Fee dorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) MEX Total Postage & F CHURCH WORD OF LIFE CHRISTIAN Total Postage & Fer Sent To CENTER CHRISTENSEN HAROLD A ESTATE PO BOX 202 Sent To Street, Apt. No.; ATTN: CHRISTENSEN BARBARA FARMINGTON NM, 87499-0202 or PO Box No. 506 E 16TH ST Street, Apt. No.; or PO Box No. City, State, ZIP+ 4 **FARMINGTON NM, 87401-7401** City, State, ZIP+ 4 PS Form 3800, April 2002 PS Form 3800, April 2002 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ No If YES, enter delivery address b 1. Article Addressed to: CHURCH WORD OF LIFE CHRISTIAN စ **CENTER PO BOX 202 FARMINGTON NM, 87499-0202** 3. Service Type ☐ Certified Mail of for Merchandise □ Registered □ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee)

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

2. Article Number

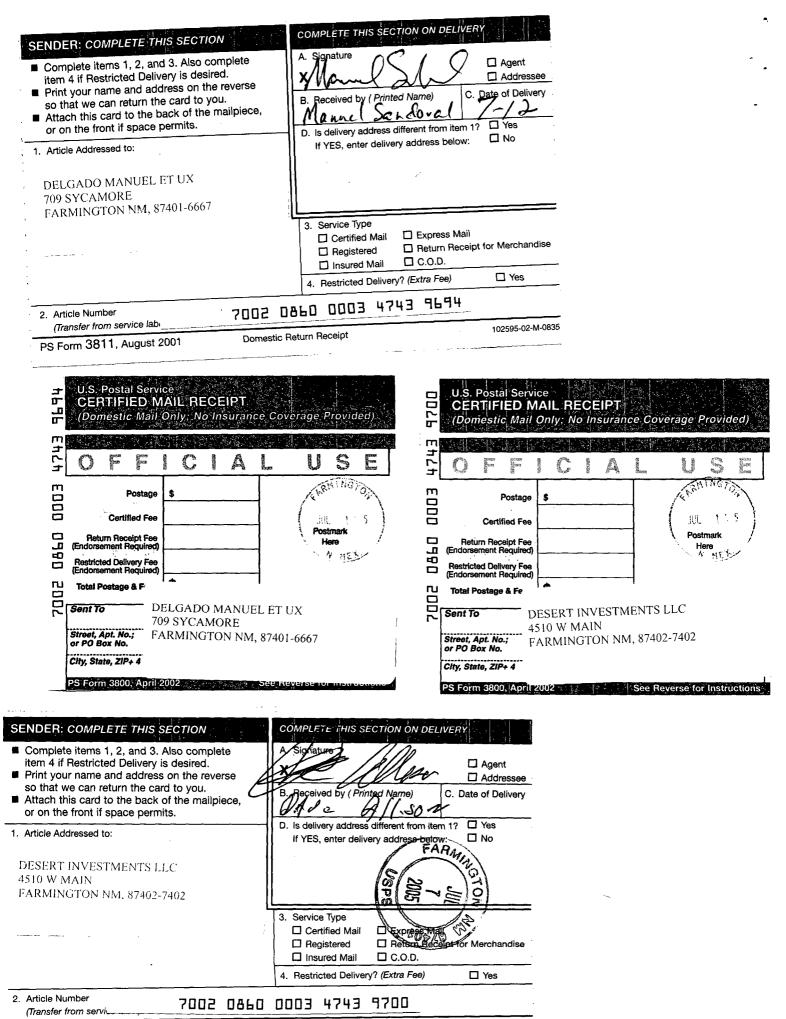
98

Domestic Return Receipt

7002 0860 0003 4743 9601

<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>CRUZ CESAR A ET UX 601 POPLAR FARMINGTON NM, 87401-6675</li> </ul>	A. Signature  X. Complete This Section on Delivery  A. Signature  X. Complete Comple
2. Article Number (Transfer from service label) 7002 PS Form 3811, August 2001 Domestic Ref	0860 0003 4743 9649 turn Receipt 102595-02-M-0835
	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Postmark Here  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fee  Sent To  CRUZ GERARDO AND CRUZ CESAR A 601 POPLAR Street, Apr. No.; or PD Box No.  City, State, ZIP+4  CS. Form 3800 April 2002
(market work to the total table)	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Recayed by ( Printed Name)  C. Date of Delivery  Addressee  Delivery  C. Date of Delivery  Resultation  Resultation  Addressee  B. Recayed by ( Printed Name)  C. Date of Delivery  Resultation  Resultation  Addressee  C. Date of Delivery  Resultation  Resultation  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Recayed by ( Printed Name)  Addressee  C. Date of Delivery  Resultation  Addressee  B. Recayed by ( Printed Name)  Addressee  C. Date of Delivery  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Recayed by ( Printed Name)  C. Date of Delivery  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Recayed by ( Printed Name)  C. Date of Delivery  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Recayed by ( Printed Name)  C. Date of Delivery  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Recayed by ( Printed Name)  C. Date of Delivery  Addressee  B. Recayed by ( Printed Name)  Addressee  B. Reca

Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  So that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  DE ANDA FRANK A  COMPLETE THIS SECTION ON I	Age
Print Your name and address on the reverse  Attach this card to the back of the mailpiece, or on the front if space permits.  A Signature  A. Signature  A. Signature  B. Received by (Printed Name)  Coand a  D. Is delivery address different from items.	Age
So that we can return the card to you. or on the front if space permits.  1. Article Addressed to:  So that we can return the reverse attach this card to the back of the mailpiece, or on the front if space permits.  D. Is delivery address different from itself.	Age Age C. Date of D
attach this card to the back of the mailpiece,  or on the front if space permits.  1. Article Addressed to:  B. Received by (Printed Name)  Cond Cond Cond Cond Cond Cond Cond Cond	Age C. Date of D
1. Article Addressed to:  D. Is delivery address different from ite.	C. Date of D
1. Article Addressed to:  D. Is delivery address different from item	C. Date of D
is delivery address different from ite	
DE ANDA FRANK A  321 SPRUCE ST	m 1?
FARMINGTON NM, 87401-6631	
3. Service Type	
☐ Certified Mail ☐ Express Mail	
Insured Mail	ot for Merchand
2. Article Number  (Transfer from (Extra Fee)	☐ Yes
(Transfer from service 7002 0860 0003 4743 9670	<u> </u>
Domestic Return Receipt	
U.S. Postal Service	102595-02-M-0
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Sent To  DE ANDA FRANK A  321 SPRUCE ST  OF PORT OF FARMINGS	DE LE
Street Ant A	712 TA <b>io.;</b> FARM.
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2002 April 2002	0, April 2002
/ A Total Society	o, April 2002.
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	γ
Complete items 1, 2, and 3. Also complete  A. Signature	, ,
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	☐ Agent ☐ Addressee
so that we can return the card to you.  B. Received by (Printed Name). C. D.	Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	9-01
D. Is delivery address different from item 1? If YES, enter delivery address below:	☐ Yes ☐ No
DE LEON EDITH 712 TAMARACK AVE	
FARMINGTON NM, 87401-6769	
3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt fo	or Merchandise
☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number 7002 0860 0003 4743 9687 (Transfer from service label)	<b>)</b>
PS Form 3811, August 2001 Domestic Return Receipt	102595-02-M-083



Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  A. Signature  A. Signature  A. Agent  A. Addressee  D. Received by ( Printed Name)  C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
DIXON JERRY EMEL 401 CONCHO DR FARMINGTON NM, 87401-6703	The fact that th
•	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Marsiel Horrisolation)	LO 0003 4743 9748 Return Receipt 102595-02-M-0835
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Covera  Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Sen DIXON JERRY EMEL Stree 401 CONCHO DR of P. FARMINGTON NM, 87401-6703  City, PSF	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)  Postmark Here  Postage \$  Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Sent To  DODSON MATTHEW AND MARIA A 1009 N BUTLER AVE FARMINGTON NM, 87401-6848  City, State, ZIP+ 4  PS Form 3800; Ap.
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  DODSON MATTHEW AND MARIA A 009 N BUTLER AVE ARMINGTON NM, 87401-6848	A. Signature  A. Signature  A. 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  Service Type  Certified Mail  Express Mail
4.	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number Transfer from service label) 7002 08	860 0003 4743 9755
Form 3811, August 2001 Domestic Return	n Receipt 102595-02-M-0835

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature Agent
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:   No
DRINKARD BOBBY C/O ESTRADA FRANCISCO AND PILAR	
718 POPLAR FARMINGTON NM, 87401-7401	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
(named the second test)	2890 0004 1770 0085
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-0835
U.S. Postal Service <sub>™</sub>	U.S. Postal Service
CERTIFIED MAILTM RECE	rage Provided
For delivery information visit our website at wy	ww.usps.com <sub>®</sub>
Postage \$	Postage \$
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(Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Here Restricted Delivery Fee
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DRINKARD BOBBY C/O ESTRADA FRANCISCO AND PILA 718 POPLAR	DUKE DAVID S AND GAIL S  Stree 446 EASY LIVING DR
FARMINGTON NM, 87401-7401	Stree 446 EASY LIVING DR or PC LAS CRUCES NM, 88005-8005
PSTOMPOOL	PS Fo structions
SENDER: COMPLETE THIS SECTION COMPL	
item 4 if Post if 1, 2, and 3. Also complete	ETE THIS SECTION ON DELIVERY
Print your name and address on the reverse	WAS Agent
or on the front if space permits.  B. Receive	ved by ( Printed Name)  C. Date of Delivery
Article Addressed to:     D. Is delivered.     If YES,	ery address different from item 1? Yes
446 EASY EIVING DR	S Va \
3. Service	indian de la companya del companya del companya de la companya de
S Begner	Mail D C.O.D
(Transfer from service recon / UU4 2A9D DDG)	d Delivery? (Extra Fee) ☐ Yes
PS Form 3811, August 2001 Domestic Return Receipt	
	102595-02-M-0835
	red Mail
2. Article Number (Transfer from service label) 7004 2890 0004	1770 6117
PS Form 3811, August 2007 Domestic Return Receipt	102595-02-M-0835
U.S. Postal Service <sub>™</sub>	
CERTIFIED MAIL BECEIPT	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage For delivery information visit our website at www.usp	For delivery information visit our website at www.usps.com
	SE OF CAUSE
Postage \$	Postage \$  Certified Fee
Hefurn Receipt Fee (Endorsement Required)	stmark Here Return Receipt Fee (Endorsement Required) Postmark Here
(Endorsement Required)	Restricted Delivery Fee (Endorsament Required)
DURAN DANNY G C/O NEWLON MARY	Tu Tot DURAN RAYMOND E
Street, Apr. 1300 BASIN RD	4900 POQUITA Sire FARMINGTON NM, 87402-7402
City, State, PS Form 38,50, out to 2007.	City,
occ neverse	PS Form 3000 June 2002
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
Print your name and address on the reverse so that we can return the card to your	XUM DUAN Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by ( Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No

SENDER: COMPLETE THIS SECTION.  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  EATON CHARLENE 2650 WEST BARBARA CIRCLE NUM 1 MEMPHIS TN. 38128-8128	A. Signature   Agent   Addressee   B. Received by ( Printed Name)   C. Date of Delivery   Agent   Addressee   D. Is delivery address different from item 1?   Yes   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)  PS Form 3811, August 2001  U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Insurance Cov. For delivery information visit our website at  Postage Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  SE EATON CHARLENE 2650 WEST BARBARA CIRCLE NU MEMPHIS TN, 38128-8128	U.S. Postal Service Provided CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Postage For delivery information visit our website at www.usps.com  Postmark Here  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Po  Total Po  ESPARZA BETTY R TRUST ESTATE  Sent Te COMMINION GUMARO ET UX
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiect 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	B. Received by ( Printed Name) C. Date of Delivery

Domestic Return Receipt

102595-02-M-0835

PS Form 3811, August 2001

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delig Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ☐ No **DURAN DANNY G** C/O NEWLON MARY 1300 BASIN RD **FARMINGTON NM, 87401-7401** 3. Service Type ☐ Express Mail ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 2890 0004 1770 **6**117 (Transfer from service label) PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835 U.S. Postal Service U.S. Postal Service™ CERTIFIED MAIL RECEIPT CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) (Domestic Mail Only; No Insurance Coverage Provided) Postage Postage Certified Fee Certified Fee ō Return Receipt Fee (Endorsement Required) Postmark Postmark Return Receipt Fee (Endorsement Required) Here Here Restricted Delivery Fee (Endorsement Required) 0 Restricted Delivery Fee -118 B2 4 4520 Total Post DURAN DANNY G Sent DURAN RAYMOND E Sent To C/O NEWLON MARY 4900 POQUITA Stre Street, Apt. 1300 BASIN RD orp. FARMINGTON NM, 87402-7402 or PO Box I FARMINGTON NM, 87401-7401 City, City, State, PS Form 38 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: **DURAN RAYMOND E** 4900 POQUITA **FARMINGTON NM, 87402-7402** 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 2890 0004 1770 0139

(Transfer from service label PS Form 3811, August 2001

Domestic Return Receipt

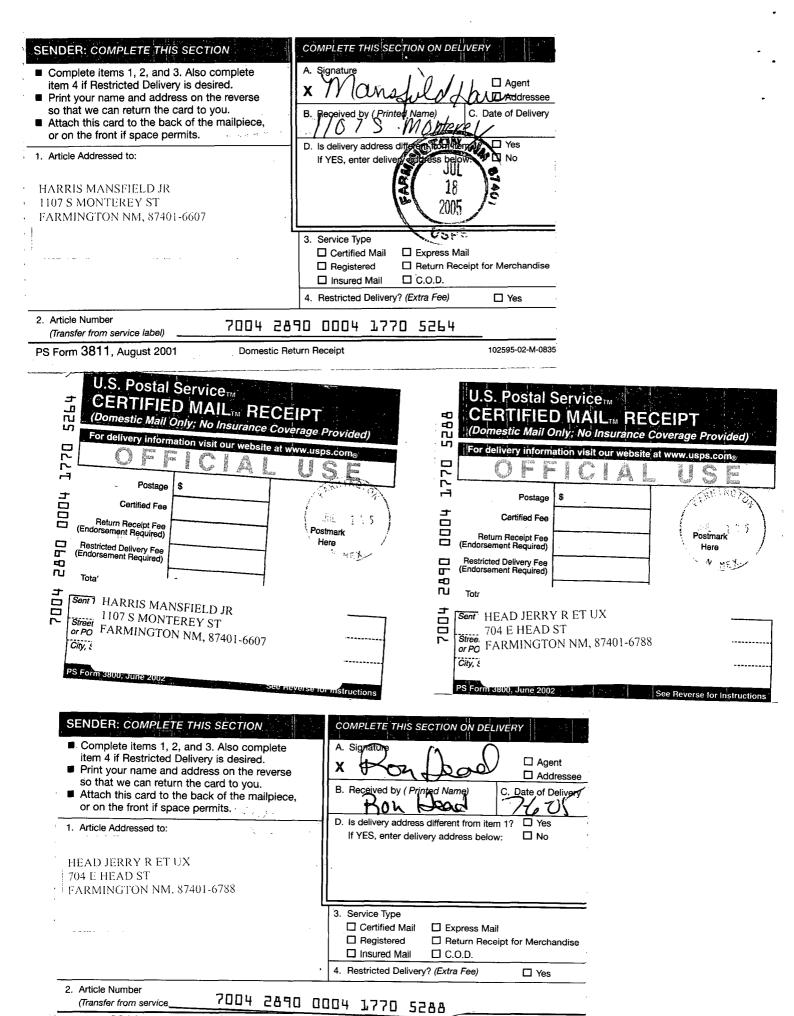
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  A. Signature  Adgent  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:
FRANK LILLIAN AND MATTHEW S 613 POPLAR FARMINGTON NM, 87401-7401	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)  PS Form 3811, August 2001  Domestic Re  U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Inst For delivery information visit out Postage Central Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Tote Tote  Serie FRANK LILLIAN AND 613 POPLAR or PC FARMINGTON NM, 874 City.  PS Form Service Inst CERTIFIED MAIL (Domestic Mail Only; No In	RECEIPT  Jrance Coverage Provided)  Website at www.usps.com  Postmark  Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
ESTRADA FRANCISCO SAUL ET UX 718 POPLAR FARMINGTON NM, 87401-6660	3. Service Type  Certified Mail
2. Article Number 7004 2890	
(Transfer from service i	eturn Receipt 102595-02-M-0835
U.S. Postal Service TM CERTIFIED MAIL TM RECE (Domestic Mail Only; No Insurance Cov. For delivery information visit our website at w.  Postage  Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total P  Sent To ESTRADA FRANCISCO SAUL ET 718 POPLAR FARMINGTON NM, 87401-6660 City, Sta	Postmark Here  Restricted Delivery Fee (Endorsement Required)  (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  To
■ Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is d ■ Print your name and address or so that we can return the card to attach this card to the back of the or on the front if space permits.  1. Article Addressed to:  FITZGERALD SHANNON DA 2333 E HTH ST FARMINGTON NM, 87401-740	A. Signature  A. Signature  X  A. Signature  X  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
Article Number     (Transfer from service label)  PS Form 3811, August 2001	7004 2890 0004 1,770 4953  Domestic Return Receipt 102595-02-M-0835

■ Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desire. ■ Print your name and address on the so that we can return the card to yo. ■ Attach this card to the back of the mor on the front if space permits.  1. Article Addressed to:  FOUR STATES COMMUNICATION 909 E MURRAY DR FARMINGTON NM, 87401-7201	mplete ad. reverse u. nailpiece,	A. Signatu  X  B. Receive  D. Is delive	ed by ( Print	ted Name) different from ery address be	E. Date	Agent Addressee of Delivery Cores No		•
		☐ Reg ☐ Insu 4. Restric	ified Mail istered red Mail ted Delivery	☐ Express ☐ Return R ☐ C.O.D.	eceipt for M	Merchandise		
Article Number     (Transfer from service label)	7004	2890	0004	1770 4	960	-		
PS Form 3811, August 2001	Domestic Re	turn Receipt			102	2595-02-M-0835		
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  For Four States Communications 909 E MURRAY DR FARMINGTON NM, 87401-7201		G>	7 4000 0685 4002	Restricted De (Endorsement Endorsement End	ertified Fee eceipt Fee Required) elivery Fee Required)	AND BLANG	401	Postmark Here
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  RIAS DANIEL AND BLANCA 20 E SPRUCE	A. Sign	ature  (WOO)  eived by (Pd	Movement for State of	C. Day	Agent Address te of Delive Yes No	<del></del>		
Article Number  Transfer from service label)  7004		ice Type ertified Mail egistered isured Mail ricted Deliver	C.O.E y? (Extra Fe	n Receipt for I ). ee) [	Merchandis ☐ Yes	se		

Domestic Return Receipt

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102595-02-M-0835

PS Form 3811, August 2001 Domestic Return Receipt

© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return 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  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 7004 2890 0004 1770 5295 (Transfer from service I————————————————————————————————————	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	<b>-</b> 5
U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.comb  Postage Certified Fee Endorsement Required)  Restricted Delivery Fee Endorsement Required)  Restricted Delivery Fee Endorsement Required)  Total F  Total F  Rem TC HEAD MARTHA A  Sireet, Apr. N. 1824 S BUTLER AVE TO POBON N. FARMINGTON NM, 87401-7401  Sireet, Sireet, Apr. N. FARMINGTON NM, 87401-7401  City, State, Z	Coverage Provided) te at www.usps.com 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:  HEFNER JULIA A 511 1/2 CONCHO DR FARMINGTON NM, 87401-6765  3. Service Type Certified Mail Registered Insured Mail Registered Insured Mail Registered Insured Mail Restricted Delivery? (Extra Fee)	Delivery
2. Article Number (Transfer from service labe 7004 2890 0004 1770 5318	<del></del>

Domestic Return Receipt

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete A. Signature ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse みとしゅんとし ☐ Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, Jon RHervera -11-01 or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No HERRERA DON R ET UX 809 SYCAMORE ST FARMINGTON NM, 87401-6669 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 7004 2890 0004 1770 0177 (Transfer from service lab PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835 U.S. Postal Service™ U.S. Postal Service TM CERTIFIED MAILT RECEIPT CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided) (Domestic Mail Only; No Insurance Coverage Provided) RMINGTON Postage \_ Certified Fee Certified Fee $\overline{\Box}$ Postmark Postmark Return Receipt Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) Here 1 MEX Restricted Delivery Fee (Endorsement Required) MEX Restricted Delivery Fee (Endorsement Required) 40 202 П Total Postage & Fees Total Postage & Fees Sent To Sent To HERRERA WILLIAM P 己 HERRERA DON R ET UX Street, Apt. No 1211 S MONTEREY 809 SYCAMORE ST or PO Box **FARMINGTON NM, 87401-6609 FARMINGTON NM, 87401-6669** City, State, City, State, Zi PS Form 3 PS Form 380 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address 1. Article Addressed to: If YES, enter deli-☐ No HERRERA WILLIAM P 1211 S MONTEREY **FARMINGTON NM, 87401-6609** 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 7004 2890 0004 1770 0184 (Transfer from servic

Domestic Return Receipt

102595-02-M-0835

PS Form 3811, August 2001

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Why R. and Jern a,  Jerna Just  ASIgnature  X   Gard   Agent   Addressee  B. Beceled by Printed Name)   C. Date of Delivery  C. Date of Delivery  B. Beceled by Printed Name)   C. Date of Delivery  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No  ASIGNATURE  ASIGNATURE  Why Restricted Delivery  ASIGNATURE
2. Article Number 7002 0860 0003 4743 8710 (Transfer from service) 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.coms  OFFICE Postage Provided)  Postage Certified Fee Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To HERRON JOHN R AND FERN A TRUST of PO Box N City, State, 2  PS Form 380  U.S. Postal Service M RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  For delivery information visit our website at www.usps.coms  Postage Postage Provided)  For delivery information visit our website at www.usps.coms  For delivery information visit our website at www.usps.coms  For delivery information visit our website at www.usps.coms  Postage Postage Provided)  For delivery information visit our website at www.usps.coms  For deliver
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return 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  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.    Insured Mail   C.O.D.   Yes   Restricted Delivery? (Extra Fee)   Yes

Domestic Return Receipt

<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>HOLGUIN DAVID J</li> <li>HISS BLUFFVIEW AVE</li> <li>FARMINGTON NM, 87401-7401</li> </ul>	A. Signature  X Agent Addressee  B. Received by (Printed Name)  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 Registered Return Receipt for Merchandise  Insured Mail C.O.D.
(maisier from service to	4. Restricted Delivery? (Extra Fee)
U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.come  Postage \$  Certified Fee Postmark  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. City, Stafe, ZIP4  PS Form 3800.	Postage \$ Certified Fee
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  JACQUEZ ANTOLINO 1 ET UX 1424 S BUTLER FARMINGTON NM, 87401-6739	A. Signature  X  A. Signature  X  A. Signature  X  A. Signature  X  A. Signature  Addressee  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  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> ACQUEZ DILIA 424 S BUTLER	B. Received by ( Printed Name) C. Date of Delivery  D. I. A. D. W. C. D.  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
FARMINGTON NM. 87401-6739	3. Service Type  Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
Article Number 7004 2890	1 0004 1770 4106
	ic Return Receipt 102595-02-M-0835
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees  Sent To  JACQUEZ DILIA Street, Apr. No.; or PO Box No.  City, State, ZiP+4  PS Form 3800, J	PS Form 3800, Jun.
Complete items 1, 2, and 3. Also confitem 4 if Restricted Delivery is desired.  Print your name and address on their so that we can return the card to you.  Attach this card to the back of the major on the front if space permits.  1. Article Addressed to:  JACQUEZ FELIX 704 E SPRUCE ST FARMINGTON NM, 87401-6662	nplete A. Signature d. Peverse
· · · · · · · · · · · · · · · · · · ·	3. Service Type  Certified Mail

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete A. Signature ☐ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. ate of Delivery B. Reseived by (Printed Name) Attach this card to the back of the mailpiece, 1-6-06 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: JACQUEZ FRANKIE D ET AL 1424 S BUTLER **FARMINGTON NM, 87401-6739** 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 2890 0004 1770 4120 (Transfer from service PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835 U.S. Postal Service U.S. Postal Service CERTIFIED MAIL RECEIPT CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) (Domestic Mail Only; No Insurance Coverage Provided) 1770 RITING 703 Postage 000 000 Certified Fee Certified Fee Return Receipt Fee (Endorsement Required) Return Receipt Fee (Endorsement Required) **Postmark** Here 2890 Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) YES MEK 28. Total Postage & Fees | \$ Total Postage & Fees \$ 7004 700 Sent To Sent To JACQUEZ FRANKIE D ET AL Street, Apt. No.; JACQUEZ KRISTI O 1424 S BUTLER 808 E SPRUCE or PO Box No. or PO Box No. City, State, ZIP-4 FARMINGTON NM, 87401-7401 City, State, ZIP+4 FARMINGTON NM, 87401-6739 PS Form 3800, Ju PS Form 3800, Jur SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address toolow. O No JACQUEZ KRISTI O 808 E SPRUCE **FARMINGTON NM, 87401-7401** 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 7004 2890 0004 1770 4137

PS Form 3811, February 2004

(Transfer from servic.

Domestic Return Receipt

<ul> <li>SENDER: COMPLETE THIS SECTION.</li> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>JACQUEZ TONY I C/O PENN MABEL P O BOX 3833 FARMINGTON NM, 87499-3833</li> </ul>	A. Signature  X. Mullica   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery    Addressee   Address different from Item 1?   Yes   If YES, enter delivery address below:   No    Addressee   Address different from Item 1?   Yes   If YES, enter delivery address below:   No    Agent   Addressee   Addressee   No    Service Type   Yes   No    Agent   Addressee   Addressee   No
2. Article Number 7004 2890 000	<u> 1770 4144                              </u>
(Transfer Hoff) Se	eturn Receipt 102595-02-M-1540
U.S. Postal Service  CERTIFIED MAIL  (Domestic Mail Only; No Insurance Coverage F  For delivery information visit our website at www.usp  Postage  Certified Fee  Return Receipt Fee	Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  JAQUEZ UBALDO ET UX Sirset, Apri No., or PO Box No. City, State, ZiP+ FARMINGTON NM, 87401-3011
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return 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	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
FARMINGTON NM, 87401-3011	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

PS Form 3811, February 2004  Domestic Return Receipt  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com.  Postage S  Certified Fee Return Receipt Fee (Endorsement Required)  Return Receipt Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Postage S  Certified Fee Return Receipt Fee (Endorsement Required)  Return Receipt Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Postage S  Certified Fee Return Receipt Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Postage S  Certified Fee Return Receipt Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Certified Fee Return Receipt Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Postage S  Contribed Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Postage S  Contribed Fee (Endorsement Required)  For delivery information visit our website at www.usps.com.  Postage S  Contribed Fee (Endorsement Required)  Postage S  Total Postage a Fees S  Simit 76  Simit 7ac Nov. City State, 2942:  For Desk No. 310 PIMA AVE  Complete This SECTION  Section 3000, in  SENDER: COMPLETE This SECTION  A Signsture  Complete items 1, 2, and 3, Also complete items 4 if Restricted Delivery desired.  Print your name and address on the reverse so that we can return the card to you.  A Attach this card to the back of the mailplece, or on the front if space permits.  1. Article Addressed to:  1. Article Addressed below:  1. Article Addressed below:  No  Complete items 1, 2, and 3, Also complete items 4 if Restricted Delivery desired.  Postage S  Postage S  Complete items 1, 2, and 3, Also complete items 4 if Restricted Delivery desired.  Postage S  Post	JOHNSON GERRY J ET AL C/O WRIGHT ELTON L ET UX 1625 SILVER ST FARMINGTON NM, 87401-7401 USPS	A Signature  A Signature  A Signature  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No  Service Type  Certified Mail
PS Form 3811, February 2004  Domestic Raturn Receipt  U.S. Postal Service To CERTIFIED MALL TO RECEIPT (Connestic Mail Only, No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com.  Postage  Return Receipt Fee (Endorsenian Regular)  Total Postage & Fee  (Endorsenian Regular)  Total Postage & Fee  Serit 70  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or Po Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  or PO Box No.  JOHNSON GERRY J ET AL  Siniar Air No: CO WRIGHT ELTON L ET UX  Or PO Box No.  JOHNSO	2000 Additi	
U.S. Postal Service CERTIFIED MAIL. RECEIPT (Comestic Mail Only: No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  OFF CIA Service Receipt (Comestic Mail Only: No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  OFF CIA Service Receipt (Comestic Mail Only: No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  OFF CIA Service Receipt (Comestic Mail Only: No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  Certified Fee Rectified Fee	PS Form 3811 February	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Prostage \$  Certified Delivery fee (Endorsenent Required)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage & Footage)  For delivery information visit our website at www.usps.com  Postage & Conflicted State (Postage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage)  For delivery information visit our website at www.usps.com  Postage & Conflicted State (Postage)  For delivery information visit our website at www.usps.com  Postage & Conflicted State (Postage)  For delivery information visit our website at www.usps.com  Postage & Conflicted Delivery information visit our website at www.usps.com  Postage & Conflicted Delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage)  For delivery information visit our website at www.usps.com  Postage & Conflicted Delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage)  For delivery information visit our website at www.usps.com  OFFICIAL STATE (Postage)  F	Domestic Return	Receipt 102595-02-M-1540 ;
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailplece, or on the front if space permits.  1. Article Addressed to:  KENNEDY DELLAR A 310 PIMA AVE	CERTIFIED MAILTH RECE (Domestic Mail Only; No Insurance Cove For delivery information visit our website at w  Postage \$  Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Sent To  JOHNSON GERRY JET A Street, Apt. No.; C/O WRIGHT ELTON LE or PO Box No. 1625 SILVER ST  City, State, ZIP+4 FARMINGTON NM, 8740	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  Postage \$  Certified Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees  Sent To  Sireet, Apt No., or PO Box No. Or PO Box No. City, State, Zip-4  FARMINGTON NM, 87401-6717
3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Deliverý? (Extra Fee) Yes	<ul> <li>Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reveso that we can return the card to you.</li> <li>Attach this card to the back of the mailploor on the front if space permits.</li> <li>Article Addressed to:</li> <li>KENNEDY DELLAR A</li> <li>310 PIMA AVE</li> <li>FARMINGTON NM, 87401-6717</li> </ul>	A. Signature  X. Dellan O. Konnode Addressee  B. Received by (Printed Name) C. Date of Delivery  Dellan A. Kennode 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.
2. Article Number 7004 2890 0004 1770 4205  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	(Transfer from service label)	

## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, Jennifer Gardner or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: KENNEDY DELLAR A. C/O GARDNER WESLEY A 502 PIMA AVE FARMINGTON NM, 87401-6721 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 7004 2890 0004 1770 4212 (Transfer from service lab PS Form 3811, February 2004 102595-02-M-1540 Domestic Return Receipt U.S. Postal Service U.S. Postal Service ERTIFIED MAIL RECEIPT CERTIFIED MAIL RECEIPT ū (Domestic Mail Only; No Insurance Coverage Provided) (Domestic Mail Only; No Insurance Coverage Provided) Postage 4000 Certified Fee Certified Fee stmark Return Receipt Fee (Endorsement Required) ostmark Here Return Receipt Fee (Endorsement Required) Here 4 MEX MEXY Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) ā īŪ Total Postage & Fees Total Postage & Fees Sent To Sent To KENNEDY DELLAR A. LEWIS LEONA Street, Apt. No.: C/O GARDNER WESLEY A 1214 RANDOLPH RD Street, Apt. No.; or PO Box No. or PO Box No. **FARMINGTON NM, 87401-6628** 502 PIMA AVE City. State. ZIP+4 City, State, ZIP+4 **FARMINGTON NM, 87401-6721** PS Form 3800, Jun SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. **Date of Delivery** Attach this card to the back of the mailpiece. 4-9-05 or on the front if space permits. Is delivery address different from Item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: LEWIS LEONA 1214 RANDOLPH RD **FARMINGTON NM, 87401-6628** 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 PS Form 3811, February 2004

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**Domestic Return Receipt** 

7004 2890 0004 1770 4243

SENDER: COMPLETE THIS SECTION  ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  A. 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
LOPEZ FRANK A AND EVA M C/O ACOSTA OSVALDO AND IMELDA 813 PEACH ST FARMINGTON NM, 87401-7401	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number 7004 2890	4. Restricted Delivery? (Extra Fee)
U.S. Postal Service TO CERTIFIED MAIL MRECE (Domestic Mail Only; No Insurance Covered For delivery information visit our website at well and the control of	Postmark Here  Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees  Sent To  Sireet, Apri. No.; or PO Box No.  (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.come  Postmark Here  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  Sireet, Apri. No.; or PO Box No.
SENDER: COMPLETE THIS SECTION  ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  LOPEZ GUILLERMO ET UX 722 POPLAR FARMINGTON NM, 87/101-6660	A. Signature  X. Sunt for Printed Name)  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Vec.
2. Article Number (Transfer from service labs 7 0 4 28 5	103

Complete items 1, 2, and 3, Also complete item 4, 1, and	SENDER: COMPLETE THIS SECTION  ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return 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	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  7-9-65  C. Date of Delivery  7-9-65  C. Date of Delivery  Research delivery address below:  No  3. Service Type
Complete items 1, 2, and 3, Also complete item 4 if Festricted Delivery is desired.   Print your name and addressed to:   Complete items 1, 2, and 3, Also complete item 4 if Festricted Delivery is desired.   Print your name and addressed to:   Article Audressed to:   Complete items 1, 2, and 3, Also complete item 4 if Pestricted Delivery is desired.   Print your name and addressed of the maniplace, or on the front if space permits.     Article Audressed to:   Confidence   Print your name and addressed     Article Number (Frankfort) N.M. 87401-6660   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed   Print your name and addressed     Article Number (Frankfort) N.M. 87401-6660   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Article Number (Frankfort) N.M. 87401-6600   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name and addressed     Confidence   Print your name and addressed   Print your name a	<u></u>	Registered
CERTIFIED MAIL RECEIPT Comestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our vebsite at www.usps.comb  Postage \$  Certified Fee Postage \$  Certified Fee Readmin Receipt Fee (Endosement	(Transfer from service label) 7004 28	350 0004 1770 5028 102595-02-M-0835
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  □ Agent   Addressee   □ Received by (Printed Name)   C. Date of Delivery   □ Addressee   □ Received by (Printed Name)   C. Date of Delivery   □ Addressee   □ Received by (Printed Name)   C. Date of Delivery   □ Calle of Del	CERTIFIED MAIL TO RECEI (Domestic Mail Only; No Insurance Cover For delivery information visit our website at ww  Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Poe  FRY JAMES R AND GLORIA J C/O HARLESS REBECCA J Street, Api or PO Box FARMINGTON NM, 87499-7499 City, State	CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postmark Here  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postpace * Each &  Sent To GALLEGOS CARLOS ET UX 712 POPLAR or PO Box1 FARMINGTON NM, 87401-6660  City, State,
(Transfer from service label) 7004 2890 0004 1770 5035	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>GALLEGOS CARLOS ET UX 712 POPLAR</li> </ul>	A. Signature  X. Received by (Printed Name)   C. Date of Delivery  Romel A   Allegos   - O-(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.
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835	(Transfer from service label)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X S O 9 A PAgent
so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
, 1. Article Addressed to:	D. Is delivery address different from item 1? ' Yes  If YES, enter delivery address below: No
GALLEGOS ERNIE D AND GALLEGOS EDWARD L	
1203 S MONTEREY	
FARMINGTON NM, 87401-7401	
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7004 28	30 0004 1770 5042
PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-0835
U.S. Postal Service <sub>™</sub>	U.S. Postal Service <sub>™</sub> □ CERTIFIED MAIL <sub>™</sub> RECEIPT
பு CERTIFIED MAIL RECEIP	(Domestic Mail Only: No Insurance Coverage Provided)
(Domestic Mail Only; No Insurance Coverage	For delivery information visit our website at www.usps.com
For delivery information visit our website at www	USPS.COMB P OFFICIAL USE
JE OF TOA	The state of the s
Postage \$	Towards   Toward
Certified Fee	Certified Fee Postmark
Return Receipt Fee	Postmark Postmark Here Required Postmark Here
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Restricted Delivery Fee (Endorsement Required)	40
Total Pos	TU Total Post
GALLEGOS ERNIE D AND GALL	EGOS GARDNER JESSE W ET AL
Street, Ap 1203 S MONTEREY or PO Bo: FARMINGTON NM, 87401-7401	Street, Apt. FARMINGTON NM, 87401-6721
City, State	
PS Form 3800, June 2002	PS Form 3800, June 2002
<u> </u>	
SENDER: COMPLETE THIS SE	CTION COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Als	
item 4 if Restricted Delivery is a Print your name and address o	
so that we can return the card	to you. B. Received by ( Printed Name) C. Date of Delivery
Attach this card to the back of or on the front if space permits	
1. Article Addressed to:	D. Is delivery address different from item 1?
7	If YES, enter delivery address below: ☐ No
GARDNER JESSE W ET AL	
502 PIMA AVE	
FARMINGTON NM, 87401-672	
	3. Service Type
· · · · · ·	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
·	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)

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

2. Article Number

Domestic Return Receipt

7004 2890 0004 1770 5080

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece.</li> </ul>	A. Signature    Agent   Addressee
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
GARDNER RUSSELL LEE ET AL 502 PIMA AVE FARMINGTON NM, 87401-6721	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
0014	890 0004 1770 5097 eturn Receipt 102595-02-M-0835
U.S. Postal Service MAIL RECEIP  CERTIFIED MAIL RECEIP  (Domestic Mail Only; No Insurance Coverage)	(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.	For delivery information visit our website at www.usps.com  Postage \$  Postage \$
Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	Postmark Here  Return Receipt Fee (Endorsement Required)  Postmark Here
(Endorsement Required)	Restricted Delivery Fee (Endorsement Required)  Total
GARDNER RUSSELL LEE ET AL 502 PIMA AVE  Street, Api or PO Box  City, State,	Sent To GIRON SILAS S AND ELIZABETH J 584 HEAD ST Street, or POE City, St.
	verse for Instructions  PS Form 3800, June 2002  See Reverse for Instruction
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Elizabeth Biron  A. Received by (Printed Name)  ELizabeth Giron 7-13-05
1	Is delivery address different from item 1? ☐ Yes     If YES, enter delivery address below: ☐ No
GIRON SILAS S AND ELIZABETH J 584 HEAD ST FARMINGTON NM, 87401-7401	
	Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.
2. Article Number (Transfer from service label) 7004 2890	Restricted Delivery? (Extra Fee)
PS Form 3811, August 2001 Domestic Return F	

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece.  or on the front if space permits.  1. Article Addressed to:  GLOVER PAUL A ET UX 1120 RANDOLPH RD  FARMINGTON NM, 87401-6626  2. Article Number (Transfer from service label)  PS Form 3811, August 2001  Domestic Return Receipt  U.S. Postal Service Coverage Provided (Endorsement Required)  Domestic Mail Only; No Insurance Coverage Provided (Endorsement Required)  Domestic Mail Only; No Insurance Coverage Provided (Endorsement Required)  Domestic Mail Only; No Insurance Coverage Provided (Endorsement Required)  Postage \$  Certified Fee (Endorsement Required)  Total Per Service Total Coverage Provided (Endorsement Required)  Postage \$  Certified Fee (Endorsement Required)  Total Per Service	
Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  GLOVER PAUL A ET UX I120 RANDOLPH RD FARMINGTON NM, 87401-6026  2. Article Number (Transfer from service label)  PS Form 3811, August 2001  Domestic Return Receipt To MAIL II. RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Cardided Fee  Return Receipt Fee (Endorsement Required)  Cardided Fee  Redurn Receipt Fee (Endorsement Required)  Replacement Required)  For delivery information visit our website at www.usps.comp  For delivery information visit our website at www.usps.comp  Replacement Required)  Total **  Service Type   Certified Mail   Express Mail   Receipt Fee (Endorsement Required)   Ves  U.S. Postal Service III   Certified Fee   Return Receipt   Receipt Fee (Endorsement Required)   Receipt Fee (Endorsement Requi	
so that we can return 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  2. Article Number (Finalse from service label) PS Form 3811, August 2001  Domestic Return Receipt PT (Domestic Mail Only), No Insurance Coverage Provided) (Opmestic Mail Only), No Insurance Coverage Provided) (Opmestic Mail Only), No Insurance Coverage Provided) (Opmestic Mail Only), No Insurance Coverage Provided) (Protein Cartified Fee Return Receipt Information visit our website at www.usps.comb For delivery information visit our website at www.us	
1. Article Addressed to:  GLOVER PAUL A ET UX   1120 RANDOLPH RD   FARMINGTON NM, 87401-6626  3. Service Type   Certified Mail   Express Mail   Receipt for Merchandise   Return Receipt for Merchandise   Receipt for Merchandise   Return Receipt for Merchandise   Re	
120 RANDOLPH RD	
Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   C.O.D.	
2. Article Number (Transfer from service label)  PS Form 3811, August 2001  Domestic Return Receipt  U.S. Postal Service CERTIFIED MAIL MRECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  For delivery information visit our website at www.usps.coms  Postage  Postage  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage Service Receipt Fee (Endorsement Req	
U.S. Postal Service CERTIFIED MAIL IN RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.coms  Postage \$  Certified Fee Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total 7  Total 7  Sent To GLOVER PAUL A ET UX 1120 RANDOLPH RD  Service Return Receipt Fee (Endorsement Required)  Total 7  Sent To GLOVER PAUL A ET UX 1120 RANDOLPH RD  Service Return Receipt Fee (Endorsement Required)  Total 7  Sent To GLOVER PAUL A ET UX 1120 RANDOLPH RD  Sireet, FARMINGTON NM, 87401-7401  Sireet, Apr. FARMINGTON NM, 87401-7401  Service Return Receipt Fee (Endorsement Required)  Total 7  Sent To GOMEZ RICHARDO 302 TAOS AVE Sireet Apr. FARMINGTON NM, 87401-7401	
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.coms  Postage \$  Certified Fee Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total r  Sent To GOVER PAUL A ET UX 1120 RANDOLPH RD  Siriest. Apt. FARMINGTON NM, 87401-6626  City; State,  CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  For	
PS 50(0) 50(0) 50(0) 52(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0) 54(0)	10 1.5
F3 F0III 3600, Julie 2002. See Heverse 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.  COMPLETE THIS SECTION ON DELIVERY  A. Signature  Magent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address disease from item 1?  Yes	
GOMEZ RICHARDO 302 TAOS AVE FARMINGTON NM, 87401-7401	
3. Service Type  Certified 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 2690 0004 1770 5134           PS Form 3811, August 2001         Domestic Return Receipt	

	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  GORDON TIMITHY LEE ET AL 408 SPRUCE FARMINGTON NM, 87401-6634	A. Signature    Agent   Agent   Addressee
	2. Article Number (Transfer from service label)	890 0004 1770 5189
	PS Form 3811, August 2001 Domestic Ref	
7004 2890 0004 1770 5189	U.S. Postal Service Mall RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postage  Certified Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  To GORDON TIMITHY LEE ET AL  Seer. 408 SPRUCE  FARMINGTON NM, 87401-6634  or I  Cit.  PS Form 3800, June 2002  See Reverse for Instruction	For delivery information visit our website at www.usps.come  Postage \$  Certified Fee    Return Receipt Fee (Endorsement Required)   Postmark   5    Here    Restricted Delivery Fee (Endorsement Required)   Postmark   5    Here    To    Sent HARRIS CHARLES H   1303 S BUTLER AVE   Sire FARMINGTON NM, 87401-6647   Oily,
	SENDER: COMPLETE THIS SECTION  ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return 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	B. Piscelived by (Printed Name) C. Date of Delivery
		☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
	Article Number     (Transfer from service label)	4 2890 0004 1770 5257
	PS Form 3811, August 2001 Dome	estic Return Receipt 102595-02-M-0835

Υ,

© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return 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  3. Service Typ □ Certified □ Register □ Insured 4. Restricted	Mall Pepress Mall red Return Receipt for Merchandise Mail C.O.D.  Delivery? (Extra Fee) Yes
(Transfer from service labe) PS Form 3811, February 2004 Domestic Return Receipt	102595-02-M-1540
U.S. Postal Service in CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website of the service of the servic	Return Receipt Fee (Endorsement Required)
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return 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 BIG HYDRO PLANT RD, FARMINGTON, NASTYOI  2. Article Number (Transfer from service labe)	A Signature  A Signature  A Signature  A Signature  A 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  A Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, August 2001

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  MACE RICK W ET UX C/O TICE DOLLIE BABE 1218 RANDOLPH RD FARMINGTON NM, 87401-7401	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  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  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
(Transfer from service label) 7004 28	390 0004 1770 4328
	eturn Receipt 102595-02-M-1540
Total Postage & Fees \$  Sem To MACE RICK W ET UX C/O TICE DOLLIE BABE 1218 RANDOLPH RD FARMINGTON NM, 87401-7401	For delivery information visit our website at www.usps.com  Postage \$  Certified Fee   Postmark   Return Receipt Fee   (Endorsement Required)   Restricted Delivery Fee   (Endorsement Required)   Total Postage & Fees \$  Sent To   MAESTAS MAX AND JEAN   Street, Apt. No.: 801 E SPRUCE   FARMINGTON NM, 87401-6663
Complete items 1 2 and 2 4	MPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	Agent  Received by (Printed Name)  G. Date of Delivery
Article Addressed to:     D. Is	delivery address different from the
MAESTAS MAX AND JEAN 801 E SPRUCE FARMINGTON NM, 87401-6663	YES, enter delivery address below;
	Certified Mail
2. Article Number 7004 2890 00	163
PS Form 3811, February 2004 Domestic Return Rece	

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	If YES, enter delivery address below:
MAESTAS RICHARD ET AL 807 E SPRUCE ST FARMINGTON NM, 87401-6663	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number 7004 c	2890 0004 1770 4342
(Transfer from service label) PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
U.S. Postal Service™ CERTIFIED MAIL™ RE	
For delivery information visit our website  Postage  Postage  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees  Sent To  MAESTAS RICHAR Street, Apt. No.; or PO Box No. City, State, ZIP+4  FARMINGTON NM	Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Postmark Here  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  MAEZ GENARO AND ROSALIE E  Street, Apt. No.; or PO Box No. FARMINGTON NM, 87401-7401
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits.  Article Addressed to:  MAEZ GENARO AND ROSALIE E 402 TAOS AVE FARMINGTON NM, 87401-7401	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address helpow.  No
	Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Deliverý? (Extra Fee)
2. Article Number 7004	2890 0004 1770 4359
PS Form 3811, February 2004 Dome	estic 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	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  Restricted Delivery? (Extra Fee)  Yes
2. Article Number 7004 289	0 0004 1770 4366
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Property of the Certified Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  MANGUM RALPH L Sirest, Apt. No.; Or PO Box No.  City, State, Zipt.  BLOOMFIELD NM, 87413-2521  PS Form 3800.	(Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postage  Certified Fee  Return Receipt Fee  Return Receipt Fee
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature    Agent   Addressee     B. Baccived by (Printed Name)   C. Date of Delivery
MANZANARES FRANCIS A ET UX 303 OURAY AVE FARMINGTON NM, 87401-6708	in 120, enter delivery address below; 12 No
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Deliver?? (Extra Fee) ☐ Yes
2. Article Number 7004	4. Restricted Delivery? (Extra Fee)

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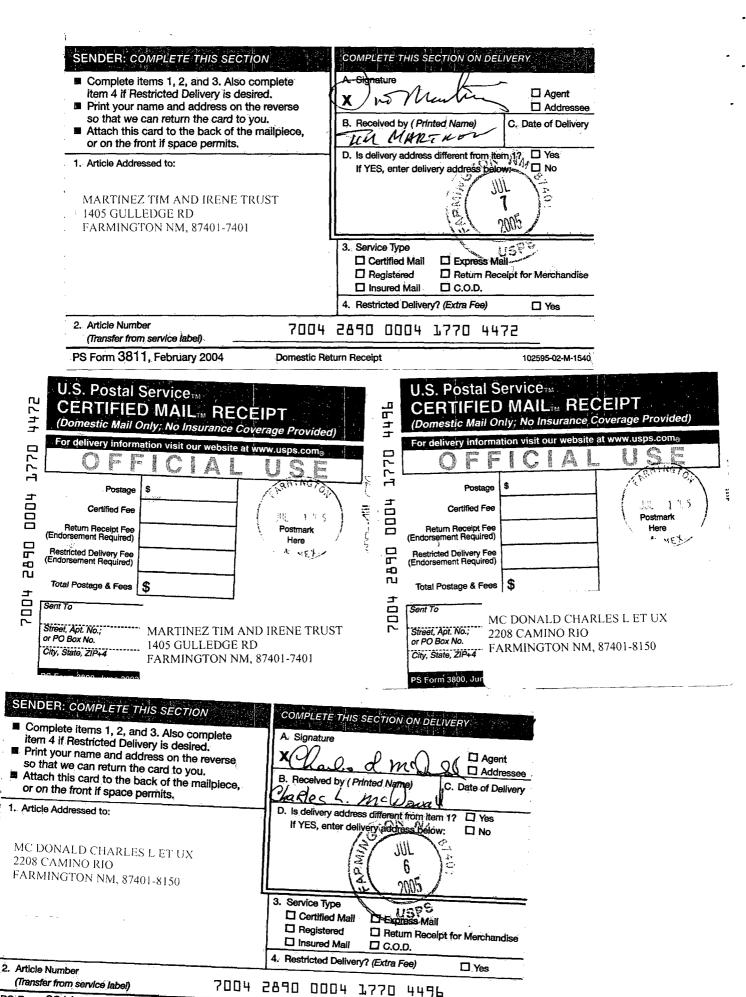
PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.  Article Addressed to:  MARQUEZ TOMAS ET UX 203 W TYCKSEN FARMINGTON NM, 87401-6153	A. Signature    Agent   Addressee     Addressee   Addressee     B. Received by (Printed Name)   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 Mall ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 28	90 0004 1770 4380
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only: No Insurance Coverage For delivery information visit our website at www.us  Postage \$  Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Sent To  MARQUEZ TOMAS ET UX 203 W TYCKSEN FARMINGTON NM, 87401-615  PS Form 3809, Jun  SENDER: COMPLETE THIS SECTION	Provided)  Sps.com  For delivery information visit our website at www.usps.com  Postage  Postage  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees  Sent To  MARTIN PAULINE H  Sent To  MARTIN PAULINE H
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the revers so that we can return the card to you.  Attach this card to the back of the mailpier or on the front if space permits.  1. Article Addressed to:  MARTIN PAULINE H 1795 S BUTLER AVE FARMINGTON NM, 87401-6744	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)
PS Form 3811, February 2004	14 2890 0004 1770 4397
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Complete forms 1, 2, and 3, Also complete  Complete forms 1, 2, and 3, Also complete  So that we can return the card to you.  A Signature  Pirit your return desired to the back of the malipleon, or on the front if space permits.  A Afficia Advanced to:  A Afficia Advanc			Ç	
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For delivery information visit our website at www.usps.com  OFF G A SE  Postage S  Postage S  Corrided Fee  Return Receipt Fee  Return Return Fee  Return Receipt Fee  Return Return Receipt Fee  Return Return Return Return Retu				
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Return Receipt Fee   Redunder Required   Return Receipt Fee   Return Receipt Fee   Reducement Required   Restricted Delivery Res	Certified Fee			
Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  MARTINEZ ALBERTO  Sitest Apt No.:  Of PO Box No.  City, State, 2842 ALBUQUERQUE NM, 87184-0398  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.  Complete Addressed to:  MARTIN Z MARY E  P O BOX :0398  ALBUQUERQUE NM, 87184-0398  3. Service Type  Gradent insured Mail  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  MARTINEZ MARY E  Sent To  MARTINEZ MARY E  P O BOX :0398  ALBUQUERQUE NM, 87184-0398  3. Service Type  Gradent insured Mail  Restricted Delivery (Extra Fee)  Pesting the property of the Martine Receipt for Merchandise insured Mail  Restricted Delivery (Extra Fee)  Ves	Return Receipt Fee	Postmark		1 1
Total Postage & Fees \$  Sent To  MARTINEZ ALBERTO  of PO Box No.  OF State Apr. No.:  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 mailplece, or on the front if space permits.  1. Article Addressed to:  MARTIN. Z MARY E  P O BOX 10398  ALBUQUERQUE NM, 87184-0398  3. Service Type  Gendorsement Required  Total Postage & Fees \$  Sent To  Since Apit No.: P O BOX 10398  ALBUQUERQUE NM, 87184-0398  COMPLETE THIS SECTION ON DELIVERY  A Signature  A Si	Restricted Delivery Fee	As well	(Endorsement Required)	
Semi To Similar Additional Street Additional Str	<u>~</u>	8 1	(Endorsement Required)	
MARTINEZ ALBERTO 619 POPLAR FARMINGTON NM, 87401-6675  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front iff space permits.  1. Article Addressed to:  MARTINEZ MARY E PO BOX 10398  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front iff space permits.  1. Article Addressed to:  MARTINEZ MARY E PO BOX 10398  3. Service Type Coetfield Mail Registered Return Receipt for Merchandise Co.D.  3. Service Type Registered Return Receipt for Merchandise Registered Return Receipt for Merchandise Co.D.  4. Restricted Delivery? (Extra Fee) Ves			Total Postage & Fees \$	magazini manadan ana ana ana ana ana ana ana ana a
SERVIDER: COMPLETE THIS SECTION:  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.  1. Article Addressed to:  MARTIN: Z MARY E P O BOX 13398  ALBUQUERQUE NM, 87184-0398   COMPLETE THIS SECTION ON DELIVERY  A Signature  X MARTINE DARKY E P O BOX 10398  3. Service Type    C Date of Delivery   Yes   If YES, enter delivery address below:   No   No   No   No   No   No   No   No	MARTINEZ ALBERTO		1	N. C. C. L. L. D. V. C.
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ALBUQUERQUE NM, 87184-0398  3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes	MARTIN Z MARY E			
3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes	TO BOA 10398 TALBUQUERQUE NM, 87184-0300	<b>}</b>		
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PS Form 3811, February 2004

Domestic Return Receipt



PS Form 3811, February 2004

Domestic Return Receipt

<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>MC NEELY NAOMI RUTH 1119 GRAHAM RD FARMINGTON NM, 87401-7251</li> <li>Article Number</li> </ul>	A. Signature    Agent
(Transfer from service label)	14 2890 0004 1770 4519 
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
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■ Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is d ■ Print your name and address or so that we can return the card t ■ Attach this card to the back of tor on the front if space permits.  1. Article Addressed to:  MC NEELY WILLIAM PREST 1119 S GRAHAM RD FARMINGTON NM, 87401-72	A. Signature    Signature
	☐ 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 0016
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.  Article Addressed to:  MC NELEY JAMES K AND GRACE ANNA TRUST 18102 CR G CORTEZ CO, 81321-1321	A Signature  X
;	3. Service Type  Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, February 2004 Domestic Rev  U.S. Postal Service TM  CERTIFIED MAIL TM RECEIPT  (Domestic Mail Only; No Insurance Coverage Pr	U.S. Postal Service RECEIPT CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps  Postage  Certified Fee  Return Receipt Fee (Endorsement Required)	For delivery information visit our website at www.usps.coms  Postage \$  Certified Fee   Postmark    Return Receipt Fee   (Endorsement Required)    Restricted Delivery Fee   (Endorsement Required)    Total Postage &  Sent To   MERCADO GABRIEL ET UX   1421 TORY DR   Street, Apt. No.; or PO Box No.   FARMINGTON NM, 87401-6754   City, State, ZIP+4
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MERCADO GABRIEL ET UX 1421 TORY DR FARMINGTON NM, 87401-6754	A. Signature    A. Signature   Addressee
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PS Form 3811, February 2004 Domestic	Return Receipt

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1. Article Addressed to:		ess different from item 1?	
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2. Article Number	4. Restricted Deli		
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Restricted Delivery Fee (Endorsement Required)  Total Postage	Here MED	Restricted Delivery Fee (Endorsement Required)	
Sent To MIHELICH JIMMY WP O BOX 1993  Street, Apt. No. FARMINGTON NM. 8  or PO Box No.  City, State, ZIP.	37499-1993	Sireet, Apt. No.; or PO Box No. City, State, ZIP+4  MIHELICH JIM ET A C/O TEVERBAUGH 77 CR 6480 KIRTLAND NM, 874	GAYLE B TRUST
PS/Form 3800, April 2002		PS Form 3800, Jul	
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Attach this card to the back of or on the front if space permits.	the mailpiece,	d by Printed Name) C. Date of Delivery	
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MIHELICH JIM ET AL C/O TEVERBAUGH GAYLE B 77 CR 6480	TRUST	(JUL -6 2005)	
KIRTLAND NM, 87417-7417	3. Service ☐ Certi		
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PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	

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T. Article Addressed to:  MONTOYA ELISAIDA ET AL 1407 BILUFFYEW OR PARMINGTON NM, \$7401-7401  2. Article Number (manufer from service label)  PROPERTY OF THE CONTROLLED TO SERVICE STATE OF TH	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X VI MO L. BOAGO Addressee  B. Received by (Printed Name)  C. Date of Delivery
Contribut Mail   Represe Mail   Receipt of Marchandise   Return Receipt of Marchandise   Return Receipt of Marchandise   Receipt   Return Re	1. Article Addressed to:  MONTOYA ELISAIDA ET AL 1407 BLUFFVIEW DR	
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1407 BLUFFVIEW DR   FARMINGTON NM, 87401-7401   Street, Apt. No.; or PO Box No.   City, State, ZiP+	(Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & '	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & r
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mallplece, or on the front if space permits.  1. Article Addressed to:  MONTANO PAUL ET UX PO BOX 5078 BERNALILLO NM, \$7004-7004  Service Type  A Signature  A S	1407 BLUFFVIEW DR  Street, Apt. No.: FARMINGTON NM, 87401-74  City, State, ZIP+	P O BOX 5078  Street, Apt. No.; RERNALILLO NM, 87004-7004  or PO Box No.  City, State, ZIP+ 4
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mallplece, or on the front if space permits.  1. Article Addressed to:  MONTANO PAUL ET UX P O BOX 5078 BERNALILLO NM, 87004-7004  3. Service Type		
MONTANO PAUL ET UX P O BOX 5078 BERNALILLO NM, 87004-7004  3 Service Type F Servified 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 9830	<ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallplec</li> </ul>	B. Received Dy (Printed Name)  C. Date of Delivery
3. Service Type  Servified Mail	MONTANO PAUL ET UX P O BOX 5078	If YES, enter delivery address below:   No
2. Article Number (Transfer from service label) 7002 0860 0003 4743 9830	· · · · · · · · · · · · · · · · · · ·	Gertified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
	(Transfer from service label)	7002 0860 0003 4743 9830

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1. Article Addressed to:  MULLINS CAROLYN J AND JAMES A PO BOX154 POINT BEANK TX, 77364-7364	If Yi	ES, enter delivery address below. On No
		vice Type Certified Mail
(Transfer from service label) 7002	Peturn Rece	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	Na.	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided).
	SmE	OFFICIAL USE
Postage \$ Certified Fee	L 175	Postage \$
Restricted Delivery Fee (Endorsement Required)  Total Postage & Foce	ark 94 McJu	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees
Sent To  MULLINS CAROLYN J AND JAMES PO BOX 154 POINT BLANK TX, 77364-7364  City, State, ZIP+	A	Street, Apt. No.; or PO Box No. FARMINGTON NM, 87401-7401  City, State, ZIP- 4
PS Form 3800, April 2005	nstructions	PS Form 3800, A See Reverse for Instructions
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverso that we can return the card to you.</li> <li>Attach this card to the back of the mailple or on the front if space permits.</li> </ul>	rse	A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Folia M. (A.O. Y.) 2 (1.0.2
Article Addressed to:		D. Is delivery address different from item 1?
MUNOZ FELIX 1017 ACACIA ST FARMINGTON NM, 87401-7401		
		3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
·		4. Restricted Delivery? (Extra Fee)

PS Form 3811, February 2004

2. Article Number (Throst Form service labed) PS Form 3811, February 2004 Domestic Return Recept 100595-02-M-1540  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)  Protage 8  Certified Fee Postage 8  Cortified Fee Postage 8  Cortified Fee Postage 9  Postage 100 Postage	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return 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, 87401-6069	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. 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  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)
U.S. Postal Service CERTIFIED MAIL 'RECEIPT (Domistic Mail Only, No Insurance Coverage Provided)  Postage  Postage Certified Fee Contified Fee		0 0003 4743 9915
CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)  Postage  Postage  Certified Fee  Return Receipt Fee Prodorsement Required)  Total Postage & Fe Prodorsement Required)  Total Postage & Fe Prostage  Return Receipt Fee Prodorsement Required)  Total Postage & Fe Prostage  Return Receipt Fee Prodorsement Required)  Total Postage & Fe Prostage  Return Receipt Fee Prodorsement Required)  Total Postage & Fe Prostage  Return Receipt Fee Prodorsement Required)  Total Postage & Fe Prostage  Return Receipt Fee Prodorsement Required)  Total Postage & Fe Total Po		n Receipt 102595-02-M-1540
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return 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  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) 7709 3220 0002 7608	CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)  Postage  Postage  Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fer-  Sent To NELSON JUNE Street, Apt. No.; or PO Box No.  City, State, ZIP+ 4	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Article Sent To:  Postage \$  Certified Fee   Postmark   Return Receipt Fee   Endorsement Required)   Restricted Delivery Fee   Endorsement Required)   Total Postage & Fees   Name (Please Pri NEWLON MARY A. C/O HARMON DONNA K AND DOUGLAS 5765 US 64  FARMINGTON NM, 87401-7401
Certified Mail	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>NEWLON MARY A.</li> <li>C/O HARMON DONNA K AND DOUGLAS 5765 US 64</li> </ul>	A Signature  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  DOUG HARMOU  7-7-05  D. Is delivery address different from Item 1?   Yes
(Transfer from service label) 1709 3220 0002 7608		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
TELL CONTRACT LA CONTRACTOR CONTRACTOR CONTRACTOR PROCESSOR STOCK CONTRACTOR	(Transfer from service label) 1/09 32	

Print your name and address on the reverse so that we can return 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 MAR: A 1300 BASIN RD FARMINGTON NM, \$7401-8104  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)  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage F	Provided)
Article Sent To:  Article Sent To:  Article Sent To:	AINO
Postage \$  Certified Fee   Certified Fee   Postage \$  Certified Fee   Posta	tmark
Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  (Endorsement Required)	tereMEX.
Total Postage & Fees S  Name (Please Print NewLon Mary A 1300 BASIN RD FARMINGTON NM, 87401-8104  City, State, ZIP+ 4  PS Form 3800, June  Total Postage & Fees S  NORTON CLEO ET AL 511 CONCHO DR FARMINGTON NM, 87401-6765	ภ <b>ะ</b> แอน นอนกับไอ้
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.	_
1. Article Addressed to:  NORTON CLEO ET AL 511 CONCHO DR FARMINGTON NM, 87401-6765	
3. Service Type  Certifled Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes	<del>-</del>
2. Article Number (Transfer from service label) 7599 3220 0002 8979 9615 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return 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 FARMING FON NM, 87401-6749	A   Signature
(Transfer from service label)	220 0002 9639 sturn Receipt 102595-02-M-1540
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Covera  Article Sent To:  Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Name (Please Prir NORTON ROBERT K ET AL Street, Apt. No.; o 515 TAOS AVE FARMINGTON NM, 87401-6	Postage \$  Postmark Here Here Endorsement Required) Total Postage & Fees  Name (Please Print to Street, Apt. No.; or F)  Street, Apt. No.; or F  Street, Apt. No.; or F  Street, Apt. No.; or F  Article Sent lo:  Postmark Here Framing Total Postage & Fees  Street, Apt. No.; or F  FARMINGTON NM, 87499-0165
SENDER: COMPLETE THIS  Complete items 1, 2, and 3. item 4 if Restricted Delivery Print your name and address so that we can return the ca Attach this card to the back or on the front if space perm  1. Article Addressed to:  OFF HAROLD C AND PHY P O BOX 165	Also complete is desired. So on the reverse and to you. of the mailplece, hits.  D. is delivery address different from item 1? Yes if YES, enter delivery address below:
2. Article Number (Transfer from service label) PS Form 3811. February 2004	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 mailplece or on the front if space permits.  Article Addressed to:  ORTEGA EMILIO AND IRMA 1213 S BUTLER AVE FARMINGTON NM, 87401-7401	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label) 7 0 0	12 0860 0003 4743 8222
	estic Return Receipt 102595-02-M-1540
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Co	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  Postage  Postage  Certified Fee  Postmark
Return Receipt Fee	Postmark Here Return Receipt Fee Here Restricted Delivery Fee
Restricted Delivery Fee (Endorsement Required)	TU Total Pophage Proc
Sent To ORTEGA EMILIO AND IRM 1213 S BUTLER AVE Street, Apt. No.; FARMINGTON NM, 87401- or PO Box No. City, State, ZIP+	605 PIMA AVE
omplete items 1, 2, and 3 item 4 if Restricted Deliver Print your name and addreso that we can return the call Attach this card to the back or on the front if space per	A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to:  OWENS GERRY WET UX 605 PIMA AVE	<b>)</b>
FARMINGTON NM, 87401	
	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  Restricted Delivery? (Extra Fee)
2. Article Number	
PS Form 3811, February 200	
	I DECISION INTO TOPIC

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return 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	A. Signature  X. R. 1 P. PAMPL  B. Received by (Printed Name)  D. Is delivery address different from ite If YES, enter delivery address belo  3. Service Type  Certified Mail Registered Return Rec Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)	Agent Addressee C. Date of Delivery m 1?  Yes	
2. Article Number (Transfer from service label) 7002	0860 0003 4743 8	284	
PS Form 3811, February 2004 Domestic Ret	urn Receipt	102595-02-M-1540	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Covera  Postage  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  Sent To PAYAN MARTIN RAYMUNDO A Street, Apt. No or PO Box No. FARMINGTON NM, 87401-7401 City, State, ZIP PS Form 3800.	ge Provided)  CERT (Dome  Postmark Here  Return (Endorseme  Restricted (Endorseme	FARMINGTON NM	nce Coverage Provided)  Postmark AHere N JR ET UX
SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpor on the front if space permits.  1. Article Addressed to:  PALOMINO RAMON JR ET UX 1001 TAMARACK FARMINGTON NM, 87401-7285	B. Beceived by Printed  B. Beceived by Printed  D. Is delivery address differing the printed of	Agent Addresse Name) C. Date of Deliver	
O Add No.		C.O.D.	-  
2. Article Number	7007 0410 000		

(Transfer from service label) PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7002 0860 0003 4743 8260

1		: :
SENDER: COMPLETE THIS SEC  Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is complete items and address of so that we can return the card to the back of or on the front if space permits.  Article Addressed to:	A. S desired. In the reverse to you. Ithe mailpiece, D. Is	ignature  Agent Addressee leceived by (Printed Name) C. Date of Delivery Address different from Item 1? YES, enter delivery address below:
PATTERSON MAYELA 2707 SPENCER DR FARMINGTON NM, 87401-7  2. Article Number (Transfer from service label) PS Form 3811, February 2004		celpt 102595-02-M-1540
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insura)  End Of FC A		0 E 1 C A
Postage \$  Certified Fee    Return Receipt Fee (Endorsement Required)    Restricted Delivery Fee (Endorsement Required)    Total Postage    PATTERSON MAYEL 2707 SPENCER DR FARMINGTON NM, 87 or PO Box Ne City, State, Z.	Postmark Here  4 7401-7401	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage * Face (Endorsement Required)  Sent To PINEDA VICTOR MET AL  700 TAMARACK  Street, Apt. No or PO Box No  City, State, Zii  PS Form 3800. April 200.
SENDER: COMPLETE T  Complete items 1, 2, ar item 4 if Restricted Deli Print your name and ac so that we can return the Attach this card to the or on the front if space  1. Article Addressed to:	nd 3. Also complete ivery is desired. Idress on the reverse he card to you, back of the mailpiece,	A. Signature  X. C. C. C. Proc. C. Agent  B. Received by (Printed Name)  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
PINEDA VICTOR M E 700 TAMARACK FARMINGTON NM, 8		3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Deliverý? (Extra Fee)
Article Number     (Transfer from service lab)     PS Form 3811, February	7	1860 0003 4743 8274 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	Addressee	
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Pfinted Name)  C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
RAYMOND THOMAS ET UX		
502 OURAY AVE		
FARMINGTON NM, 87401-6713	Lo Contro True	
	3. Service Type  ☐ Certified Mail ☐ Express Mail	
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
Article Number (Transfer from service label) 7002	0860 0003 4743 8314	
. S Form 3811, February 2004 Domestic Re	Return Receipt 102595-02-M-15	
ு. U.S. Postal Service	U.S. Postal Service CERTIFIED MAIL RECEIPT	
CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Covera		vided)
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Return Receipt Fee	Restrict Receipt Fee Here (Endorsement Required)	FJ:07
Restricted Delivery Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	
Ti Total Postage & F	TU Total Postage / REAL ESTATE CORP OF REAL ESTATE CORP NO 16	,
RAYMOND THOMAS ET UX 502 OURAY AVE		
Street, Apt. No.; FARMINGTON NM, 87401-671 or PO Box No.	or PO Box No. ALBUQUERQUE	
City, State, ZIP+ 4	City, State, ZIP+ 4  PS Form 3800, April 2002 Sec Reverse for In	structions
PS Form 3800, April 2002		344040113
SENDER: COMPLETE THIS	SECTION COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3.		
item 4 if Restricted Delivery Print your name and address	ss on the reverse	
so that we can return the ca Attach this card to the back or on the front if space perm	k of the mailpiece,	
Article Addressed to:	D. Is delivery address different from item 1? Yes	
REAL ESTATE CORP OF	in 120, onto dolivery address below.	
LOCAL UNION NO 16 1030 SAN PEDRO NE		
· ALBUQU <b>ER</b> QUE NM, 87110	10-6722 <b>3. Service Type</b>	
<u> </u>	Certified Mail	
	☐ Insured Mail ☐ C.O.D.	
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes	
(Transfer from service label)	7002 0860 0003 4743 8321	
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 mailplece or on the front if space permits.  Article Addressed to:  RESECKER LEO 404 OURAY AVE FARMINGTON NM, 87401-4600	B. Received by ( Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?
(Transfer from service labely	
U.S. Postal Service. CERTIFIED MAIL-RECEIPT (Domestic Mail Only: No Insurance)  Postage Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Street, Apt. No. or PO Box No. City, State, Zip. PS Form 3800.	Postage \$  Certified Fee    Return Receipt Fee    Cendorsement Required    Restricted Delivery Fee    Cendorsement Required    Restricted Delivery Fee    Cendorsement Required    Restricted Delivery Fee    Restricted Delivery Fee    Robber    Rob
SENDER: COMPLETE TH  Complete items 1, 2, and item 4 if Restricted Delive Print your name and add so that we can return the Attach this card to the base or on the front if space p  1. Article Addressed to:  ROBLES MAXIMILIANO 4208 BECKLAND DR FARMINGTON NM, 8740	A. Signature  A. Signature  X  A. Signature  Addressee  B. Received by (Printer, Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
2. Article Number	☐ Certifled Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes  7002 0860 0003 4743 8406

102595-02-M-1540

PS Form 3811, February 2004

Complete item 4 if F Print your so that w Attach thi or on the  SANCHEZ 300 TAOS	BENNY B	B. Received by D. Is delivery a If YES, enter	address different from ite er delivery address belo	C. Date of Delivery  m 17   Yes	
		☐ Certified ☐ Register ☐ Insured  4. Restricted	red Return Rec	elpt for Merchandise	
	om service label)	002 0860 0	003 4743 88	519 102595-02-M-1540	
명명 (Domestic N E h 스 ) 등	MAIL RECEIPT  Initial Only: No insurance Coverage  Itage \$  IFee ulred)  Fees \$  SANCHEZ BENNY B  300 TAOS AVE FARMINGTON NM, 87401-6723	Postmark Here	Postage Certified Fee Return Receipt Fee (Endorsement Required Total Postage & Feed Sent To  Street, Apt. No.;	MAIL RECEIPT Only; No Insurance  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Postmark Here  87401-7401
	SENDER: COMPLETE THIS SE  Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address of so that we can return the card Attach this card to the back of or on the front if space permits  Article Addressed to:  SANCHEZ TAMMY SUZZTT ET AL 2700 FOX ST FARMINGTON NM, 87401-74	Iso complete desired. on the reverse to you. If the mailpiece, s. TE ATENCIO	A. Signature  X Lona  B. Received by (Prin	mted Name) — C. Da  Here C. Da  Gifferent from item 1?  Grey address below:    Express Mail   Return Receipt for   C.O.D.	Agent Addressee Ite of Delivery Yes No

	<ul><li>■ Print your so that we</li><li>■ Attach this</li></ul>	items 1, 2, a estricted De name and a can return s card to the ront if spaceressed to:  JOSEPH 1 CE	and 3. Also livery is de- ddress on the card to back of the permits.	complete sired. the reverse you.	A. Signa X. B. Rece D. S. C. D. Is del	iture  ived by	IIS SECTION ON  A SULPHINE MARINE)  A GRAND A	C/Di	☐ Agent ☐ Address ate of Delivir			
· ·		- ·			□ R	ertified egistére sured N	Mail D Expres	Receipt for	Merchand	ise		
	2. Article Num (Transfer fro	ber m service lab	e()	700	15 0960	00	03 4743	EEBB		•		
-	PS Form 38	11, Februar	y 2004 '	Domestic	Return Receip	t		10	)2595-02-M-1	540		
m	U.S. Postal So CERTIFIED (Domestic M	MAILRI	ECEIPT o Insurano	se Coverage F	Provided)	8840	U.S. Postal S CERTIFIEI (Domestic I	D MAIL			verage Provided)	
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3660	Return Receipt I Indorsement Requi lestricted Delivery I Indorsement Requi	Fee			imark ere 463-	0860	Return Receipt (Endorsement Req Restricted Deliven (Endorsement Req	uired)			Postmark Here,	<i>†</i>
Still or City			CE	• • •		7005	Total Postage &  Sent To  Street, Apt. No.; or PO Box No.  City, State, ZIP+ ( PS Form 3800.)	SANDO C/O BE 602 N E	OVAL OC NAVIDE XECUTI IFIELD N	UDAM	ET UX C/O 1 G ET UX	— 1
		■ Comple item 4 if ■ Print you so that the Attach to	te items 1, Restricted ar name and we can return his card to be front if sp	7E THIS SECTI 2, and 3. Also of Delivery is des d address on the rn the card to y the back of the ace permits.	complete ired. ne reverse		A. Signature  B. Received by (  D. Is delivery add if YES, enter d	Printed Nau	ne)	Ad Ad C. Date of	<u>65</u>	
		C/O BEN 602 N EX	AVIDEZ A ECUTIVE	VIO ET UX C ADAM G ET U DR , 87413-7413			3. Service Type  Certified Ma  Registered Insured Mai  Restricted Deliv	Re C.C			-	
		2. Article Nu	mber om service la	abel)	7007		40 0003			☐ Yes		
	<b>-</b>	PS Form 38					Receipt	4743	040	102595-02	-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     Received by (Printed Name)   C. Date of Delivery   John Scapellini
1. Article Addressed to:  SCARPELLINI JOHN 1111 GRAHAM RD FARMINGTON NM, 87401-7401	D. Is delivery address different from Item 1?  If YES, enter delivery address below:  No  87401  3. Service Type  Certified Mail Registered Registered Refulation from Item 1?  Viscontinuous No  Registered Refulation from Item 1?  Viscontinuous No  Registered Registered
	☐ Insured Mall ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
(material norm portion labely	O860 0003 4743 8857
PS Form 3811, February 2004  U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Cove	U.S. Postal Service CERTIFIED MAIL RECEIPT
Postage \$ Certified Fee   Return Receipt Fee (Endorsement Required)   Restricted Delivery Fee (Endorsement Required)   Total Postage & Fees   Sent To   SCARPELLINI JOHN   Street, Apt. No. or PO Box No.   City, State, ZiP,   PS Form 3800.	Postmark Here YE  Postmark Here YE  Postmark Here YE  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees  SCHILZ ARLIN M ET UX  Street, Apt. No.; 1601 CAMINO RIO or PO Box No. FARMINGTON NM, 87401-7401  City, State, ZIP+ 4  PS. Form 3800, A
SENDER: COMPLETE THIS  Complete items 1, 2, and 3. item 4 if Restricted Delivery  Print your name and address so that we can return the ca  Attach this card to the back or on the front if space perm  1. Article Addressed to:	A Signature A Signature A Signature A Signature A Signature A Signature A C Date of Delivery A A Signature A C Date of Delivery
SCHILZ ARLIN M ET UX 1601 CAMINO RIO FARMINGTON NM, 87401-7	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Deliverý? (Extra Fee) Yes
Article Number     (Transfer from service label)  PS Form 3811, February 2004	7002 0860 0003 4743 8864 4 Domestic Return Receipt 102595-02-M-1540

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SENDER: COMPL	ETE THIS SECTION	COMPLETE THIS SE	CTION ON DELIVERY	AT POST	
Complete items item 4 if Restricte Print your name as that we can re-	, 2, and 3. Also complete ed Delivery is desired. and address on the reverse sturn the card to you. o the back of the mailpiece,	A. Signature  X  B. Received by (Print  John 5  D. Is delivery address	ed Name) C. Date of	Agent Addressee  of Delivery	
Article Addressed to SELPH JOHN F E	ET UX	If YES, enter delive	and appress below	No .	
701 E SPRUCE S FARMINGTON N	T NM, 87401-6661	3. Service Type  Certified Mail Registered	Express Mail Return Receipt for Me	erchandise	
		☐ Insured Mail 4. Restricted Deliver	C.O.D. y? (Extra Fee)	Yes	
2. Article Number (Transfer from serv	ICO IEL.,	360 0003 474		15-02-M-1540	
PS Form 3811, Fe	bruary 2004 Domestic P	letom receipt			
U.S. Postal CERTIFII	Service ED MAIL RECEIPT Mail Only: No Insurance Cov	erage Provided)		MAIL RECEIPT	nce Coverage Provided)
0 F	FIGIAL	LESTING TO	12 O F F	GIA	L Lande E
=	ostage \$	( JUL 175	Postage		Jan 1 7 5
Return Rece	eipt Fee equired)	Postmark ME Here	Réturn Receipt Fee (Endorsement Required		Postmark Here ME
Restricted Deliv (Endorsement R	equired)		(Endorsement Required	<b>A</b>	-
Sent To  Street, Apt. No or PO Box No.	FARMINGTON NM, 87401	-6661	Street Act No.	SERRANO AMALI. 209 PEACH ST FARMINGTON NM	
City, State, ZIP PS Form 3800		<u></u>	PS Form 3800, Ap.	-	ecc including in manactions
	SENDER: COMPLETE TH	[100][100][1][1][1][1][1][1][1][1][1][1][1][1][1]		ECTION ON DELIVER	Y
	<ul> <li>Complete items 1, 2, and item 4 if Restricted Delive</li> <li>Print your name and add so that we can return the</li> </ul>	ery is desired. ress on the reverse	A. Signature/		☐ Agent ☐ Addressee
	<ul> <li>Attach this card to the ba or on the front if space p</li> </ul>	ck of the mailpiece,	B. Received by (Pri	nted Name) C. [	Date of Delivery
	Article Addressed to:	Sillino.	D. Is delivery address	s different from item 1? very address below:	☐ Yes ☐ No
	SERRANO AMALIA TRU 709 PEACH ST FARMINGTON NM, 8740				· · · · · · · · · · · · · · · · · · ·
			3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail	☐ Express Mäll ☐ Return Receipt f ☐ C.O.D.	or Merchandise
	O Asial Mark		4. Restricted Delive	ry? (Extra Fee)	□_Yes
	Article Number     (Transfer from service label)		0860 0003 47	743 8888	·
	PS Form 3811, February 2	004 Domestic	Return Receipt		102595-02-M-1540

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits.  1. Article Addressed to:  SHORTHAIR ANNIE 1409 GULLEDGE RD FARMINGTON NM, 87401-7213	A. Signa  Werse  D. Is del  If YES  3. Servi	Agent Addressee  Ived by (Printed Name)  C. Date of Delivery  Address different from item 1?  Yes S, enter delivery address below:
Article Number     (Transfer from service label)	7002 08	60 0003 4743 8925
PS Form 3811, February 2004	Domestic Return Receip	t 102595-02-M-1540
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Cov	erage Provided)	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
GOFFICIAL		FOFFICIALUSE
Postage \$	nt 115 )	Postage \$
Certified Fee	Postmark	Certified Fee Postmark
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Restricted Delivery Fee (Endorsement Required)  Total Postage & Fr		Restricted Delivery Fee (Endorsement Required)  TU Total Postage & Fee
Sent To SHORTHAIR ANNIE 1409 GULLEDGE RD FARMINGTON NM, 87401 City, State, ZIP+ 4		Sent To SILVA ALFREDO 313 N MONTEREY FARMINGTON NM, 87401-7401  City, State, ZIP+ 4
PS Form 3800, April 2002	everse rol insuriouous	PS Form 3800, Abril 2002
■ Complete items 1, 2, and 3 item 4 if Restricted Delivery i ■ Print your name and address so that we can return the cal ■ Attach this card to the back or on the front if space perm	Also complete s desired. on the reverse d to you. of the mailplece,	A. Signature  X. Carmen Solve Agent  B. Received by (Printed Name)  C. Date of Delivery  Carmen Solve 7-29-00
1. Article Addressed to:		D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
SILVA ALFREDO 313 N MONTEREY FARMINGTON NAI, 87401-	7401	3. Service Type  ☐ Certified Mail ☐ Express Mail
		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number		4. Restricted Delivery? (Extra Fee)
(Transfer from service la,	7002 086	0 0003 4743 8949
PS Form 3811, February 2004	Domestic Ret	urn Receipt 302595.02.M.1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature  X. Phil Smith.	☐ Agent☐ Addressee
so that we can return the card to you,  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by ( Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from ite If YES, enter delivery address belo	w. TNo
SMITH VICKI R AND PHILLIP L 1705 S MILLER AVE FARMINGTON NM, 87401-7401	WARNING AND	NGTON NEW
	3. Service Type  Certified Mail Registered Return Rec Insured Mail	ceipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number 7004 2890	0004 1770 5332	
PS Form 3811, February 2004 Domestic Re	tum Receipt	102595-02-M-1540
U.S. Postal Service™ CERTIFIED MAIL™ (Domestic Mail Only; No Insural		
For delivery information visit our we	bsite at www.usps.com®	
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Certified Fee  Return Receipt Fee (Endorsement Required)	Apstmark Here	
Restricted Delivery Fee (Endorsement Required)	- A 45	
TU Total Postage	ſ	
Sent To SMITH VICKI R AN 1705 S MILLER AV or PO Box No. City, State, ZIP4	E	
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	A Signature  A Signature  B Received by (Printed Native)  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)
	0860 0003 4743 8956
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
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	For delivery information visit our website at www.usps.com
Postage \$  Certified Fee   Postmark    Resturn Receipt Fee   Cendorsement Required    Restricted Delivery Fee   Cendorsement Required    Total Postage & Fees   \$	Postage \$  Certified Fee   Postmark   Postmark   Postmark   Per    Return Receipt Fee (Endorsement Required)   Restricted Delivery Fee (Endorsement Required)   Postmark   Postm
SINGLETON SHERMAN AND HELEN C/O RADFORD SUE OF PO BOX No. of PO BOX No. City, State, ZIP.  FARMINGTON NM, 87499-2001  PS Form 3800.	Sent To SOLANO ARTHUR T TRUSTEES 1111 1/2 GRAHAM RD Street, Apt. No., or PO Box No. City, State, ZIP4  PS Form 3800, June 2002  See Reverse for Instructions
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Agent  B. Received by (Printed Name)  D. Is delivery address different from item 1?   COMPLETE THIS SECTION ON DELIVERY  Agent  C. Date of Delivery  J. J. Dom  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:  SOLANO ARTHUR T TRUSTEES 1111 1/2 GRAHAM RD FARMINGTON NM, 87401-7251	If YES, enter delivery address below:
· · · · · · · · · · · · · · · · · · ·	3: Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7004 2890	1 0004 1770 5349
PS Form 3811, February 2004 Domestic Re	

<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallplece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>T AND H INSULATION AND METAL SUPPLY</li> <li>C/O TADCO INC</li> <li>P O BOX 46</li> <li>FARMINGTON NM, 87499-7499</li> </ul>	A. Signature  X. Agent Addressee  B. Received by/(Printed Name)  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  3. Service Type  Certified Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Transfer from service label)  700 4	2690 0004 1770 5387
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
U.S. Postal Service MCERTIFIED MAIL MRECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postage \$  Certified Fee Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & T AND H INSULATION AND METAL  Sent To SUPPLY C/O TADCO INC  Street, Apr. No.; or PO BOX No. City, State, ZIP+4  PS Form 3800, June 2002 See Reverse for Instruct	Postage \$  Certified Fee Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage  Total Postage  TERAN JAVIER R AND THERESA ETAL  Sent To TERAN JAVIER WAVE 1406 BLUFFVIEW AVE 1406 BLUFFVIEW AVE 1406 BLUFFVIEW AVE 175 FARMINGTON NM, 87401-7401  See Beverse for Instruction
Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired.  Print your name and address on the revision so that we can return the card to you.  Attach this card to the back of the mails or on the front if space permits.  1. Article Addressed to:  TERAN JAVIER R AND THERESA ET. 1406 BLUFFVIEW AVE FARMINGTON NM. 87401-7401	Agent D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
(Transfer from service label) PS Form 3811, February 2004	2870 <i>DDOY</i> 1779 5394 Domestic Return Receipt 102595-02-M-1540

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A. Signature
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	But Collabola Addressee  But Collabola C. Date of Delivery  Desus Villabola S. 15
	1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
	THURSTON BERNARD AND MARVA MARIE C/O LA ASCENCION LLC PO BOX 6724 FARMINGTON NM, 87499-7499	3. Service Type  Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.  Restricted Delivery? (Extra Fee) Yes
	2. Article Number (Transfer from service label) 700 4 28 97	On all 177
	(Transfer from service label) 700 9 28 70 PS Form 3811, February 2004 Domestic Re	
2890 0004 1770 5417	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.coms  Postage \$  Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Foos \$	For delivery information visit our website at www.usps.com  Postage \$  Certified Fee    Return Receipt Fee (Endorsement Required)    Restricted Delivery Fee (Endorsement Required)    Restricted Delivery Fee (Endorsement Required)
	THURSTON BERNARD AND MARVA MARIE  Street, Apt. No.; or PO Box No. City, State, ZiP4 PS Form 3800,	Total Postage & THURSTON KENNETH R  C/O TROXELL JIMMY  Street, Apt. No.; or PO Box No. FARMINGTON NM, 87401-6675  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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature
	<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  7-6
	1. Article Addressed to:	D. Is delivery address different from item 1?
	THURSTON KENNETH R C/O TROXELL JIMMY 611 POPLAR FARMINGTON NM, 87401-6675	
		3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 700 4 28	1103
	PS Form 3811, February 2004 Domestic Return	1000

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X (Mbel) ald 2 Agent Addressee
so that we can return the card to you.	B. Received by ( Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	Amber Valdez 6/17
or on the front if space permits.	D. Is delivery address different from Item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
·	
VALDEZ JAMES L ET AL	. $\mathscr{G}$
200 W 20TH ST	
FARMINGTON NM, 87401-7401	3. Service Type
	☐ Certified Mail ☐ Express Mall
A CONTRACTOR OF THE CONTRACTOR	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	<u> </u>
(Transfer from service label) 7004 789	PO 8004 1770 540279
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
U.S. Postal Service™	U.S. Postal Service™
© CERTIFIED MAIL™ RECEIPT	CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provi	(Domestic Mail Offly, No Insurance Governge Frontace)
For delivery information visit our website at www.usps.co	mo For delivery information visit dui website at www.dsp.com
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+ VALDEZ JAMES LET AL	Sent To VALDEZ PHILLIP A ET UX
200 W 20TH ST	1304 CAMINA VEOA
Street, Apt. No.; FARMINGTON NM, 87401-7401	Street, Apt. No.; FARMINGTON NIVI, O'TO BOX No.
City, State, ZIP+4	City, State, ZIP+4
PS Form 3800, June 2002 See Reverse to	PS Form 3800, June 2002 See Reverse for Instructions
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<u> </u>	。
<ul> <li>Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired.</li> </ul>	II A // / A Grant
Print your name and address on the reven	Se Addressee
so that we can return the card to you.  Attach this card to the back of the mailple	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? \(\sigma\)Yes
1. Article Addressed to:	If YES, enter delivery address below:
VALDEZ PHILLIP A ET UX	
1304 CAMINA VEGA FARMINGTON NM, 87401-7401	1
. 1711011111011011 11111, 8/401-/401	3. Service Type
	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.
2. Article Number	
(Transfer from service label) 700 4	2890 0004 1770 548b

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	A. Signature    Agent   Addressee
2. Article Number (Transfer from service label) 7004 Z	1890 0004 1770 35/b
U.S. Postal Service Mall Receipt Fee (Endorsement Required)  Postage Service Mail Only; No Insufance Coverage Provided)  Postage Postage Provided  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees Service Apt. No.; or PO Box No.  City, State, ZiP-4  PS Form 380  Domestic Return Receipt Fee (Endorsement Required)  Postage Postmark Here  Postmark Here	U.S. Postal Service Mail RECEIPT (Comestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postage \$  Certified Fee Return Receipt Fee (Endorsement Required)  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:  VARGAS SARAH C 1205 GRAHAM RD FARMINGTON NM, 87401-7253	B. Received by (Printed Name)   C. Date of Delivery   Sarah Baraus Sarah   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.
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domes	4. Restricted Delivery? (Extra Fee) Yes  4. Restricted Delivery? (Extra Fee) Yes  4. Restricted Delivery? (Extra Fee) 102595-02-M-1540

plete items 1, 2, and 3. Als 4 if Restricted Delivery is 6 your name and address o at we can return the card th this card to the back of the front if space permits a Addressed to:  AMANDA C LIEFVIEW DR	o complete desired. In the reverse to you. Ithe mailplece,	A. Signatur  X	d by (Printed And Printed And	ifferent from it y address bel  Express I Return R C.O.D.	C. Date of D	dressee Delivery 35	
I Service (abel)  I Only; No Insurance Covernation visit our website at (abel)  Fee (abel)	Postmark Here	20 Od etum Receipt 2 455 0221 h000 0692 h002	U.S. Po CERTI (Domestic For delivery Cert Return Re Endorsement F Restricted Del Endorsement I Total Postag Sent To Street, Apt. No or PO Box No.	stal Server FIED Mail Only; information Postage \$ iffed Fee Required Requir	IO2595 VICE THE R IAILTHIR R No Insurance Visit our webs	PHILLIP ET UX	mark size
SENDER: COMPLET  Complete items 1, 2 item 4 if Restricted I Print your name and so that we can retur Attach this card to to or on the front if spa  1. Article Addressed to:  VIGIL RAMON PHIL 1408 BLUFFVIEW D FARMINGTON NM,	, and 3. Also completed pelivery is desired. I address on the reventhe back of the mailprince permits.  LIP ET UX R 87401-7401	ete erse	B. Received  B. Received  Complete  A. Signatur  B. Received  Complete  Graph  Complete  Graph  A. Signatur  B. Received  Graph  Graph  A. Restricte  A. Restricte	Type fied Mail ged Mail ged Delivery?	Ferent from item address below	☐ Agent ☐ Addresse C. Date of Deliver 7 - 6 - 05 11? ☐ Yes y: ☐ No	<u>33.</u>
	cle tiems 1, 2, and 3. Als 4 if Restricted Delivery is a 4 we can return the card on the front if space permits a 4 Addressed to:  AMANDA C LUFFVIEW DR INGTON NM, 87401-740  INGTON NM, 87401-740  INGTON NM, 87401-740  I Service 1 Only; No Insurance Contraction visit our website at 1 only; No Insurance Contraction visit our websi	AMANDA C LUFFVIEW DR INGTON NM, 87401-7401  The service label)  The service labely label label)  The service label label label label)  The service	A. Signature  4 if Restricted Delivery is desired.  4 if Restricted Delivery is desired.  5 exercised at we can return the card to you.  6 in this card to the back of the mailplece, if the front if space permits.  7 and Zego  8 exercised at the card to you.  6 h this card to the back of the mailplece, if the front if space permits.  9 addressed to:  AMANDA C  LUFFVIEW DR  INGTON NM, 87401-7401  1 Service and a Restricted Delivery is desired.  1 And the service and a service	A Signature	A. Signature   A. S	A Signature  A Sig	A Significance   A Si

	■ Complete items 1, 2, and 3. item 4 if Restricted Delivery i ■ Print your name and address so that we can return the cal ■ Attach this card to the back or on the front if space perm  1. Article Addressed to:  VIGIL RAYMOND ET UX 1408 BLUFFVIEW DR FARMINGTON NM, 87401-	Also complete s desired. s on the reverse rd to you. of the mailpiece, its.	A. Signa X B. Rece Le D. Is del If YES	ived by (Printed b	ferent from Item address belov	☐ Agent☐ Address C. Date of Delive ☐ ☐ OS n 1? ☐ Yes v: ☐ No	ary
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For delive  For de	ostal Service TM RECEI TIFIED MAIL TM RECEI TIFIED MAIL TM RECEI THE MAIL Only; No Insurance Cover Try information visit our website at www The mail only; No Insurance Cover Try information visit our website at www The mail only; No Insurance Cover Try information visit our website at www The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only; No Insurance Cover Try information visit our website at www.  The mail only information visit our website at www.  The	PT age Provided)	[1955   For   Endo	Postage Certified Fee Return Receipt Fee Return Receipt Fee Resement Required ricted Delivery Fee resement Required at Postage & Food	D MALLA Only; No Institute of the state of t	RECEIF urance Covera r website at www	ge Provided)
Street, Apt. Nor PO Box No. City, State, Zi	i6.; FARMINGTON NM, 87401-7 2. 1 <del>1-4</del>	401	or PC City,		2 BLUFFVI	EW DR 1 NM, 87401-7	
rs Foliai sau	SENDER: COMPLETE THE Complete items 1, 2, and item 4 if Restricted Deliver Print your name and add so that we can return the Attach this card to the barrow or on the front if space possible.  Article Addressed to:  VIGIL REYES ET UX 1412 BLUFFVIEW DR FARMINGTON NM, 87401	d 3. Also complete ery is desired. Iress on the reverse e card to you. ack of the mailplece, ermits.	A. S. B. F. D. Is	Signature Signature Received by Production of the second state of	inted Name)	DELIVERY  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG	
				ervice Type Certified Mail Registered Insured Mail estricted Deliver	□ C.O.D.	Mail lecelpt for Mercha	andise
	Article Number     (Transfer from service label)     PS Form 3811, February 200	700 Y ZS 04 Domestic	90 g		770 S	102595-02-1	M-1540

<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>VON FAULKCILLA ET AL 2 CLEARVIEW DR SCARBOROUGH ME, 04074-4074</li> </ul>	A. Signature  X
2. Article Number  (Transfer from service label)  7004	700 100
(manerer mentioner)	Return Receipt 102595-02-M-1540
U.S. Postal Service Mall RECEIPT (Domestic Mail Only; No Insurance Coverage Pro For delivery information visit our website at www.usps.c	U.S. Postal Service Mail RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postage \$  Certified Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To  Street, Apt. No.; or PO Box No. 501 OURAY AVE  City, State, ZiP+ FARMINGTON NM, 87401-6712  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 mailpiec	A. Signature  A. Signature  B. Received by (Printed Name)
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
WABBINGTON ENIOUS ET UX 501 OURAY AVE FARMINGTON NM, 87401-6712	
	3. Service Type  Certified Mail Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes  7870 SSS 102595-02-M-1540

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FARMINGTON NM, 87499-0497	3. Service Type  Certified Mail  Express Mail
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(Transfer from service label) 7094 7 8 Domestic R	70 SESY 1770 SET 102595-02-M-1540
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WALTON GLEORA JOAN	→ Sent To
Sent To C/O CURRY CAROL P O BOX 497	WATSON JOHN W ET UX  Street, Apt. No.; C/O JARAMILLO SALVADOR ET UX
or PO Box No. FARMINGTON NM, 87499-0497	604 CHARLOFF
City, State, ZIP+4	FARMINGTON NM, 87401-8526  PS Form 3800.
PS Form 3800, June 2002 See Reverse for Inst	ructions gionn years,
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	4. Restricted Delivery? (Extra Fee)
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DO.5 0044 5	Domestic Return Receipt 102595-02-M-1540

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	2. Article Number ( <i>Transfer from service label</i> ) 7004 PS Form 3811, February 2004	2890 000 4 1770 5615  Domestic Return Receipt 102595-02-M-1540

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YAZZIE ALFRED ET UX 1505 BLUFFVIEW DR FARMINGTON NM, 87401-7401	3. Service Type
	☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3800, June 2002	

#### SYNERGY OPERATING

#### POSTAL RECEIPTS

and

RETURN RECEIPTS

Mailed July 7<sup>th</sup> and July 13<sup>th</sup>, 2005

**ORIGINAL** 

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. X ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by ( Rrinted Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: BP America Production Co. 501 Westlake Pourk Blud. Houston, TX 77079 3. Service Type **1** Certified Mail ☐ Express Mail ☐ Registered EReturn Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 2890 0004 1770 4533 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540

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Street, Apt. No.; or PO Box No.	Burnham City of FM Municipl Doz. JM 87401
PS Form 3800, June 2002	See Reverse for Instructions

#### 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

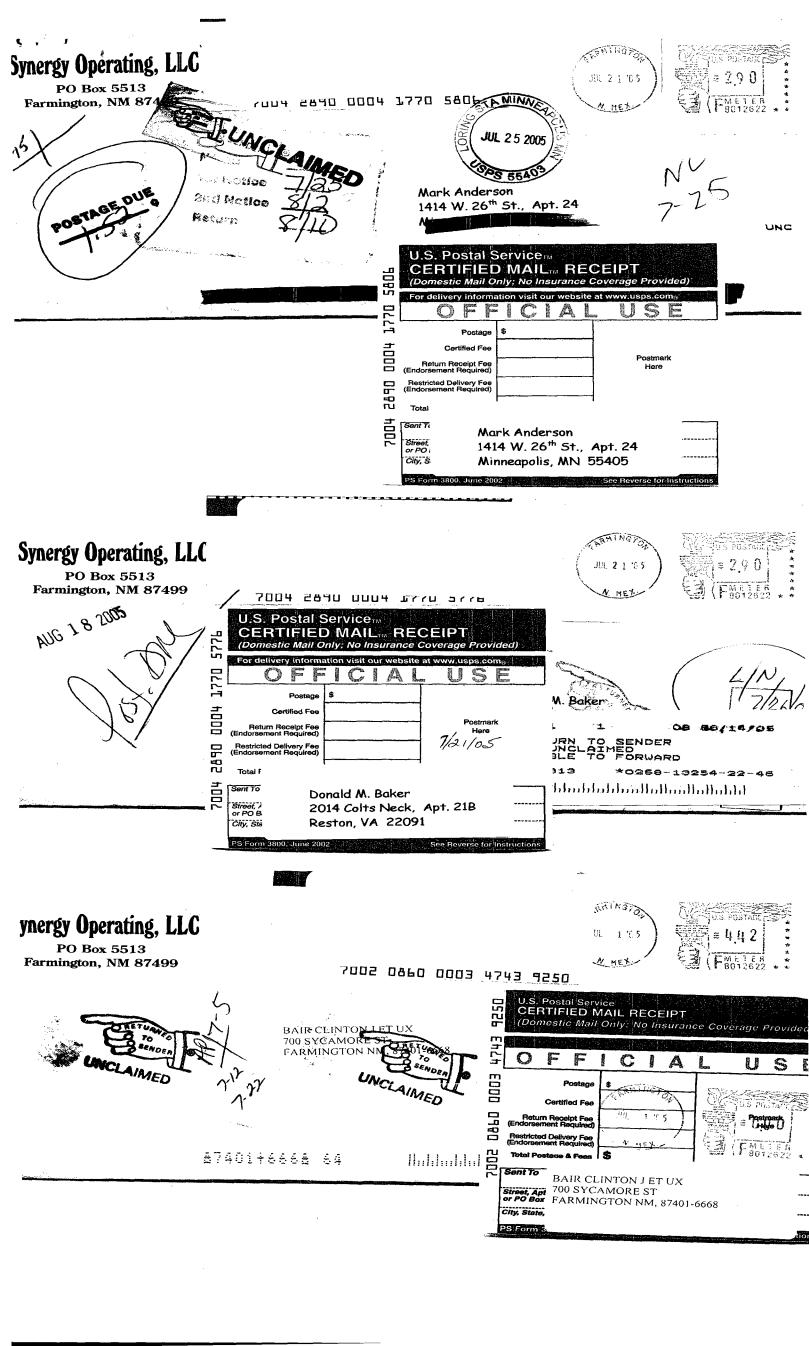
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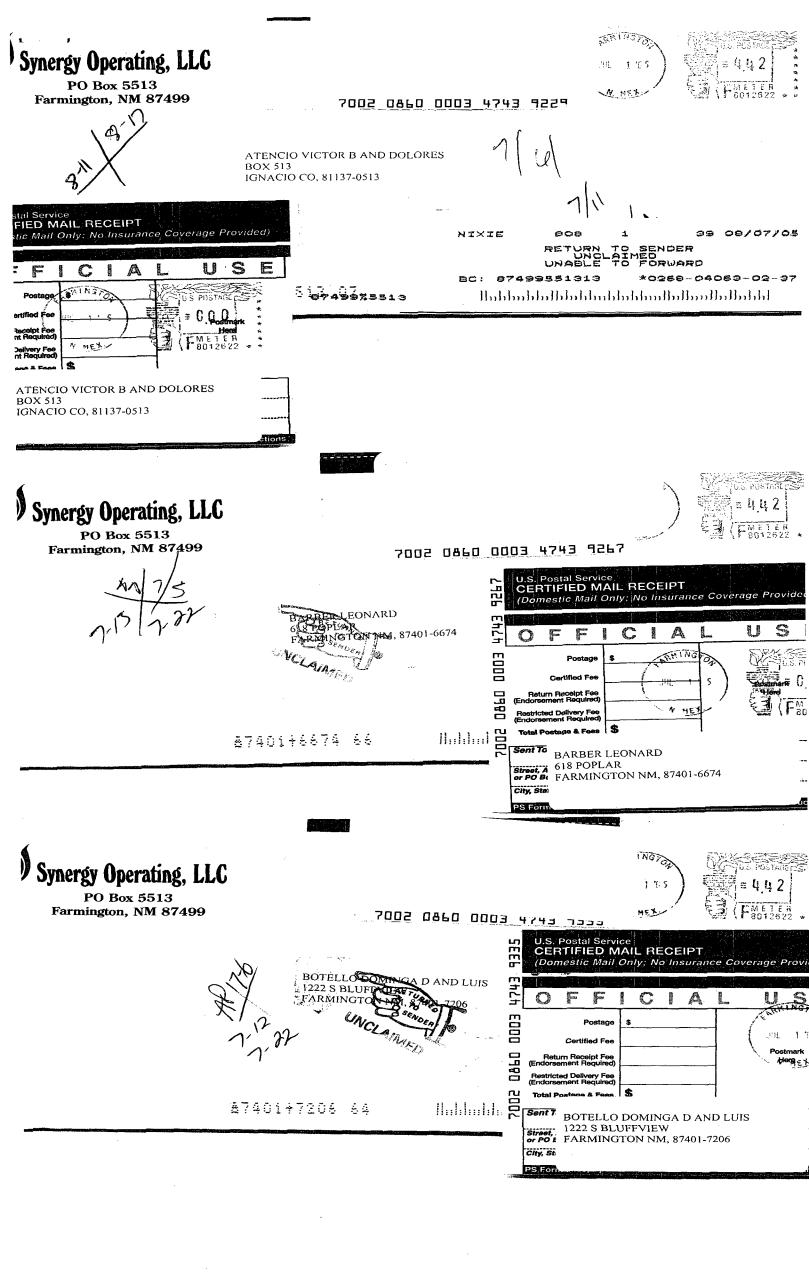
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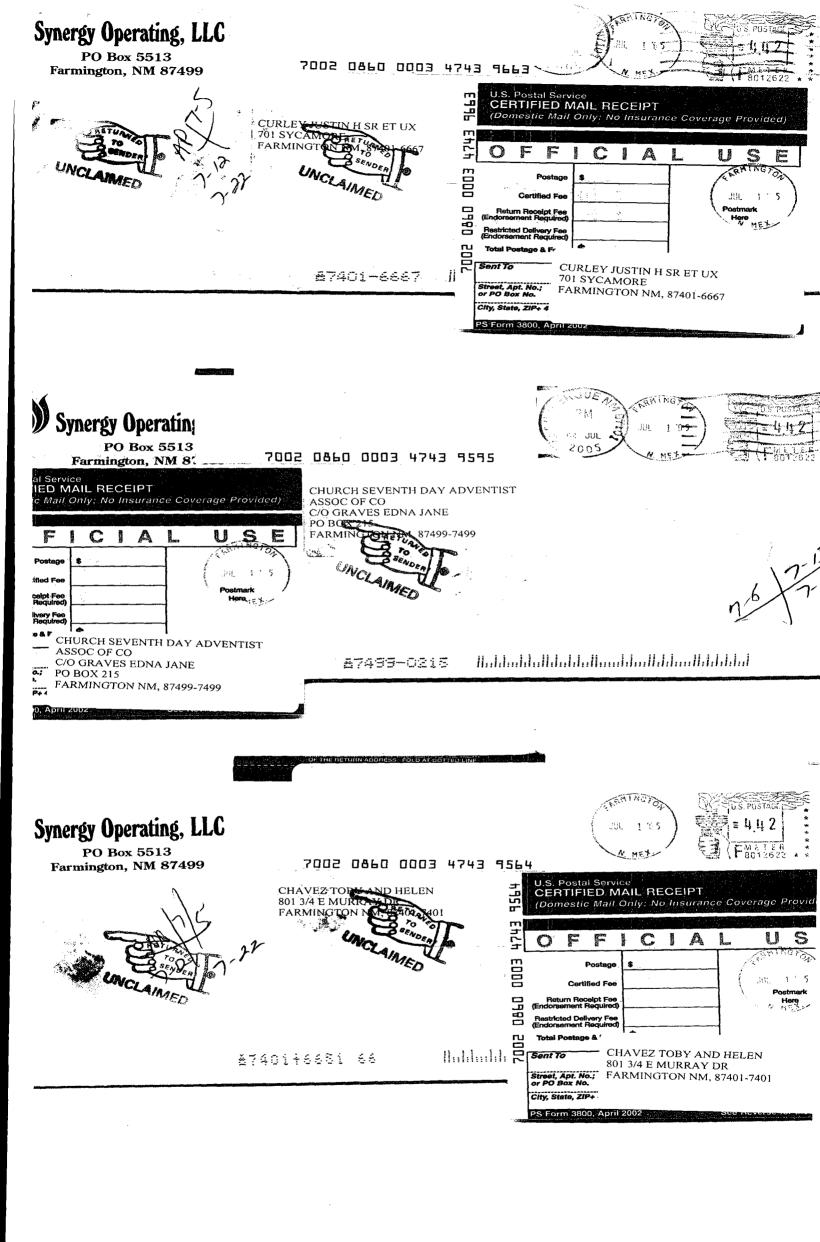


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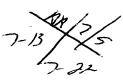
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or PO Box No.

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PO Box 5513 mington, NM 87499

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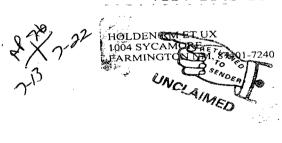
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PO Box 5513 mington, NM 87499

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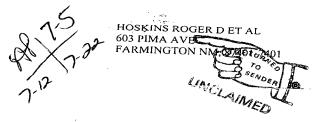
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#### nergy Operating, LLC

PO Box 5513 Farmington, NM 87499







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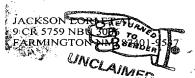
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PO Box 5513 Farmington, NM 87499

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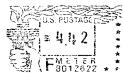
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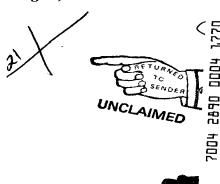
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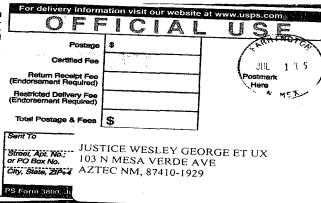
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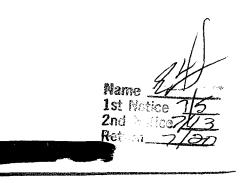
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#### Synergy Operating, LLC

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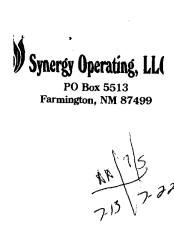
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KENNETT MARSHA J

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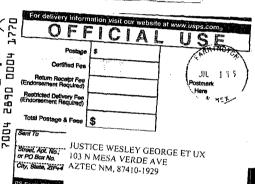
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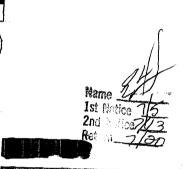
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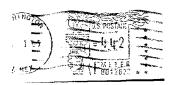
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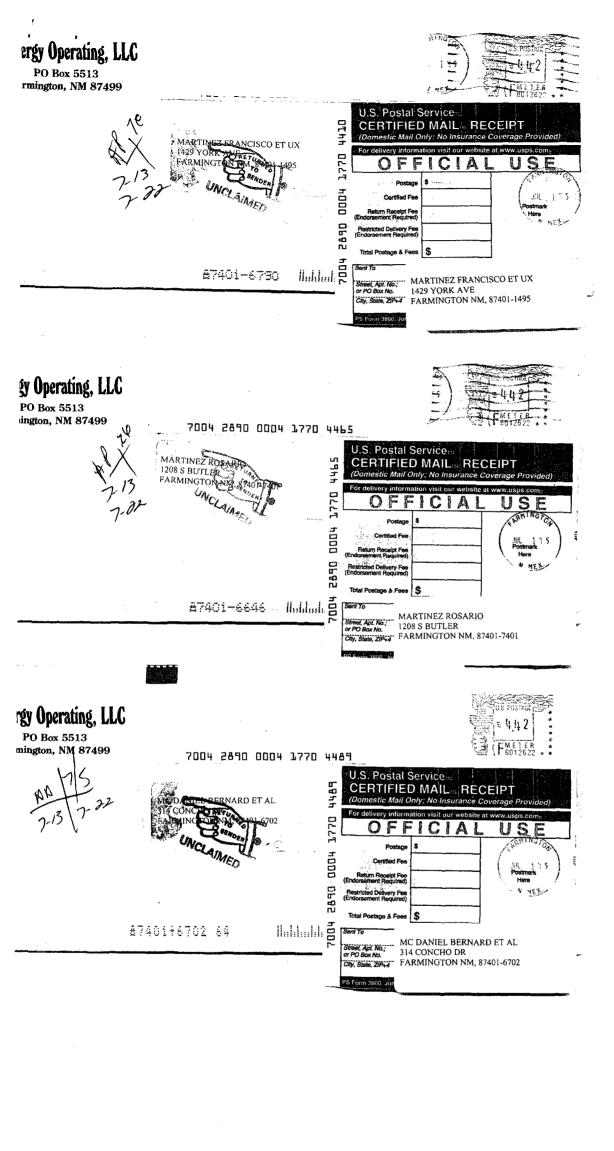


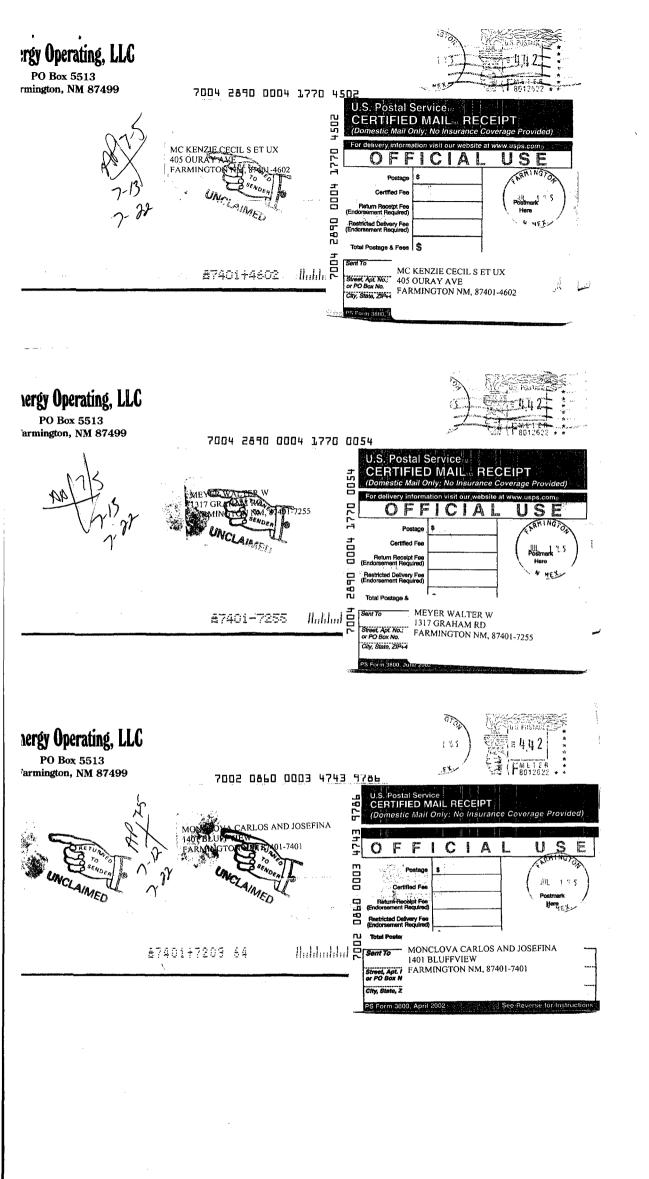
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PO Box 5513
Farmington, NM 87499

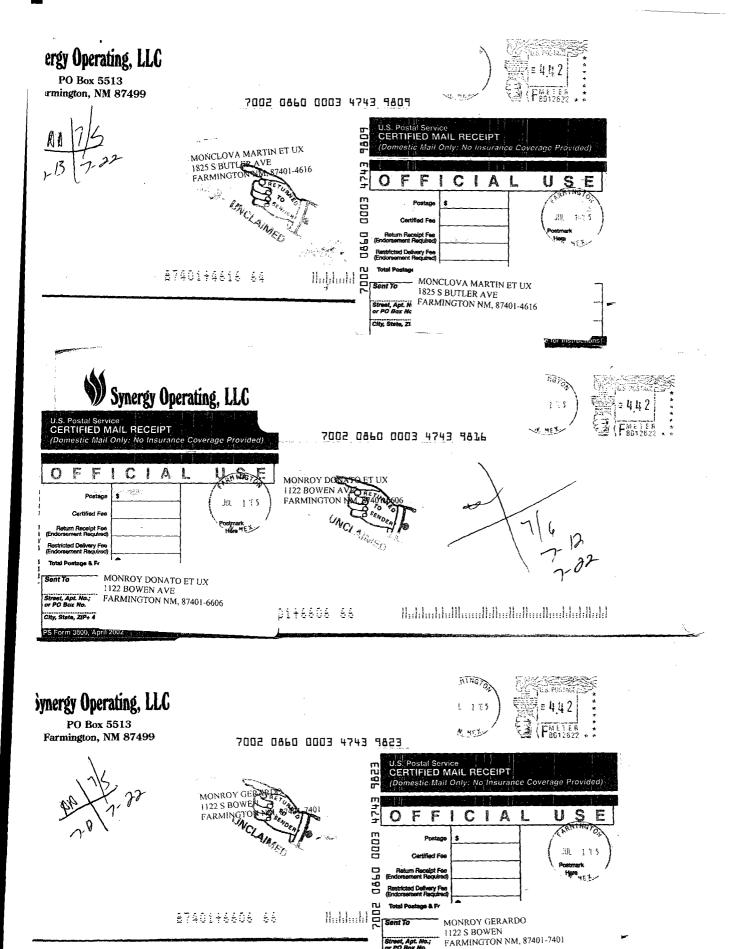
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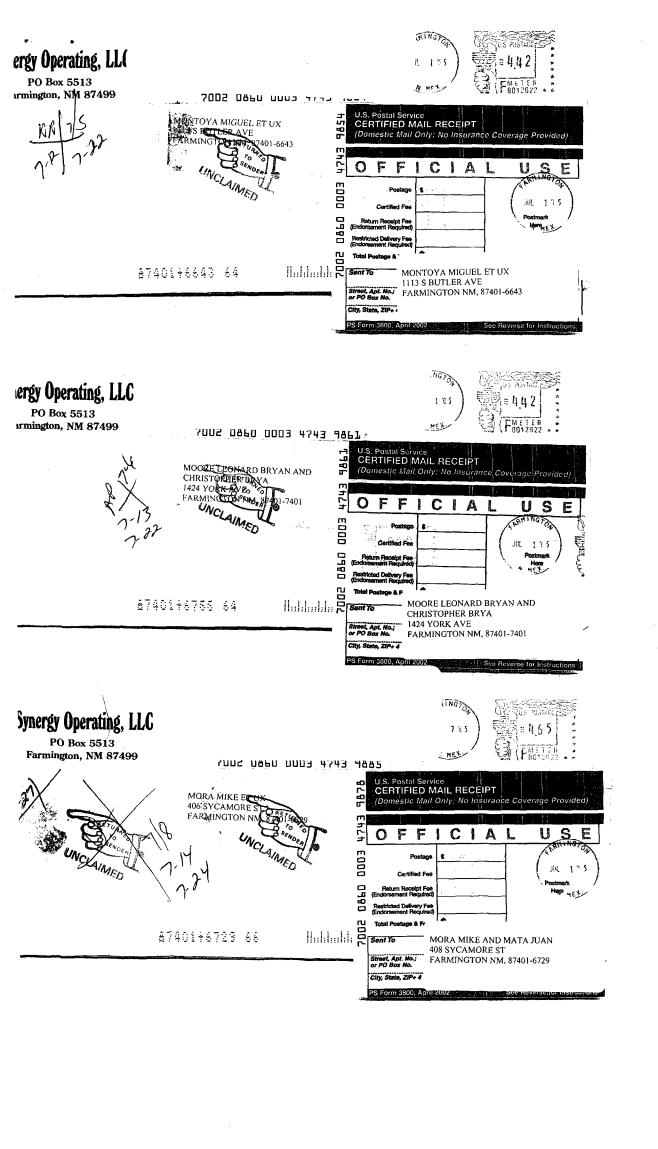
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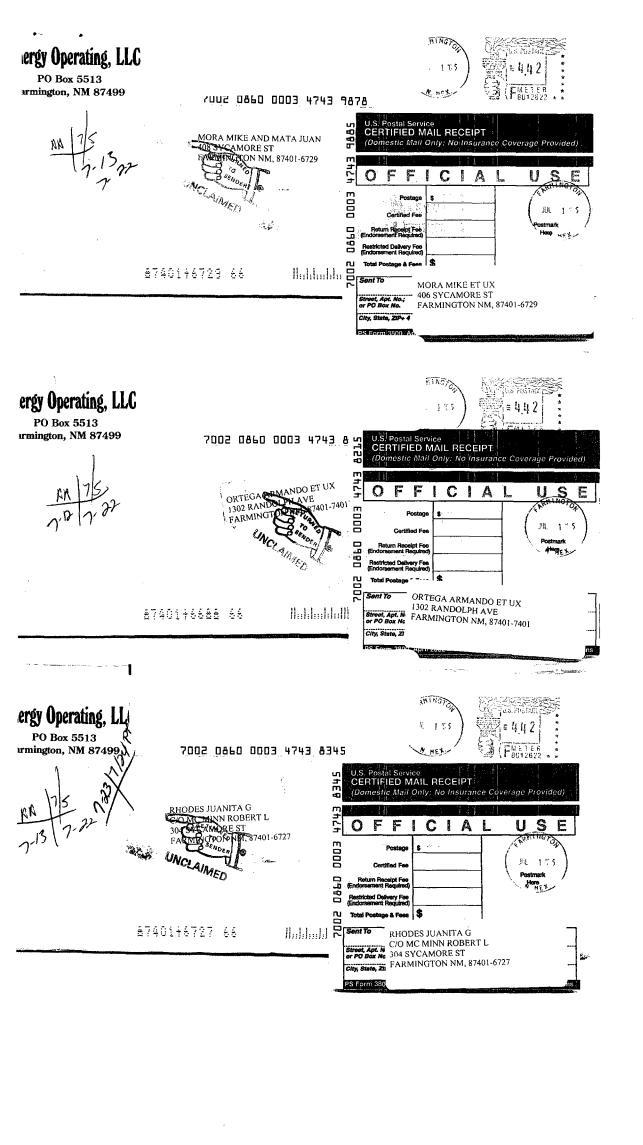
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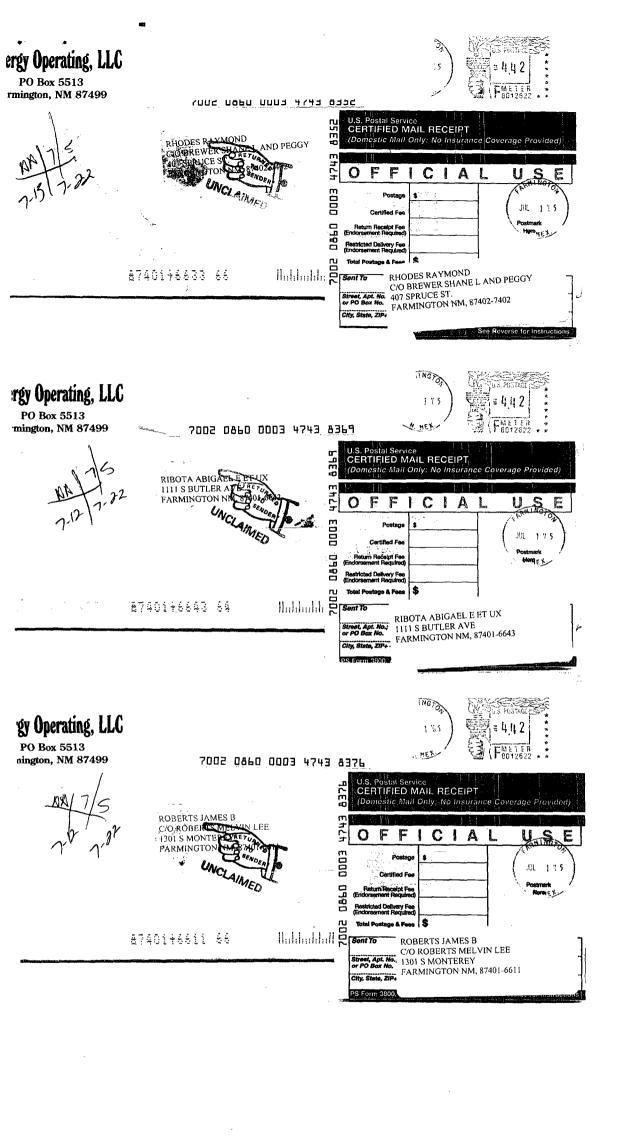


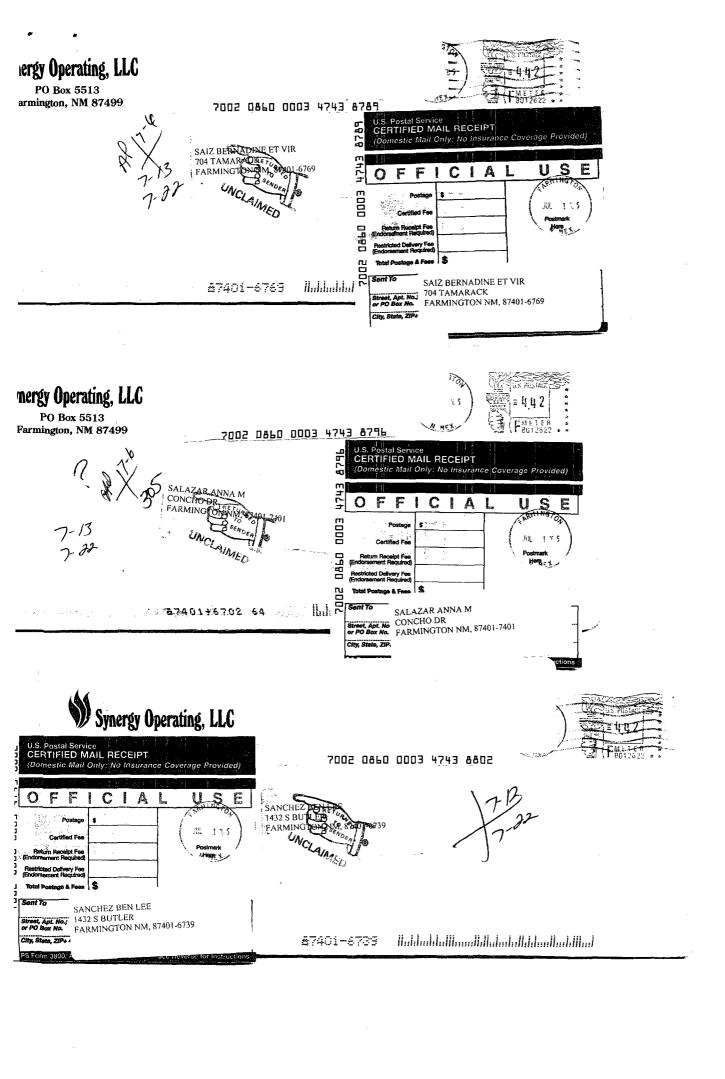


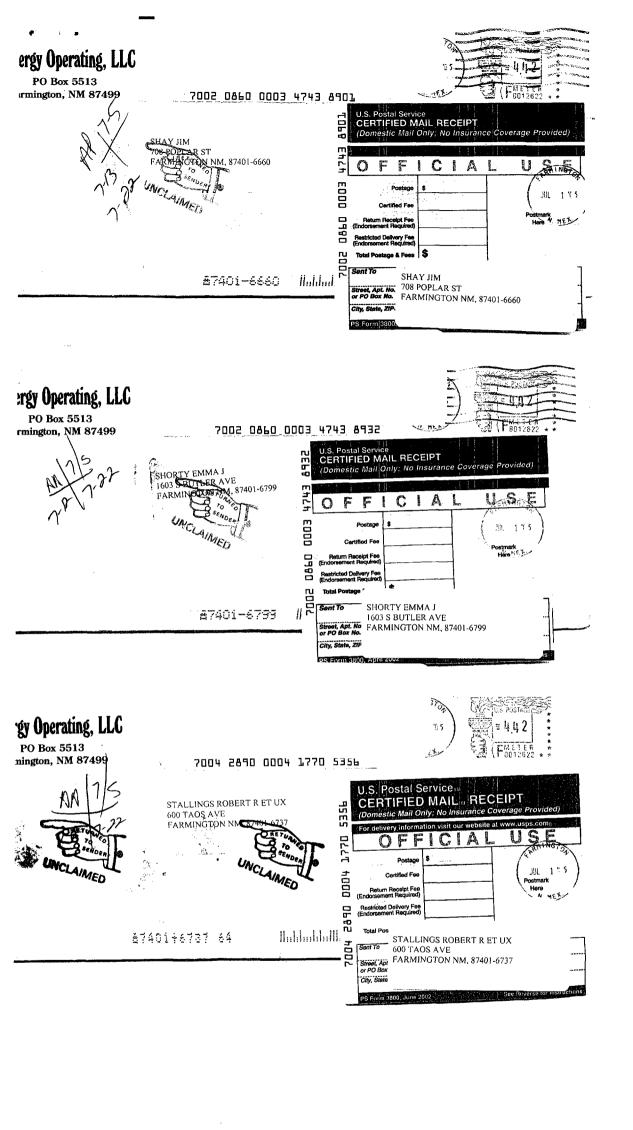














# Synergy Operating, LLC PO Box 5513 Farmington, NM 87499



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### SYNERGY OPERATING

# UNDELIVERABLE CERTIFIED LETTERS

NOTIFICATION
of
FORCED POOLING

Mailed July 1, 2005



Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499

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Synergy Operating, LLC
PO Box 5513
Farmington, NM 87499



FREEMAN ROGER ET UX ATTN: FREEMAN DESMOND 634 MANSFIELD RD CLEBURNE TX, 76031-3341

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