

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

APPLICATION OF MATADOR PRODUCTION
COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.


Case No. 15,484

AFFIDAVIT OF NOTICE

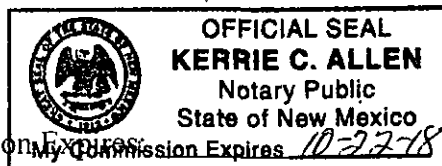
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

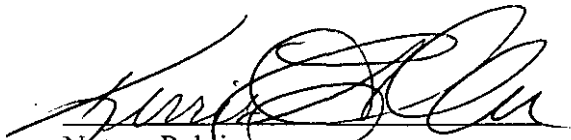
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owner, at their last known correct addresses, by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 20th day of April, 2016 by James Bruce.




Notary Public

Oil Conservation Division
Case No. 15484
Exhibit No. 8

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruce@aol.com

April 4, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

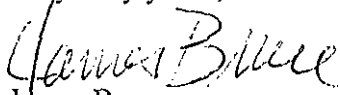
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Wolfcamp well in the S½ of Section 5, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 28, 2016, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, April 21, 2016. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Matador Production Company

Attachment

A

EXHIBIT A

Jack Francis Habig
9414 East 85th Street
Raytown, MO 64138

Carol L. Habig
Apartment 3
8718 Wornall Road
Kansas City, MO 64114

Marcia A. Nash
2613 Clark Avenue
Billings, MT 59102

Frederick J. Stuessi
5625 Hall Street
Shawnee, KS 66217

Ellen Stuessi Larken
Geisenbergstr 18
66892 Bruchmuhlbach
Federal Republic of Germany

Nicole (Arlene) Stuessi Yates
11524 SE 221st Place
Kent, WA 98031

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

Kevin Adams Stuessi
Apartment G
221 West 78th
New York, NY 10024

Kelli Arleen Stuessi Clifford
8119 Chestnut Glen Avenue
Las Vegas, NV 89131

Wesley Everett Stuessi
Apartment F5
3300 Kauai Court
Reno, NV 89509

Riley George Steesy
210 Iris Way
Venture, CA 93004

Melanie May Steesy Stewart
21 Glen Burnie Road
Palmyra, VA 22963

Katherine Forest Stacey Baxter
310 Alma Real Drive
Pacific Palisades, CA 90272

Ronald Beyersdorf
1440 25th Street SE
Auburn, WA 98002

John Lewis Maris, Jr.
411 South Random Road
Bailey, CO 80421

Greg W. Stuessi
121 Chesterfield Place SW
Leesburg, VA 20175

Valerie J. Hoffman
5330 West Ridge Road
Kansas City, KS 64108

David Stuessi Gillespie
9483 Garden Knoll Way
Lakeside, CA 92040

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

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

Carol Stuessi Dyson
2758 S 1020 W
Nibley, UT 84321

Nancy J. Stuessi Miles
10791 Sienna Dune Drive
South Jordan, UT 84095

Daniel Craig
No. B-101
1390 Broadway
Placerville, CA 95667

Karl Richard Stacey
318 Bordeaux Drive
La Porte, IN 46350

Paula Stacey Leblanc
3056 Eastwood Terrace
The Villages, FL 32163

Marian Stacey
3056 Eastwood Terrace
The Villages, FL 32163

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

Jeannette Stacey
3056 Eastwood Terrace
The Villages, FL 32163

Karl F. Myers, Individually and
as Guardian for Frank Myers
Apartment E
6245 North London Avenue
Kansas City, MO 64151

Beth Cagle Webster
P.O. Box 282
Lake Orion, Michigan 48361

Joshua R. Bowen
Apartment A
1210 Ridge Circle
Tonganoxie, KS 66086

Robert J. Bowen
19137 Cantrell Road
Linwood, KS 66052

Kimberly A. Woehrman
16016 Prairie Way
Basehor, KS 66007

Joanne Johnson
No. 217
2700 Somerset Drive
Prairie Village, KS 66206

Steve Hodge
P.O. Box 3111
Ranchos de Taos, NM 87557

John M. Pickard
No. 914
8707 East Florida Avenue
Denver, CO 80231

Laurel J. Pickard
8305 West Dana Street
Milwaukee, WI 53214

Robert D. Pickard
417 Apple Avenue
Albertville, AL 35950

Delbert Joseph Fitzgerald Estate
c/o Delbert Joseph Fitzgerald, Jr.
Apartment 1405
2411 East 7th Street
Tulsa, OK 74146

Delbert Joseph Fitzgerald Estate
c/o Richard Fitzgerald
4806 East 37th Place
Tulsa, OK 74135

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:

Carol Stuessi Dyson
2758 S 1020 W
Nibley, UT 84321

2. Article Description:

7013 1710 0001 1211 1427

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Glenn L. Dyson* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Glenn L. Dyson* C. Date of Delivery: *APR 6 2016*

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

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

4. Restricted Delivery (over \$500): ☐ Yes ☒ No

Postmark Here

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: Nicole (Arlene) Stuessi Yates
11524 SE 221st Place
Kent, WA 98031
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To: Carol Stuessi Dyson
2758 S 1020 W
Nibley, UT 84321
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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:

Nicole (Arlene) Stuessi Yates
11524 SE 221st Place
Kent, WA 98031

2. Article Description:

7013 1710 0001 1211 1427

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nicole Yates* ☐ Agent ☒ Addressee

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

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

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

4. Restricted Delivery (over \$500): ☐ Yes ☒ No

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

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:

Greg W. Stuessi
121 Chesterfield Place SW
Leesburg, VA 20175

9590 9401 0184 5234 5014 60

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1281

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

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

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

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OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

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

City, State, ZIP+4

Jack Francis Habig

9414 East 85th Street

Raytown, MO 64138

PS Form 3800, August 2006

See Reverse for Instructions

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OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

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

City, State, ZIP+4

Greg W. Stuessi
121 Chesterfield Place SW
Leesburg, VA 20175

PS Form 3800, August 2006

See Reverse for Instructions

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:

Jack Francis Habig
9414 East 85th Street
Raytown, MO 64138

9590 9403 0589 5183 8932 88

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1281

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

LaVerne Habig

4-7-16

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7013 1710 0001 1211 1281

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:

Carol L. Habig
Apartment 3
8718 Wornall Road
Kansas City, MO 64114

9590 9401 0184 5234 4998 35

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1502

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carol L. Habig ☐ Agent
☒ Addressee

B. Received by (Printed Name)

CAROL L. HABIG

C. Date of Delivery

12/12/16

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

d Delivery

Domestic Return Receipt

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OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Ronald Beyersdorf
1440 25th Street SE
Auburn, WA 98002
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Carol L. Habig
Apartment 3
8718 Wornall Road
Kansas City, MO 64114

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

PS Form 3800, August 2006

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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:

Ronald Beyersdorf
1440 25th Street SE
Auburn, WA 98002

2. Article Number (Transfer from service label)

9590 9401 0184 5234 5014 46

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ronald Beyersdorf ☐ Agent
☒ Addressee

B. Received by (Printed Name)

R BEYERSDORF

C. Date of Delivery

4-5-2016

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

stricted Delivery

Domestic Return Receipt

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:

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

9590 9401 0184 5234 5015 14

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1326

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *James Gillespie*

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

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

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

Domestic Return Receipt

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

Postmark Here

Sent To David Stuessi Gillespie
 9483 Garden Knoll Way
 Lakeside, CA 92040

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

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

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:

David Stuessi Gillespie
 9483 Garden Knoll Way
 Lakeside, CA 92040

9590 9401 0184 5234 5014 84

2. Article Number

7013 1710 0001 1211 1304

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
 X *James Gillespie*

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

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

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

Domestic Return Receipt

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:

Joshua R. Bowen
Apartment A
1210 Ridge Circle
Tonganoxie, KS 66086

9590 9403 0589 5183 8933 56

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1229

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name)
Josh Bowen

C. Date of Delivery

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

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

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Steve Hodge
P.O. Box 3111
Ranchos de Taos, NM 87557

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

City, State, ZIP+4

PS Form 3800, August 2006 PSN 7530-02-000-9053 See Reverse for Instructions

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To Joshua R. Bowen
Apartment A
1210 Ridge Circle
Tonganoxie, KS 66086

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

City, State, ZIP+4

PS Form 3800, August 2006 PSN 7530-02-000-9053 See Reverse for Instructions

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:

Steve Hodge
P.O. Box 3111
Ranchos de Taos, NM 87557

9590 9403 0184 5234 5015 69

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1366

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Steve Hodge* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Steve Hodge

C. Date of Delivery
9/11/16

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Paul LeBlanc</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Jeannette Stacey 3056 Eastwood Terrace The Villages, FL 32163</p>		<p>B. Received by (Printed Name) <i>Paula LeBlanc</i></p> <p>C. Date of Delivery <i>4/5/16</i></p>	
<p>2. Article</p> <p>7013 1710 0001 1211 1199</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9403 0589 5183 8933 94</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p>For delivery information, visit our website at www.usps.com</p>	
<p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To Paula Stacey Leblanc 3056 Eastwood Terrace The Villages, FL 32163</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p>For delivery information, visit our website at www.usps.com</p>	
<p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To Jeannette Stacey 3056 Eastwood Terrace The Villages, FL 32163</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Paul LeBlanc</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Paula Stacey Leblanc 3056 Eastwood Terrace The Villages, FL 32163</p>		<p>B. Received by (Printed Name) <i>Paula LeBlanc</i></p> <p>C. Date of Delivery <i>4/5/16</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 1710 0001 1211 1168</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9403 0589 5183 8933 01</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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:

Nancy J. Stuessi Miles
10791 Sienna Dunc Drive
South Jordan, UT 84095

9590 9401 0184 5234 5016 13

2. Article Number (Transfer from previous label)
7013 1710 0001 1211 1137

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) N. Miles C. Date of Delivery 4/6/11

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

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

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

OFFICIAL USE

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

Postmark
Here

Sent To Delbert Joseph Fitzgerald Estate
c/o Delbert Joseph Fitzgerald, Jr.
Apartment 1405
2411 East 7th Street
Tulsa, OK 74146

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

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark
Here

Sent To Nancy J. Stuessi Miles
10791 Sienna Dunc Drive
South Jordan, UT 84095

PS Form 3800, August 2006 See Reverse for Instructions

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:

Delbert Joseph Fitzgerald Estate
c/o Delbert Joseph Fitzgerald, Jr.
Apartment 1405
2411 East 7th Street
Tulsa, OK 74146

9590 9401 0184 5234 5016 06

2. 7013 1710 0001 1211 1403

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) Delbert Joseph Fitzgerald, Jr.
C. Date of Delivery 4/6/11
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

Domestic Return Receipt

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:

Robert D. Pickard
417 Apple Avenue
Albertville, AL 35950

9590 9401 0184 5234 5015 90

2.

7013 1710 0001 1211 1397

Restricted Delivery

PS Form 3811, July 2015 PSN: 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert D. Pickard ☐ 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

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Marian Stacey

3056 Eastwood Terrace

The Villages, FL 32163

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7013 1710 0001 1211 1175

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Robert D. Pickard
417 Apple Avenue
Albertville, AL 35950

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7013 1710 0001 1211 1397

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:

Marian Stacey
3056 Eastwood Terrace
The Villages, FL 32163

9590 9403 0589 5183 8934 17

2. Article

7013 1710 0001 1211 1175

Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paul LeBlanc ☐ 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

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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:

Kimberly A. Woehrman
16016 Prairie Way
Basehor, KS 66007

9590 9401 0184 5234 5015 45

2. Art

7013 1710 0001 1211 1342

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

icted Delivery

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To Daniel Craig
No. B-101
1390 Broadway
Placerville, CA 95667
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To Kimberly A. Woehrman
16016 Prairie Way
Basehor, KS 66007
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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:

Daniel Craig
No. B-101
1390 Broadway
Placerville, CA 95667

9590 9401 0184 5234 5016 20

2. Art

7013 1710 0001 1211 1144

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Athena Geraci 7-5-16

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

icted Delivery

Domestic Return Receipt

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:

Laurel J. Pickard
8305 West Dana Street
Milwaukee, WI 53214

9590 9401 0184 5234 5015 83

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1380

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard Roth*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Richard Roth

C. Date of Delivery

4-5-16

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

try Restricted Delivery (over \$500)

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Joanne Johnson
No. 217Street, Apt. No.,
or PO Box No.2700 Somerset Drive
Prairie Village, KS 66206

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Laurel J. Pickard
8305 West Dana Street
Milwaukee, WI 53214

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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:

Joanne Johnson
No. 217
2700 Somerset Drive
Prairie Village, KS 66206

9590 9401 0184 5234 5015 52

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1359

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susan Larson*

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Susan Larson

C. Date of Delivery

4-5-16

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

stricted Delivery

(over \$500)

Domestic Return Receipt

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:

Melanie May Steesy Stewart
21 Glen Burnie Road
Palmyra, VA 22963

9590 9403 0589 5183 8933 32

2.

7013 1710 0001 1211 1243

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. 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

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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®

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No. Kelli Arleen Stuessi Clifford
8119 Chestnut Glen Avenue
City, State, ZIP+4 Las Vegas, NV 89131

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Melanie May Steesy Stewart
21 Glen Burnie Road
Palmyra, VA 22963

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

PS Form 3800, August 2006

See Reverse for Instructions

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:

Kelli Arleen Stuessi Clifford
8119 Chestnut Glen Avenue
Las Vegas, NV 89131

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1441

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arleen*

- ☐ 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

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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:

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

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1182

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Paul (Ber)* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Paula LeBanc

C. Date of Delivery
4/5/16

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

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

9590 9403 0589 5183 8934 00

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

OFFICIAL USE

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

Postmark Here

Sent To
 Marcia A. Nash
 2613 Clark Avenue
 Billings, MT 59102

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

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

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 Avenue
 Billings, MT 59102

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1496

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Marcia Nash* ☐ 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
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

John Lewis Maris, Jr.
411 South Random Road
Bailey, CO 80421

9590 9401 0184 5234 5014 53

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1274

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John J. Maris

☐ 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

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

Frederick J. Stuessi
5625 Hall Street
Shawnee, KS 66217

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

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

Total Postage & Fees \$

Postmark
Here

Sent To

John Lewis Maris, Jr.
411 South Random Road
Bailey, CO 80421

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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:

Frederick J. Stuessi
5625 Hall Street
Shawnee, KS 66217

9590 9401 0184 5234 5023 53

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1489

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

F. Stuessi

☐ Agent☐ Addressee

B. Received by (Printed Name)

F. STUESSI

C. Date of Delivery

4-7-16

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

7013 1710 0001 1211 1205

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To: Karl F. Myers, individually and as Guardian for Frank Myers Apartment E 6245 North London Avenue Kansas City, MO 64151		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

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:

Karl F. Myers, Individually and
as Guardian for Frank Myers
Apartment E
6245 North London Avenue
Kansas City, MO 64151

9590 9403 0589 5183 8933 87

2. Article Number (Transfer from service label)

7013 1710 0001 1211 1205

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, 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

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

0521 1221 1250
7013 1710 0001 1211 1250

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Katherine Forest Stacey Baxter 310 Alma Real Drive Pacific Palisades, CA 90272 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for instructions	

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:

Katherine Forest Stacey Baxter
310 Alma Real Drive
Pacific Palisades, CA 90272

9590 9403 0589 5183 8933 25

2.

7013 1710 0001 1211 1250

Restricted Delivery

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

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

7013 1710 0001 1211 1373

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

Sent To: John M. Pickard
 No. 914
 Street, Apt. No., or PO Box No.: 8707 East Florida Avenue
 City, State, ZIP+4: Denver, CO 80231

PS Form 3800, August 2006 See Reverse for Instructions

3450157

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>John M. Pickard No. 914 8707 East Florida Avenue Denver, CO 80231</p> <p>2. Article</p> <p>9590 9401-0184 5234 5015 76</p> <p>7013 1710 0001 1211 1373</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

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

Sent To: Karl Richard Stacey
 Street, Apt. No., or PO Box No.: 318 Bordeaux Drive
 City, State, ZIP+4: La Porte, IN 46350

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Karl Richard Stacey 318 Bordeaux Drive La Porte, IN 46350</p> <p style="text-align: center;">9590 9403 0589 5183 8932 95</p>	<p>A. Signature</p> <p style="margin-left: 40px;">X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7013 1710 0001 1211 1151</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												

7013 1710 0001 1211 1212

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OFFICIAL USE

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

Postmark
Here

Sent To	Beth Cagle Webster
Street, Apt. No., or PO Box No.	P.O. Box 282
City, State, ZIP+4	Lake Orion, Michigan 48361

PS Form 3800, August 2006 See Reverse for Instructions

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:

Beth Cagle Webster
P.O. Box 282
Lake Orion, Michigan 48361

9590 9403 0589 5183 8933 70

2. Article

7013 1710 0001 1211 1212

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

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

ted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7013 1710 0001 1211 1335

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OFFICIAL USE

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

Sent To: Robert J. Bowen
 19137 Cantrell Road
 Street, Apt. No., or PO Box No. Linwood, KS 66052
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

3450153

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:

Robert J. Bowen
 19137 Cantrell Road
 Linwood, KS 66052

9590 9401 0184 5234 5015 38

2. A 7013 1710 0001 1211 1335

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

English

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Tracking Number: 70131710000112111236

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
April 5, 2016, 3:12 pm	Notice Left (No Authorized Recipient Available)	VENTURA, CA 93004

We attempted to deliver your item at 3:12 pm on April 5, 2016 in VENTURA, CA 93004 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or calling 800-ASK-USPS, or may pick up the item at the Post Office indicated on the notice. If this item is unclaimed by April 20, 2016 then it will be returned to sender.

April 4, 2016, 11:37 pm	Departed USPS Facility	GOLETA, CA 93199
April 4, 2016, 7:46 am	Arrived at USPS Facility	GOLETA, CA 93199
April 3, 2016, 3:19 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
April 2, 2016, 10:09 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

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Tracking (or receipt) number

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Trac 70131710000112111236

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OFFICIAL USE

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

Sent To Riley George Stecsy
210 Iris Way
Venture, CA 93004
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

English

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Tracking Number: 70131710000112111434

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
April 27, 2016 , 1:07 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Your item arrived at our USPS facility in ALBUQUERQUE, NM 87101 on April 27, 2016 at 1:07 pm. The item is currently in transit to the destination.

April 25, 2016 , 1:28 am	Departed USPS Facility	SALT LAKE CITY, UT 84199
April 24, 2016 , 9:15 am	Arrived at USPS Facility	SALT LAKE CITY, UT 84199
April 22, 2016 , 7:06 pm	Departed USPS Facility	RENO, NV 89510
April 19, 2016 , 11:37 am	Unclaimed/Max Hold Time Expired	RENO, NV 89510
April 5, 2016 , 10:41 am	Notice Left (No Authorized Recipient Available)	RENO, NV 89509
April 5, 2016 , 8:08 am	Arrived at Unit	RENO, NV 89510
April 4, 2016 , 11:46 am	Arrived at USPS Facility	RENO, NV 89510
April 3, 2016 , 3:19 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
April 2, 2016 , 9:26 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Track Another Package

Tracking (or receipt) number

Track



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OFFICIAL USE

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

Sent To	Wesley Everett Stuessi
Street, Apt. No., or PO Box No.	Apartment F5 3300 Kauai Court
City, State, ZIP+4	Reno, NV 89509

English

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Tracking Number: 70131710000112111458

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
April 27, 2016 , 1:06 pm	Departed USPS Facility	NEW YORK, NY 10199

Your item departed our USPS facility in NEW YORK, NY 10199 on April 27, 2016 at 1:06 pm. The item is currently in transit to the destination.

April 21, 2016 , 4:26 pm	Unclaimed/Max Hold Time Expired	NEW YORK, NY 10024
April 5, 2016 , 2:56 pm	Notice Left (No Authorized Recipient Available)	NEW YORK, NY 10024
April 4, 2016 , 10:54 am	Arrived at USPS Facility	NEW YORK, NY 10199
April 3, 2016 , 3:19 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
April 2, 2016 , 9:14 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

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Postage	\$
Certification Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	Kevin Adams Stuessi
Street, Apt. No., or PO Box No.	Apartment G 221 West 78th New York, NY 10024
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

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Tracking Number: 70131710000112111465

Your item was returned to the sender on April 25, 2016 at 3:32 pm in SEATTLE, WA 98155 because it was not claimed by the addressee once the item reached its maximum hold time at the post office.

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
-------------	----------------	----------

April 25, 2016 , 3:32 pm	Unclaimed/Max Hold Time Expired	SEATTLE, WA 98155
--------------------------	---------------------------------	-------------------

Your item was returned to the sender on April 25, 2016 at 3:32 pm in SEATTLE, WA 98155 because it was not claimed by the addressee once the item reached its maximum hold time at the post office.

April 5, 2016 , 1:41 pm	Notice Left (No Authorized Recipient Available)	SEATTLE, WA 98155
April 5, 2016 , 4:58 am	Arrived at Unit	SEATTLE, WA 98155
April 4, 2016 , 6:00 pm	Departed USPS Facility	SEATTLE, WA 98168
April 4, 2016 , 10:28 am	Arrived at USPS Facility	SEATTLE, WA 98168
April 3, 2016 , 3:19 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
April 2, 2016 , 8:58 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Track Another Package

Tracking (or receipt) number

Trac

7013 1710 0001 1211 1465

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OFFICIAL USE

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

Postmark
Here

Sent To Roger Davis Stuessi
19219 35th Place NE
Street, Apt. No., or PO Box No. Lake Forest Park, WA 98155
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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Tracking Number: 70131710000112111205

Updated Delivery Day: Wednesday, April 13, 2016

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

DATE/TIME	STATUS OF ITEM	LOCATION
-----------	----------------	----------

April 13, 2016 , 11:37 am

Delivered

SANTA FE, NM 87501

Your item was delivered at 11:37 am on April 13, 2016 in SANTA FE, NM 87501.

April 13, 2016 , 7:28 am

Available for Pickup

SANTA FE, NM 87501

April 13, 2016 , 7:27 am

Arrived at Unit

SANTA FE, NM 87501

April 8, 2016 , 11:40 pm

Departed USPS Facility

KANSAS CITY, MO 64121

April 4, 2016 , 3:09 pm

Arrived at USPS Facility

KANSAS CITY, MO 64121

Available Actions

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7013 1710 0001 1211 1205



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OFFICIAL USE

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

Total Postage & Fee

Karl F. Myers, Individually and
as Guardian for Frank Myers

Sent To
Apartment E
6245 North London Avenue
Kansas City, MO 64151

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

City, State, ZIP+4

Postmark
Here

PS Form 3800, August 2006 See Reverse for Instructions

English

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Tracking Number: 70131710000112111298

Updated Delivery Day: Tuesday, April 5, 2016

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
April 26, 2016 , 2:58 am	Departed USPS Facility	ALBUQUERQUE, NM 87101

Your item departed our USPS facility in ALBUQUERQUE, NM 87101 on April 26, 2016 at 2:58 am. The item is currently in transit to the destination.

April 25, 2016 , 8:41 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101
April 5, 2016 , 6:07 am	Arrived at Unit	KANSAS CITY, MO 64133
April 4, 2016 , 10:11 pm	Departed USPS Facility	KANSAS CITY, MO 64121
April 4, 2016 , 3:09 pm	Arrived at USPS Facility	KANSAS CITY, MO 64121

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Tracking (or receipt) number

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OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	Valerie J. Hoffman
Street, Apt. No., or PO Box No.	5330 West Ridge Road
City, State, ZIP+4	Kansas City, KS 64108
PS Form 3800, August 2006 See Reverse for Instructions	

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Tracking Number: 70131710000112111311

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
April 6, 2016 , 11:58 am	Delivered	LAKESIDE, CA 92040

Your item was delivered at 11:58 am on April 6, 2016 in LAKESIDE, CA 92040.

April 5, 2016 , 9:19 pm	Departed USPS Facility	SAN DIEGO, CA 92199
April 5, 2016 , 2:03 pm	Arrived at USPS Facility	SAN DIEGO, CA 92199

Track Another Package

Tracking (or receipt) number

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

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

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

Postmark
Here

Sent To	Daniel W. Gillespie
Street, Apt. No., or PO Box No.	9483 Garden Knoll Way
City, State, ZIP+4	Lakeside, CA 92040

PS Form 3800, August 2006 See Reverse for Instructions

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Search or Enter a Tracking Number

English

Customer Service

USPS Mobile

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USPS Tracking®



Customer Service ›
Have questions? We're here to help.



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Tracking Number: 70131710000112111410

Updated Delivery Day: Wednesday, April 6, 2016

Product & Tracking Information

Available Actions

Postal Product:

Features:

Certified Mail™

Text Updates

Email Updates

DATE/TIME	STATUS OF ITEM	LOCATION
-----------	----------------	----------

April 19, 2016 , 12:44 pm

Delivered, Individual
Picked Up at Post Office

TULSA, OK 74135

Your item was picked up at the post office at 12:44 pm on April 19, 2016 in TULSA, OK 74135.

April 6, 2016 , 2:22 pm	Notice Left (No Authorized Recipient Available)	TULSA, OK 74135
April 6, 2016 , 8:44 am	Out for Delivery	TULSA, OK 74135
April 6, 2016 , 7:44 am	Sorting Complete	TULSA, OK 74135
April 5, 2016 , 9:58 am	Arrived at Unit	TULSA, OK 74135
April 5, 2016 , 12:49 am	Departed USPS Facility	TULSA, OK 74141
April 4, 2016 , 9:24 am	Arrived at USPS Facility	TULSA, OK 74141
April 3, 2016 , 3:19 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
April 2, 2016 , 10:09 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Track Another Package

Tracking (or receipt) number

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

For delivery information visit our website at www.usps.com**OFFICIAL USE**

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

Postmark
Here

Sent To Delbert Joseph Fitzgerald Estate
c/o Richard Fitzgerald
Street, Apt. No.,
or PO Box No. 4806 East 37th Place
City, State, ZIP+4 Tulsa, OK 74135

English Customer Service USPS Mobile

USPS Tracking®

Tracking Number: RB265924606US

Product & Tracking Information

Postal Product: First-Class Package International Service Registered Mail™

Features:

DATE TIME STATUS OF ITEM

April 27, 2016, 2:46 pm

Delivered

GERMANY

Your item was delivered in GERMANY at 2:40 pm on April 27, 2016

April 26, 2016, 9:18 am	Customs clearance processing complete	GERMANY
April 23, 2016, 12:51 pm	Customs Clearance	GERMANY
April 23, 2016, 12:51 pm	Processed Through Facility	GERMANY
April 19, 2016, 4:57 pm	Departed	Fort Worth, UNITED STATES
April 19, 2016, 12:24 am	Departed	Los Angeles, UNITED STATES
April 7, 2016, 9:15 pm	Processed Through Facility	ISC LOS ANGELES CA (USPS)
April 7, 2016, 9:14 pm	Arrived at Facility	ISC LOS ANGELES CA (USPS)
April 7, 2016, 12:51 am	Arrived at USPS Facility	PHOENIX, AZ 85026
April 5, 2016, 11:41 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
April 5, 2016, 9:42 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101
April 2, 2016, 4:08 pm	Departed Post Office	SANTA FE, NM 87501
April 2, 2016, 1:59 pm	Acceptance	SANTA FE, NM 87501

Registered No.

RB265924606US

Postage \$

\$2.21

Extra Services & Fees

Registered Mail \$13.95

Return Receipt (hardcopy) \$3.85

Return Receipt (electronic) \$0.00

Restricted Delivery \$0.00

Total Postage & Fees \$20.01

Customer Must Declare Full Value \$0.00

Received by 04/02/2016

\$

Extra Services & Fees (continued)

Signature Confirmation

Signature Confirmation Restricted Delivery

Total Postage & Fees

\$20.01

Customer Must Declare Full Value

Received by

04/02/2016

\$

SANTA FE, NM 87501 OFFICIAL USE

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

TO

Ellen Stuessi Larken
Geisenbergstr 18
66892 Bruchmühlbach
Federal Republic of Germany

PS Form 3806, Registered Mail Receipt

April 2015, PSN 7530-02-000-9051

Copy 1 - Customer

(See Information on Reverse)

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Track Another Package

Tracking (or receipt) number

Track It

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