

MRC Permian Company

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240
Voice 972.371.5283 • Fax 214.866.4883
tgoodwin@matadorresources.com

Trey Goodwin
Senior Landman

January 8, 2016

VIA CERTIFIED RETURN RECEIPT MAIL

Carol L. Habig
8718 Wornall Rd. Apt. 3
Kansas City, MO 64114

Re: Matador Production Company – Jimmy Kone 05-24S-28E RB #208H (the “Well”)
Participation Proposal/Offer to Lease
Section 5, Township 24 South, Range 28 East
Eddy County, New Mexico

Carol L. Habig:

MRC Permian Company (“MRC”) proposes the drilling of Matador Production Company’s Jimmy Kone 05-24S-28E RB #208H well, located in Section 5, Township 24 South, Range 28 East, Eddy County, New Mexico, to the Wolfcamp formation.

MRC requests that you indicate your election to participate in the drilling and completion of the Well in the space provided below, sign and return one (1) copy of this letter to the undersigned.

In connection with the above, please note the following:

The estimated cost of drilling, testing, completing, and equipping the Well is \$6,519,239.00 as itemized on the enclosed Authority for Expenditure (“AFE”) dated September 15, 2015.

The proposed surface location of the Well is approximately 804’ FSL and 190’ FEL of Section 5, Township 24 South, Range 28 East, Eddy County, New Mexico. The proposed point of penetration of the Well is approximately 330’ FSL and 330’ FEL of Section 5, Township 24 South, Range 28 East, Eddy County, New Mexico. The proposed bottom hole location of the subject well is 330’ FSL and 240’ FWL of Section 5, Township 24 South, Range 28 East, Eddy County, New Mexico.

The Well will have a targeted interval within the Wolfcamp formation. We plan to drill the Well horizontally in the Wolfcamp (~9,400’ TVD) to a Total Measured Depth of approximately 14,000’ resulting in a productive lateral of approximately 9,600’.

Carol L. Habig will own an approximate 0.019531% working interest in the Well, subject to title verification.

Should you elect to lease your minerals, please sign the enclosed lease, in the presence of a notary public, and return it to my attention, along with the enclosed Form W-9.

If your election is to participate in the drilling and completion of the Well, please sign and return a copy of the enclosed AFE within thirty (30) days of receipt of this notice. Additionally, if your election is to participate, please accept this letter as an invoice notice and request for payment. Please remit payment for your proportionate share of costs in the amount of \$1,273.29 to Matador Production Company on or before thirty (30) days after receipt of this estimate and invoice. Please be aware that the enclosed AFE is only an estimate of costs to be incurred and by electing to participate in the Well, Carol L. Habig shall be responsible for 0.019531% of all costs incurred.

Please contact me if you have any questions.

Sincerely,

Trey Goodwin
Trey Goodwin *by smt*

Enclosure(s)

Please elect one of the following and return to sender.

____ Carol L. Habig hereby elects to participate for its proportionate share of the costs detailed in the enclosed AFE associated with the Matador Production Company's Jimmy Kone 05-24S-28E RB #208H well, located in Eddy County, New Mexico.

____ Carol L. Habig hereby elects not to participate for its proportionate share of the costs detailed in the enclosed AFE associated with the Matador Production Company's Jimmy Kone 05-24S-28E RB #208H well, located in Eddy County, New Mexico.

____ Carol L. Habig hereby elects to lease our minerals for \$1,500/acre, 20% royalty, and a 3 year term on the lease form enclosed.

Carol L. Habig

By: _____

Title: _____

Date: _____

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marcia A Nash
2613 Clark Ave
Billings MT 59102

9590 9401 0096 5168 5142 59

2. Article Number (Transfer from service label)

7014 3490 0002 2317 3200

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Marcia Nash

☐ Agent
☐ Addressee

B. Received by (Printed Name)

MARCIA NASH

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below.



3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted 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:

Daniel Crary
1390 Broadway #B-101
Placerville, CA 95667

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria Pelayo* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Maria Pelayo* C. Date of Delivery *1-14-16*

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

3. Service Type

☒ Certified Mail® ☒ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7015 1520 0003 4741 9685

Domestic Return Receipt

SACRAMENTO
UNITED STATES POSTAL SERVICE
14 JAN 16
PM 11



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 19 2016

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website: usps.com

POSTAGE \$ 000.00

Certified Mail Fee \$ 02.15
0003132332 JAN 29 2016
ZIP CODE 75240

Extra Services:
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage \$
Sent to Daniel Crary
1390 Broadway #B-101
Placerville, CA 95667
City/State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
Jimmy Kone 208H

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jospeh Fitzgerald, possible heir to the Estate
of Delbert Joseph Fitzgerald
c/o Ronnie Fitzgerald
2431 S. 83rd E. Ave.
Tulsa, OK 74129

2. Article Number
(Transfer from service label)

7014 2120 0003 8662 1744

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Diane Fitzgerald

C. Date of Delivery

10-31-15

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

Matador Production Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240

RECEIVED
OCT 29 2015

Sara/HG Jimmy Kone 208H

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Pos

Jospeh Fitzgerald, ~~208H~~ heir to the Estate

Send To

of Delbert Joseph Fitzgerald

Street & Apt.

c/o Ronnie Fitzgerald

or PO Box

2431 S. 83rd E. Ave.

City, State

Tulsa, OK 74129

PS Form 3800, July 2014

See Reverse for Instructions

7014 2120 0003 8662 1744



Shipping

Tracking

Manage

Learn

FedEx Office®

Login

FedEx® Tracking

775550152392

Ship date

Mon 2/01/2016

DALLAS, TX US

Actual delivery

Wed 2/03/2016 12:43 pm

BRUCHMUEHLBACH-MIESAU DE



Delivered

Signed for by: FLARKIN

Travel History

Date/Time	Activity	Location
2/03/2016 - Wednesday		
12:43 pm	Delivered	BRUCHMUEHLBACH-MIESAU DE
8:38 am	On FedEx vehicle for delivery	VONNWEILER DE
7:13 am	At local FedEx facility	VONNWEILER DE
3:00 am	Departed FedEx location	KOELN DE
2/02/2016 - Tuesday		
9:55 pm	International shipment release - Import	COLOGNE DE
9:50 pm	In transit	KOELN DE
	Package available for clearance	
7:38 pm	Arrived at FedEx location	KOELN DE
4:51 am	Departed FedEx location	MEMPHIS TN
4:07 am	In transit	MEMPHIS TN
1:57 am	In transit	MEMPHIS TN
12:42 am	Arrived at FedEx location	MEMPHIS TN
2/01/2016 - Monday		
9:00 pm	Left FedEx origin facility	ADDISON TX
7:29 pm	Picked up	ADDISON, TX
6:16 pm	Shipment information sent to FedEx	

Shipment Facts

Tracking number	775550152392	Service	FedEx International Priority
Weight	0.5 lbs / 0.23 kgs	Delivered To	Residence
Total pieces	1	Total shipment weight	0.5 lbs / 0.23 kgs
Terms	Shipper	Shipper reference	300014-000
Packaging	FedEx Envelope	Special handling section	Deliver Weekday, Residential Delivery



Search or tracking number

Customer Focus

New Customer Center
Small Business Center
Service Guide
Customer Support

Company Information

About FedEx
Careers
Investor Relations
Subscribe to FedEx email

Featured Services

FedEx Delivery Manager
FedEx SameDay
FedEx Home Delivery
Healthcare Solutions
Online Retail Solutions
Packaging Services
Ancillary Clearance Services

Other Resources

FedEx Compatible
Developer Resource Center
FedEx Ship Manager Software
FedEx Mobile

Companies

FedEx Express
FedEx Ground
FedEx Office
FedEx Freight
FedEx Custom Critical
FedEx Trade Networks
FedEx CrossBorder
FedEx SupplyChain
FedEx TechConnect

Follow FedEx

United States - English

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Karl F. Myers, individually and as
Guardian for Frank Myers
6245 N. London Ave., Apt. E
Kansas City, MO 64151

2. Article Number

(Transfer from service label)

7011 1150 0000 6322 8652

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Barbara Myers* ☐ 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® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
FEB 8 2016

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

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

02 1P
0003192882
\$ 000.00
JAN 09 2016
MAILED FROM ZIP CODE 75240

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)Total Postage
Karl F. Myers, individually and as

Sent To
Guardian for Frank Myers
6245 N. London Ave., Apt. E
Kansas City, MO 64151
City, State, ZIP+4®

PS Form 3800, August 2006
See Reverse for Instructions

7011 1150 0000 6322 8652

SENDER: COMPLETE

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

1. Article Addressed to:

Paula Stacey Leblanc
3056 Eastwood Terrace
The Villages, FL 32163

By Received by (Printed Name) *[Signature]* **C. Date of Delivery** *01/22*

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7011 1150 0000 6322 8690

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
FEB 1 2016

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 \$000.00
POSTNET 0003192892
MAILED FROM ZIP CODE 75240

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

Total Postage Paula Stacey Leblanc
 Sent to 3056 Eastwood Terrace
 Street, Apt. N
 or PO Box N
 City, State, Z The Villages, FL 32163

Postmark Here
Jimmy Kone 208H

PS Form 3800, August 2006 See Reverse for Instructions

0698 2269 0000 0517 1102

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marlan Stacey
3056 Eastwood Terrace
The Villages, FL 32163

2. Article Number
(Transfer from service label)

7011 1150 0000 6322 8683

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
FEB 1 2016

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

0003192892 JAN 09 2016
MAILED FROM ZIP CODE 75240

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total

Sent To Marlan Stacey

Street 3056 Eastwood Terrace
or PO Box
City, State The Villages, FL 32163

PS Form 3811, August 2000 See Reverse for Instructions

7011 1150 0000 6322 8683

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert D. Pickard
417 Apple Ave.
Albertville, AL 35950

2. Article Number

(Transfer from service label)

7011 1150 0000 6322 8829

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert D. Pickard ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12 Feb 16

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

BIRMINGHAM
AL 350
12 FEB '16
PM 31



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
FEB 16 2016

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

OFFICIAL \$000.00

0003192892 JAN 09 2016
MAILED FROM ZIP CODE 75240

Certified Fee

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

Total P

Robert D. Pickard

Sent To

417 Apple Ave.

Street, Apt.

or PO Box

City, State

Albertville, AL 35950

PS Form 3811, August 2006

See Reverse for Instructions

7011 1150 0000 6322 8829

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joshua M. Bowen
5708 Payne Street
Shawnee Mission, KS 66226

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *NON* *for* *the* ☐ 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® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

KANSAS CITY
MO 640
14 JAN 15
PM 7 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 19 2013

0101775

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

CERTIFIED MAIL **RECEIVED**
02 1P **\$ 000.00**
0003192392 JAN 09 2013
MAILED FROM ZIP CODE 75240

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

Total Postage

Sent To

Street, Apt. No.,

or PO Box No.

City, State, ZIP

PS Form 3800, August 2006

See Reverse for Instructions

7011 1150 0000 6322 8850

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jeannette Stacey
3056 Eastwood Terrace
The Villages, FL 32163

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

D. Chappin

C. Date of Delivery

01/22

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

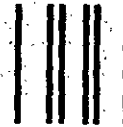
(Transfer from service label)

7011 1150 0000 6322 8669

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 22 2015
FEB

U.S. Postal Service

CERTIFIED MAIL RECEIPT

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

0003192802 JAN 09 2015

MAILED FROM ZIP CODE 75240

Certified Fee

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

Total Post Jeannette Stacey

Postmark
Here

Jimmy Kone
208H

Sent To 3056 Eastwood Terrace

The Villages, FL 32163

City, State

PS Form 3800, August 2006

See Reverse for Instructions

7011 1150 0000 6322 8669

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joanne Johnson
2700 Somerset Dr. #217
Prairie Village, KS 66206-1173

2. Article Number
(Transfer from service label)

7011 1150 0000 6322 8621

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Susan Larson

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Susan Larson

C. Date of Delivery

1-14-16

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

JAN 18 2016
907 8 1 AM
RECEIVED

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

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

02 TP
0003192392
MAILED FROM ZIP CODE 75240

\$ 000.00

JAN 09 2016

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total

Joanne Johnson

Sent To

2700 Somerset Dr. #217

Street,
or PO Box

Prairie Village, KS 66206-1173

City, St.

Postmark
Here

Jimmy Kone
208H

7011 1150 0000 6322 8621

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jamie Cohen-Stacey
3056 Eastwood Terrace
The Villages, FL 32163

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

B. Lippen

C. Date of Delivery

01/22/10

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7011 1150 0000 6322 8676

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
FEB 1 2016

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

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

OFFICIAL \$1000.00

02 TP 0003192892 JAN 09 2016
MAILED FROM ZIP CODE 75240

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

Sent To: Jamie Cohen-Stacey
3056 Eastwood Terrace
The Villages, FL 32163

Postmark Here: Jimmy Kone 208H

PS Form 3800, August 2009 See Reverse for Instructions

7011 1150 0000 6322 8676

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kimberly A Woehrman
16016 Prairie Way
Basehor, KS 66007-9737

2. Article Number

(Transfer from service label)

7011 1150 0000 6322 8836

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Kim Woehrman

C. Date of Delivery

1/14

D. Is delivery address different from item 1?

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☒ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

14 JAN '16

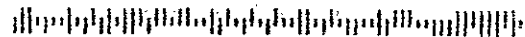
PM 2 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 19 2016



U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

02 1P
0003192892
MAILED FROM ZIP CODE 75240

\$ 000.00

JAN 09 2016

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

Tot
Sent Kimberly A Woehrman

Street
or P.O.
City, 16016 Prairie Way
Basehor, KS 66007-9737

Postmark
Here

Jimmy Kone
208H

PS Form 3800, August 2006

See reverse for instructions

7011 1150 0000 6322 8836

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Laurel J. Pickard

8305 W. Dana St.

Milwaukee, WI 53214

2. Article Number

(Transfer from service label)

7015 1730 0001 9530 3339

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

JAN 14 2016

JAN 14 2016

JAN 14 2016

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 19 2016

40101775

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at usps.com

0003192332 JAN 09 2016

Certified Mail Fee \$ 000.00

Extra Services: ☐ Return Receipt (hardcopy) \$ ☐ Return Receipt (electronic) \$ ☐ Certified Mail Restricted Delivery \$ ☐ Adult Signature Required \$ ☐ Adult Signature Restricted Delivery \$

Postmark Here

Jimmy Kone 208

Postage \$

Total Post \$

Sent To 8305 W. Dana St.

Street and City, State Milwaukee, WI 53214

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Carol L. Habig
8718 Wornall Rd. Apt. 3
Kansas City, MO 64114

2. Article Number
(Transfer from service label)

7015 1730 0001 9529 7584

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 26 2016

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee \$ 000.00

0003192392 JAN 09 2016

MAILED FROM ZIP CODE 75240

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Carol L. Habig

8718 Wornall Rd. Apt. 3

Street and Kansas City, MO 64114

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1730 0001 9529 7584

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jack Francis Habig, Jr.
9414 E. 85th Street
Raytown, MO 64138-3321

2. Article Number

(Transfer from service label)

7015 1730 0001 9529 7546

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jack Francis Habig, Jr.*☒ Agent☐ Addressee

B. Received by (Printed Name)

Laverne Habig

C. Date of Delivery

1-15-16

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

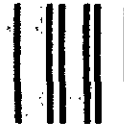
3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



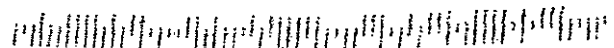
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kane 208H)

RECEIVED
JAN 21 2016

01/17



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit us at usps.com

Certified Mail®	02 TP	\$ 000.00
Extra Service	3003102892	JAN 09 2015
<input type="checkbox"/> Return Receipt (hardcopy)		
<input type="checkbox"/> Return Receipt (electronic)		
<input type="checkbox"/> Certified Mail Restricted Delivery		
<input type="checkbox"/> Adult Signature Required		
<input type="checkbox"/> Adult Signature Restricted Delivery		
Postage		
Total Post		

Postmark
Here

Jimmy Kane 208

Jack Francis Habig, Jr.

9414 E. 85th Street

Raytown, MO 64138-3321

PS Form 3800, April 2015 PSN 7530-02-000-6047
See Reverse for Instructions

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

Melanie Mae Steesy Stewart
21 Glen Burnie Road
Palmyra, VA 22963-3239

A. Signature X Melvin D Stewart ☒ 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

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7015 1730 0001 9529 7683

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
Certified Mail Fee \$ 3.40	0210 0003192392 JAN 09 2013 ZIP CODE 75240
Extra Services (if any) (if not applicable, leave blank) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	PETNEY BOWES \$ 000.00 Postmark Here Jimmy Kone 208
Postage \$ Total Price \$	Melanie Mae Steesy Stewart 21 Glen Burnie Road Palmyra, VA 22963-3239
Sent To Street at City, State	_____ _____ _____

7015 1730 0001 9529 7683

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Riley George Steesy
210 Iris Way
Ventura, CA 93004-1421

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) **RILEY STEESY** C. Date of Delivery **1-16-16**

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7015 1730 0001 9529 7676

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 25 2016

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website: www.usps.com

POSTAGE PAID
\$1000.00
0001 9529 7676 JAN 09 2016
ZIP CODE 75240

Extra Services:
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage \$
Sent To
Riley George Steesy
210 Iris Way
Ventura, CA 93004-1421
City, State

Postmark Here
Jimmy Kone
208H

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions

7015 1730 0001 9529 7676

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Roger Davis Stuessi
19219 35th Place NE
Lake Forest Park, WA 98155

2. Article Number
(Transfer from service label)

7015 1730 0001 9529 7638

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Roger Stuessi

C. Date of Delivery

1/14/16

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ YesSEATTLE
UNITED STATES POSTAL SERVICE
WA 9810114 JAN 16
PM 2 LFirst-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 19 2016

0100325

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at usps.comCertified Mail Fee \$000.00
\$000.00
0001:92892 JAN 03 2016
ZIP CODE 75240

Extra Services:
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total \$ Roger Davis Stuessi

Sent to 19219 35th Place NE

Street Lake Forest Park, WA 98155

City, State

Jimmy Kone
208H

PS Form 3800, April 2015 PSN 7530-02-000-9047-9115 See Reverse for Instructions

7015 1730 0001 9529 7638

See Reverse for Instructions

uction Company
entre
eway, Suite 1500
75240

7015 1520 0003 4741 9678

RECEIVED
JAN 12 2013

UNITED STATES POSTAGE
\$ 006.95
JAN 09 2013
MAIL PERMIT NO. 75240

Daniel W. Gillespie
9483 Garden Knoll Way
Lakeside, CA

NIXIE

913 DE 1

0002/14/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

3C: 75240101775

*1734-10721-11-43

7524001217
92040

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Daniel W. Gillespie
9483 Garden Knoll Way
Lakeside, CA 92040

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Address

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® ☐ Priority Mail Express™
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1520 0003 4741 9678

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

CERTIFIED MAIL® \$ 000.00
JAN 09 2013
0000132332
MZIP CODE 75240

- ☐ Return Receipt (hardcopy)
- ☐ Return Receipt (electronic)
- ☐ Certified Mail Restricted Delivery
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery

Postmark
Here

Jimmy Kone
208H

Postage

Total Postage Daniel W. Gillespie

Sent To 9483 Garden Knoll Way

Street and Lakeside, CA 92040

City, State

PS Form 3800, April 2015 PSN 7530-02-000-0047

See Reverse for Instructions

7015 1520 0003 4741 9678

CERTIFIED MAIL

Production Company
Centre
eway, Suite 1500
75240

7015 1730 0001 9529 7669



RECEIVED
FEB 18 2016

David Stuessi Gillespie
9483 Garden Knoll Way
Lakeside, CA

NIXIE 918 DE 1 0002/14/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

3C: 75240101775 *1734-10303-11-43

752401017
9204034517

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Stuessi Gillespie
9483 Garden Knoll Way
Lakeside, CA 92040

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0001 9529 7669

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Certified Mail	02 1P	\$ 000.00
Extra Service	0003 92492	JAN 03 2016
<input type="checkbox"/> Return Receipt (hardcopy)		
<input type="checkbox"/> Return Receipt (electronic)		
<input type="checkbox"/> Certified Mail Restricted Delivery		
<input type="checkbox"/> Adult Signature Required		
<input type="checkbox"/> Adult Signature Restricted Delivery		

Postage

\$

Total Pre

\$

Sent To

Street

City, Sta

David Stuessi Gillespie
9483 Garden Knoll Way
Lakeside, CA 92040

Jimmy Kone
208

7015 1730 0001 9529 7669

Production Company
7 Centre
Freeway, Suite 1500
as 75240

CERTIFIED MAIL

7015 1730 0001 9530 3346



\$ 006.95

John M. Pickard
8707 E Florida Ave. #914
Denver, CO 80231

NIXIE 802 DE 1 0002/09/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

SL: 75240101/15 *1/34-10/30-11-EX

7524001017
00247620447 CC

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John M. Pickard
8707 E Florida Ave. #914
Denver, CO 80231

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0001 9530 3346

PS Form 3811, July 2013

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

CERTIFIED MAIL® \$ 000.00

0001 32332 JAN 09 2016

MAILED FROM ZIP CODE 75240

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage John M. Pickard

Sent To 8707 E Florida Ave. #914

Street and Apt. Denver, CO 80231

City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Production Company
n Centre
reeway, Suite 1500
as 75240

CERTIFIED MAIL

7015 1730 0001 9530 3308



UNITED STATES POSTAGE
PITNEY BOWES
\$ 006.95
JAN 03 2016
MAILED FROM ZIP CODE 75240

RECEIVED
FEB 18 2016

2016 1/26
2016 2/6

James K. Gillespie
9483 Garden Knoll Way
Lakeside, CA 92040

NIXIE

918 DE 1

0002/14/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 75240101775

*1734-10774-11-43

7015 1730 0001 9530 3308

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James K. Gillespie
9483 Garden Knoll Way
Lakeside, CA 92040

2. Article Number
(Transfer from service label)

7015 1730 0001 9530 3308

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

Certified Mail \$ 000.00
Extra Services (check all that apply) (Add appropriate ZIP Code 75240)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage James K. Gillespie

Sent To 9483 Garden Knoll Way

Street and Lakeside, CA 92040

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1730 0001 9530 3308

Production Company
n Centre
reeway, Suite 1500
as 75240

7011 1150 0000 6322 8799



RECEIVED
1-14

Karl Richard Stacey
318 Bordeaux Drive
La Porte, IN 46350

NIXIE 46285 01/30/2016

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNCLAIMED
SORT IN MANUAL ONLY NO AUTOMATION
BC: 36998999955

46350 01/30/2016 CC

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Karl Richard Stacey
318 Bordeaux Drive
La Porte, IN 46350

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

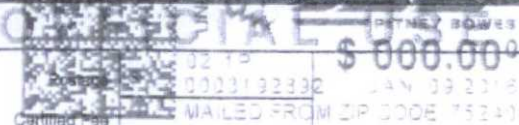
4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 1150 0000 6322 8799

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



Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage \$

Sent To
Karl Richard Stacey
318 Bordeaux Drive
La Porte, IN 46350

Jimmy Kone
208 H

Production Company
1 Centre
eeway, Suite 1500
is 75240

7011 1150 0000 6322 8843



RECEIVED
FEB 1 2016

RECEIVED
FEB 1 2016

not at this address

Robert J. Bowen
9014 W. 105th Street
Shawnee Mission, KS 66226

NIXIE 641 FEB 1 0001/25/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

662186521

BC: 75240101775 *1734-10753-11-43

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert J. Bowen
9014 W. 105th Street
Shawnee Mission, KS 66226

2. Article Number
(Transfer from service label)

7011 1150 0000 6322 8843

COMPLETE THIS SECTION ON DELIVERY

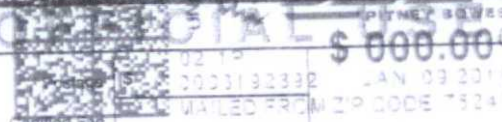
- A. Signature ☐ Agent
X ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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



Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total

Robert J. Bowen

9014 W. 105th Street
Shawnee Mission, KS 66226

PS Form 3811, July 2013

Domestic Return Receipt

7011 1150 0000 6322 8843

Jimmy Kone
208

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ronald Beyersdorf
1440 25th Street SE,
Auburn, WA 98002-7830

2. Article Number
(Transfer from service label)

7015 1730 0001 9529 7713

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE SEATTLE WA 98001

15 JAN 2016 PM 1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

MRC Permian Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Sara (Jimmy Kone 208H)

RECEIVED
JAN 19 2016

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$ 000.00
Extra Services Fee \$ 000.00
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage Ronald Beyersdorf

\$

Sent To 1440 25th Street SE,

Street and

Auburn, WA 98002-7830

City, State

PS Form 3800, April 2015 PSN 7530-02-000-0047

See Reverse for Instructions

7015 1730 0001 9529 7713