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

APPLICATION OF MATADOR PRODUCTION COMPANY TO RE-OPEN CASE NO. 15022 TO POOL THE INTERESTS OF ADDITIONAL MINERAL OWNERS UNDER THE TERMS OF COMPULSORY POOLING ORDER R-13743, EDDY COUNTY, NEW MEXICO.

CASE NO. 15022 (Re-Opened)

AFFIDAVIT

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

Jordan L. Kessler, attorney in fact and authorized representative of Matador Production Company, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter attached hereto.

Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 3rd day of August 2016 by Jordan L. Kessler.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/19

Notary Public

BEFORE THE OIL CONVERSATION DIVISION
Santa Fe, New Mexico
Exhibit No. 7
Submitted by: MATADOR PRODUCTION
Hearing Date: August 4, 2016

HOLLAND&HART

Jordan L. Kessler
Associate
Phone (505) 988-4421
Fax (505) 983-6043
JLKessler@hollandhart.com

July 15, 2016

VIA CERTIFIED MAIL
CERTIFIED RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: CASE 15022 (re-opened): Application of Matador Production Company to Re-Open Case No. 15022 To Pool The Interests Of Additional Mineral Owners Under The Terms Of Compulsory Pooling Order R-13743, Eddy County, New Mexico. Ann Com. Well No. 1

Ladies & Gentlemen:

This letter is to advise you that Matador Production Company has filed the enclosed application with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on August 4, 2016. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 19.15.4.13.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

If you have any questions about this matter please contact Jeff Lierly, at (972) 371-5242 or jlierly@matadorresources.com.

Sincerely,

Jordan L. Kessler
ATTORNEY FOR
MATADOR PRODUCTION COMPANY

MATADOR PRODUCTION COMPANY
ANN COM. WELL NO. 1

Alisa Ogden Stell
159 West Ogden Road
Loving, NM 88256

Andrew Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

Antonio Lopez
P.O. Box 96
Malaga, NM 88263

Art Huber, Jr. & Carolyn Huber
6290 Portola Road
Atascadero, California 93422

Barney Joe Nunez
2617 Santa Monica Ave
Odessa TX 79763

Belinda Williams
Route 6, Box 1965
Odessa, TX 79763

The Estate of Bennie Greer Jenkins
C/O James G. Greer
1503 Culp Rd.
Calico Rock, AR 72519

Billy M. Gregg
1149 Banyan Way
Pacifica, CA 94044

Blue Clyde, Inc.
6253 Hollywood Blvd
Suite 614
Los Angeles, CA 90028

BNSF Railway Company
2500 Lou Menk Drive AOB-3
Fort Worth, TX 76131

Brian C. Reid and Katherine A. Reid
2502 Camarie
Midland, TX 79705

Buddy F. Ogburn
916 S. College
Edmond, OK 73034

Camellia Land, LLC
P.O. Box 51510
Midland, TX 79710

Carlene M. Cowan
916 S. College
Edmond, OK 73034

Carlos Gonzales & Patricia Gonzales
22506 Old Carriage Lane
Spring, TX 77388

Carolina Rodriguez
PO Box 12
Malaga, NM 88263

Cecilia Orosco
424 El Paraiso Rd
Albuquerque, NM 87113

Cecilia Rios Williams
P.O. Box 33
Loving NM 88256

Celia Ruiz
1445 N 11th Ave
Hansford, CA 93230

Cella B. Milavec
P.O. Box 22
Peralta, NM 87042

Charlotte E. Cook
Post Office Box 7480
Columbia, MO 65205

Connie H. Lara
P.O. Box 1211
Carlsbad, NM 88220

Corina Foxen
416 1/2 Delaware
Alamogordo, NM 88310

Craig W. Ogden
159 West Ogden Road
Loving, NM 88256

Cuca Rios Stanley
309 N. Eighth St.
Carlsbad, NM 88220

Dana Carole Dever Carrow
1314 Springbrooke Dr.
Edwardsville, IL 62025

Daniel Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

MATADOR PRODUCTION COMPANY
ANN COM. WELL NO. 1

David D. Hampton
603 Susan Drive
Arlington, TX 76010

Dawn Rios
902 Alamosa
Carlsbad, NM 88220

Deborah Jean Calvert Groves,
as her separate property
200 Ben Hogan Dr
McAllen, TX 78503

Diana Junette Harris
5425 68th
Lubbock, TX

Dimitri Elias Nunez
1000 Magnolia Blvd
Odessa, TX 79761

Donald Coburn and wife
230 Weeping Oaks Lane
Spring, TX 77388

Doris S. Williams, or her
successors in trust, as Trustee
of the Williams Living Trust
P.O. Box 1021
Princeton, TX 75407

Doris Y. Price
1404 Ortega
Carlsbad, NM 88220

Dorothy Nunez Baeza
10978 West Love Drive, Trlr G
Odessa, TX 79764

Effie Brendle
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Effie D. Hernandez
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Elaine April Adame
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Elias Navarrette
1002 W Bonbright
Carlsbad, NM 88220

Elidia Martinez
1407 W Stevens
Carlsbad, NM 88220

Elizabeth Ann Wilson
P.O. Box 1434
Artesia, NM 88211

Elizabeth Collins
PO Box 91
Malaga, NM 88263

Erminia N. Chavez
1803 E Oak
Midland, TX 79705

Ernestine A. Grover
PO Box 38 #5 Sunrise
Malaga, NM 88263

Estate of George Alt
C/O Raymond K. Alt
2807 Eastbrook Court
St. Joseph, MO 64506

Estate of H.B. Amerine
C/O Beauford L. Amerine
15015 Los Lotese
Whittier, CA 90605

Estate of J. D. McDonald
C/O Orville E. McDonald, Jr.
956 Bleimeyer
Las Cruces, NM 88005

Estate of Perry Clinton
922 W. Thirtieth
Houston, TX 77018

Estate of Rosa B. Farrell
C/O Jim Kenney
405 W. Orchard Ln.
Carlsbad, NM 88220

Estate of Tat H. Farrell
C/O Jim Kenney
405 W. Orchard Ln.
Carlsbad, NM 88220

Estate of Virgil J. Shan
C/O Edgel Shan
1020 N. Pate
Carlsbad, NM 88220

Evelyn Murl Baker
C/O May Nell Mileta
1365 Brillant Street
Raton, NM 87740

Falls Family, LLC
2901 Juan Tabo Blvd NE
Albuquerque, NM 87112

MATADOR PRODUCTION COMPANY
ANN COM. WELL NO. 1

Frances Sheppard
23262 E Allendale Rd
Allendale, IL 62401

Gary L. Covault
3435 60th Street, Apt 6
Moline, IL 61265

Geneva Cleora Brim
876 S. Juniper Ter Unit 12
Gardner, KS 66030

Gladys L. Martin
C/O Kathleen Foust
201 Friendship Rd.
Camden, SC 29020

Glen Brady Williams
Route 4, Box 195
Mtn. Grove, MO 65711

Gloria H. Sing
P.O. Box 201
Carlsbad, NM 88220

Green Tree Servicing, LLC
7360 S. Kyrene Road
Kyrene Building
Tempe, AZ 85283

Gregory Dean Dever
2609 Brookside Ave.
Edmond, OK 73034

H. E. Hampton
4966 Briar Oak Lane
Grand Prairie, TX 75052

H. H. Gregg
C/O Billy M. Gregg
1149 Banyan Way
Pacifica, CA 94044

Harold Don Drew
HC 62, Box 1285
Salyersville, KY 41465

Harry F. Collins, Jr.
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Harvey R. Striegler, Jr.
618 Country Creek Lane
Fredricksburg, TX 78624

Heirs/devisees of Lilla H. James
C/O Therese James Berry
205 Chinkapin Dr.
Pangburn, AR 72121

Gene W. Allen and Dorothy J. Allen, Co-Trustees of the Allen Revocable Trust
5301 NW 123rd St.
Oklahoma City, OK 73142

Edwin L. Dungan, Trustee, and George T. Dungan, Successor Co-Trustee, under the Trust Agreement known as the Edwin L. Dungan and June C. Dungan Revocable Trust Agreement, dated July 24, 1974
212 W. Stevens
Carlsbad, NM 88220

James E. Harris
2707 Chrysler Dr
Roswell, NM 88201

James Grady Lear
2413 Grinnell Drive
Perryton, TX 79070

James S. Witt
P.O. Box 2121
Yelm, WA 98597

James S. Witt, III
P.O. Box 2121
Yelm, WA 98597

James W. Williams
N. Star Route, Box 324
Mtn. Grove, MO 65711

James Williams
Route 6, Box 1965
Odessa, TX 79763

Janet A. Smith
8321 NE 122 Street
Jones, OK 73049

Jason Tom Collins
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Jesus D. Armendarez, Sr.
310 Montclair
Carlsbad, NM 88220

Jose Varela
108 Hamilton
Carlsbad, NM 88220

Juanita Jane Scott
C/O Mark Veazey
107 Mesa Circle
Salida, CO 81201

MATADOR PRODUCTION COMPANY
ANN COM. WELL NO. 1

Karen Ogden Cortese
159 West Ogden Road
Loving, NM 88256

Laverne Barnes
603 Susan Drive
Arlington, TX 76010

Lenore M. Johnson
1146 Robinhood Lane
Norman, OK 73072

Lila Beth Carbrera
405 Winding Creek Rd
Moore, OK 73061

Linda Sue Williams
13435 Parwood
Baton Rouge, LA 70816

Linville Williams
1129 N. Omaha
Mesa, AZ 85205

Lovella Kilman
2437 Northwest Circle NW
Albuquerque, NM 87104

Lucila Varela
P.O. Bo 115
Malaga, NM 88263

Lynn Hobbs
P.O. Box 128
Courtland, MS 38620

M. Brad Bennett
PO Box 51510
Midland, TX 79710

Manuel R. Mendoza, Jr.
PO Box 23
Malaga, NM 88263

Margaret L. Fate and Linville D. Williams, as Co-Trustees of the Roxie L. Williams Trust
2236 E. Fairfield
Mesa, AZ 85213

Margaret L. Fate
11104 Desert Classic Ln. NE
Albuquerque, NM 87111

Margaret Nymyer Williams
536 Rose Branch Dr.
La Vernia, TX 78121

Maria Rios Brownlee
PO Box 82872
Albuquerque, NM 87198

Marie Louise Loula
Route 3
Anadarko, OK 73005

Marie Yolanda H. Sotelo
920 Adrian St.
Lubbock, TX 79403

Marietta L. Mills
85 Eaton Rd., S.E.
Rio Rancho, NM 87124

Marilyn L. Cook
916 S. College
Edmond, OK 73034

Martin L. Ogburn
916 S. College
Edmond, OK 73034

Mary R. Perez
P.O. Box 115
Malaga, NM 88263

Matthew Collins
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Melba Lea Phillips
3110 Washington
Carlsbad, NM 88220

Melissa Breaux
217 Gerald
Lafayette, LA 70503

Michelle Marie Dial
C/O Jimmie C. Dial
2620 East 27th Ave.
Spokane, WA 99223

Mildred I. Spencer
973 Waggoner Road
Paradise, CA 95969

Milton Doyle Batchelor
C/O Gwemda Tefft
411 S. Spruce
Iola, KS 66749

MATADOR PRODUCTION COMPANY
ANN COM. WELL NO. 1

Murl I. Mulder
305 W Colorado
Anadarko, OK. 73005

Murrell M. Ogburn
PO Box 81
McKenna, WA 98558

Nida Jean Ballard
188 Black River Village Rd.
Loving, NM 88256

Nora Williams
120 E. Way NE
Montpelier, OH 43543

Norberto Rios, Jr.
P.O. Box 118
Malaga, NM 88263

Norris N. Gregg, Jr., as his separate property TO (1993):
610 N Orchard #41
Ukiah, CA 95482

Pedro G. Fuentez and wife,
Leonor O. Fuentez
P.O. Box 24
Malaga, NM 88263

Pearla C. Martinez and Eddie Carrasco
1612 W. Tansil
Carlsbad, NM 88220

R. H. Gregg
8608 Bluebonnet
Amarillo, TX 79108

Ralph (Rudy) Ruiz
5613 Newark
Corcoran, CA 93212

Raul Ruiz
108 N. 9th
Carlsbad, NM 88220

Raymond C. Rios
1862 Pecos Highway
Loving, NM 88256

Reyes Ruiz
302 W. Clayton
Lovington, NM 88260

Reymundo Rios
aka Raymundo Campos Rios
1862 Pecos Highway
Loving, NM 88256

Richard H. Coats and wife,
Sigrid M. Coats
P.O. Box 2412
Midland, TX 79702

Rita Rios Medrano
P. O. Box 2354
Carlsbad, NM 88220

Rogelio Ruiz
1707 S. Q Street
Tulare, CA 93274

Rosa Gurvitz, fka Rosa M. DeLaPaz
501 South Mesquite
Carlsbad, NM 88220

Rosa R. Gonzales
1407 W. Mermod
Carlsbad, New Mexico 88220

Ruby J. Gregg
C/O Bill M. Gregg
1149 Banyan Way
Pacifica, CA 94044

Sonya Marie Collins
509 Papershell Rd
Carlsbad, NM 88220

Stephen Glenn Hopkins
P.O. Box 516
Cloudcroft, NM 88317

Susan Ogden Benting, Trustee
of the Benting Revocable Trust
3856 Booker Farms Rd.
Mount Pleasant, TN 38474

T. B. Stribling III, Successor Trustee
of the Martha G. Stribling
Irrevocable Trust
P. O. Box 3100
Albuquerque, NM 87104

Terry Williams
Rt. 14, Box 1965
Odessa, TX 79764

Thomas Alan Lear
16833 Little Leaf Lane
Edmond, OK 73012

Thomas R. Smith
1409 S. County Road 1130
Midland, TX 79706

MATADOR PRODUCTION COMPANY
ANN COM. WELL NO. 1

Tom Stribling, Trustee of the
LTS Trust
75 Circle Dr. NE
Albuquerque, NM 87122

United Christian Missionary Society
c/o Christian Church Foundation
P O Box 1986
Indianapolis, IN 46206-1986

Victoria Rios Levya
1304 W. Bonbright St.
Carlsbad, NM 88220-4202

Virginia Lambing
3113 Wemberley Dr.
Sacramento, CA 95864

W Management, LLC
910 W. Pierce St. #57
Carlsbad, New Mexico 88220

Wayland Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

Wayne Scot Lear
3204 Barley Court
Norman, OK 73702

William C. Ahrens and wife,
Linda S. Ahrens
1216 Cedar Dr.
Carlsbad, NM 88220

William H. Covault
422 25th Avenue
East Moline, IL 61244

Yvonne Flemming
1174 Sherwood Ave.
San Jose, CA 95126-1031

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CERTIFIED MAIL® RECEIPT
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For delivery information, v

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MHF/MATADOR
ANN #1

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

3.45

USPS SANTA FE NM 87501

JUL 1 Postmark Here 2016

SANTA FE MAIN POST OFFICE

Alisa Ogden Stell
159 West Ogden Road
Loving, NM 88256

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

7015 1730 0000 3819 7415

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Alisa Ogden Stell
159 West Ogden Road
Loving, NM 88256

9590 9402 1505 5362 6093 78

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 7415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Michael Dunlap
C. Date of Delivery 7/18/16

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

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Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

3.45

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SANTA FE MAIN POST OFFICE

Andrew Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

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

7015 1730 0000 3819 7422

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Andrew Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

9590 9402 1505 5362 6093 85

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 7422

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* Andy Magby
C. Date of Delivery 7/18/16

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

1047 Black River Vlg Rd
Carlsbad, N.M 88220

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 Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Antonio Lopez
P.O. Box 96
Malaga, NM 88263

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

7015 1730 0000 3819 7439

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ANN #1

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Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

Art Huber, Jr. & Carolyn Huber
6290 Portola Road
Atascadero, California 93422

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

7015 1730 0000 3819 7446

RETURNED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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:

Art Huber, Jr. & Carolyn Huber
6290 Portola Road
Atascadero, California 93422

9590 9402 1505 5362 6094 08

2. Article Number *(Transfer from service label)*
7015 1730 0000 3819 7446

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
A. HUBER 7/20/16

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
- ☐ Insured Mail
- ☐ Insured Mail 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 Domestic Return Receipt

7015 1730 0000 3819 7453

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Domestic Mail Only

MHF/MATADOR
ANN #1 SANTA FE, NM 87501

For delivery information, vis

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Certified Mail Fee
$ 3.45

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 $

2.80

JUL 15 2016
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SANTA FE, NM POST OFFICE

Barney Joe Nunez
2617 Santa Monica Ave
Odessa TX 79763

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

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ANN #1 SANTA FE, NM 87501

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Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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SANTA FE, NM POST OFFICE

Belinda Williams
Route 6, Box 1965
Odessa, TX 79763

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RETURNED

7015 0640 0003 5400 6805

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MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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SANTA FE MAIN POST OFFICE

P
The Estate of Bennie Greer Jenkins
C/O James G. Greer
1503 Culp Rd.
Calico Rock, AR 72519

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
The Estate of Bennie Greer Jenkins
C/O James G. Greer
1503 Culp Rd.
Calico Rock, AR 72519

9590 9402 1505 5362 6094 39

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6805

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shawna
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Shawna
C. Date of Delivery 7/30/16

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

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

7015 0640 0003 5400 6812

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

For delivery information

OFFI

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM 87501
JUL 15 2016 Postmark Here
SANTA FE MAIN POST OFFICE

Billy M. Gregg
1149 Banyan Way
Pacifica, CA 94044

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Billy M. Gregg
1149 Banyan Way
Pacifica, CA 94044

9590 9402 1505 5362 6094 46

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6812

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* B Gregg
C. Date of Delivery 7/21

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 Domestic Return Receipt

RETURNED

7015 0640 0003 5400 7437

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ANN #1

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Po
$
To
$
St
Si
Ci

Blue Clyde, Inc.
6253 Hollywood Blvd
Suite 614
Los Angeles, CA 90028

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

7015 0640 0003 5400 7444

U.S. Postal Service™
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ANN #1

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$
To
$
Se
Str
Cit

BNSF Railway Company
2500 Lou Menk Drive AOB-3
Fort Worth, TX 76131

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

BNSF Railway Company
2500 Lou Menk Drive AOB-3
Fort Worth, TX 76131

9590 9402 1505 5362 6092 62

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7444

COMPLETE THIS SECTION ON DELIVERY

A. Signature BNSF RWY CO
X AOB/GL MAILROOM ☐ Agent ☐ Addressee

B. Received by (Printed Name) FT WORTH, TX C. Date of Delivery 7/19/16

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
- [x] 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
- [x] Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 0640 0003 5400 7451

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Domestic Mail Only

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ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 6.25

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Brian C. Reid and Katherine A. Reid
2502 Camarie
Midland, TX 79705

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

7015 0640 0003 5400 7468

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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 6.25

SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Buddy F. Ogburn
916 S. College
Edmond, OK 73034

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Brian C. Reid and Katherine A. Reid
2502 Camarie
Midland, TX 79705

9590 9402 1505 5362 6094 91

2. (Transfer from service label) 7015 0640 0003 5400 7451

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) B C REID

C. Date of Delivery 7/19/16

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

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

RETURNED

7015 0640 0003 5400 7475

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ANN #1

USPS SANTA FE NM 87501

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	

Camellia Land, LLC
P.O. Box 51510
Midland, TX 79710

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

7015 0640 0003 5400 7482

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ANN #1

USPS SANTA FE NM 87501

JUL 1 Postmark Here 916

SANTA FE MAIN POST OFFICE

Certified Mail Fee	$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☑ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	

Carlene M. Cowan
916 S. College
Edmond, OK 73034

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION — **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature
x Peggy Ainsworth ☑ Agent ☐ Addressee

B. Received by (Printed Name) Peggy Ainsworth C. Date of Delivery 7-18-16

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

1. Article Addressed to:

Camellia Land, LLC
P.O. Box 51510
Midland, TX 79710

9590 9402 1505 5362 6095 14

2. Article Number (Transfer from service label)
7015 0640 0003 5400 7475

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
- ☐ 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 Domestic Return Receipt

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7015 0640 0003 5400 7499

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ANN #1

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

To
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JUL 15 2015
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SANTA FE MAIN POST OFFICE

Carlos Gonzales & Patricia Gonzales
22506 Old Carriage Lane
Spring, TX 77388

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

RETURNED

7015 0640 0003 5400 6492

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ANN #1

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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JUL 15 2015
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SANTA FE MAIN POST OFFICE

Carolina Rodriguez
PO Box 12
Malaga, NM 88263

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Carolina Rodriguez
PO Box 12
Malaga, NM 88263

9590 9402 1505 5362 6094 77

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6492

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Carol Rod ☐ Agent ☐ Addressee

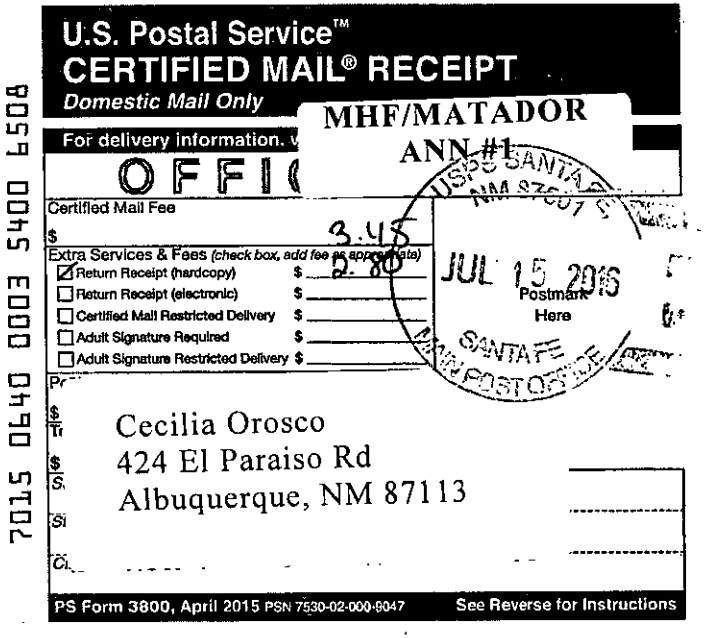
B. Received by (Printed Name)

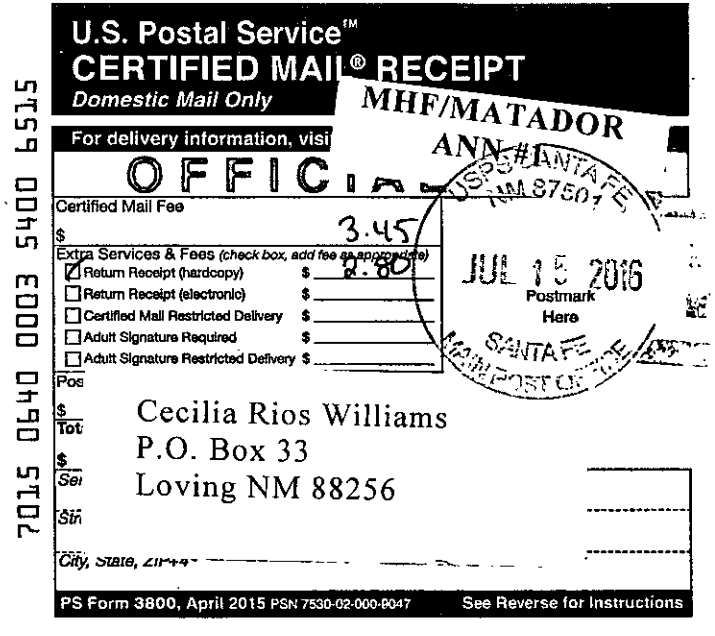
C. Date of Delivery

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
- ☐ Insured Mail
- ☐ 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 Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
ANN #1
For delivery information, v
OFFI
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
JUL 15 2016
Postmark Here
SANTA FE
Cecilia Orosco
424 El Paraiso Rd
Albuquerque, NM 87113
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0003 5400 6508


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
ANN #1
For delivery information, visi
OFFICIA
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
JUL 15 2016
Postmark Here
SANTA FE
Cecilia Rios Williams
P.O. Box 33
Loving NM 88256
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0003 5400 6515

7015 0640 0003 5400 6522

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ANN #1

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JUL 15 2015

Postmark Here

SANTA FE POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Celia Ruiz
1445 N 11th Ave
Hansford, CA 93230

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

7015 0640 0003 5400 6539

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For delivery information, vis

OFFIC

MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501

JUL 15 2015

Postmark Here

SANTA FE POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Cella B. Milavec
P.O. Box 22
Peralta, NM 87042

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

Cella B. Milavec
P.O. Box 22
Peralta, NM 87042

9590 9402 1505 5362 6093 61

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6539

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
7/19/16

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

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

7015 0640 0003 5400 6546

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Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
ANN #1
USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Charlotte E. Cook
Post Office Box 7480
Columbia, MO 65205

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

Charlotte E. Cook
Post Office Box 7480
Columbia, MO 65205

9590 9402 1505 5362 6092 79

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6546

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* D. Cook 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
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

RETURNED

7015 0640 0003 5400 6553

U.S. Postal Service™
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Domestic Mail Only

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MHF/MATADOR
ANN #1
USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

Connie H. Lara
P.O. Box 1211
Carlsbad, NM 88220

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

7015 0640 0003 5400 6560

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ANN #1

USPS SANTA FE NM 87501

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Po

To Corina Foxen
416 1/2 Delaware
Alamogordo, NM 88310

Se

Si

City, State, ...

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

RETURNED

7015 0640 0003 5400 6577

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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ANN #1

USPS SANTA FE NM 87501

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

To Craig W. Ogden
159 West Ogden Road
Loving, NM 88256

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

Craig W. Ogden
159 West Ogden Road
Loving, NM 88256

9590 9402 1505 5362 6093 09

2. Article Number (Transfer from service label) 7015 0640 0003 5400 6577

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 7/18/16

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

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

7015 0640 0003 5400 6584

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

MHF/MATADOR
ANN #1

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
$	
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$

JUL 15 2016 Postmark Here

SANTA FE NM POST OFFICE

Cuca Rios Stanley
309 N. Eighth St.
Carlsbad, NM 88220

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

Cuca Rios Stanley
309 N. Eighth St.
Carlsbad, NM 88220

9590 9402 1505 5362 6093 16

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6584

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

POSTAL SERVICE JUL 20 2016 CARLSBAD NM 88220

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 Domestic Return Receipt

7015 0640 0003 5400 6591

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

MHF/MATADOR
ANN #1

For delivery information, visit

OFFIC

Certified Mail Fee	3.45
$	
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.80
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	
$	
Total Postage and Fees	
$	
Sent To	
C	

JUL 15 2016 Postmark Here

SANTA FE NM POST OFFICE

Dana Carole Dever Carrow
1314 Springbrooke Dr.
Edwardsville, IL 62025

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

Dana Carole Dever Carrow
1314 Springbrooke Dr.
Edwardsville, IL 62025

9590 9402 1505 5362 6093 23

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6591

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
7-21-16

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

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

7015 0640 0003 5400 6607

U.S. Postal Service™
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USPS SANTA FE NM 87501
JUL 18 Postmark Here
SANTA FE POST OFFICE

Certified Mail Fee $ 3.15

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Daniel Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

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

7015 0640 0003 5400 6614

U.S. Postal Service™
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MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501
JUL 18 Postmark Here
SANTA FE POST OFFICE

Certified Mail Fee $ 3.48

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Po
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Ci

David D. Hampton
603 Susan Drive
Arlington, TX 76010

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

FOLD AT DOTTED LINE

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 Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

9590.9402 1505 5362 6093 30

2. Article Number (Transfer from service label) 7015 0640 0003 5400 6607

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Andy Magby ☑ Agent ☐ Addressee

B. Received by (Printed Name) Andy Magby
C. Date of Delivery 7/18/16

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

1035 BLACK RIVER VLG RD
CARLSBAD, NM 88220

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 Domestic Return Receipt

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

For delivery information, visit OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

MHF/MATADOR ANN #1 SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

Dawn Rios
902 Alamosa
Carlsbad, NM 88220

7015 0640 0003 5400 6621

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

Dawn Rios
902 Alamosa
Carlsbad, NM 88220

9590 9402 1505 5362 6092 48

2. Article Number (Transfer from service label) 7015 0640 0003 5400 6621

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 7-15-16

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
- ☐ Mail
- ☐ Mail 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 Domestic Return Receipt

U.S. Postal Service™
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Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

MHF/MATADOR ANN #1 SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

Deborah Jean Calvert Groves,
as her separate property
200 Ben Hogan Dr
McAllen, TX 78503

City, State, ZIP+4®

7015 0640 0003 5400 6638

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

Deborah Jean Calvert Groves,
as her separate property
200 Ben Hogan Dr
McAllen, TX 78503

9590 9402 1505 5362 6092 55

2. Article Number (Transfer from service label) 7015 0640 0003 5400 6638

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DEBORAH J CALVERT GROVES C. Date of Delivery 7/20/16

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

MCALLEN TX 785 JUL 20 2016 USPS 78501-9998

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail 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 Domestic Return Receipt

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7015 0640 0003 5400 6645

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Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.30
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Diana Junette Harris
5425 68th
Lubbock, TX

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

7015 0640 0003 5400 6652

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ANN #1

For delivery information, vi

OFFIC

Certified Mail Fee	3.45
Extra Services & Fees *(check box, add fee as appropriate)*	
☑ Return Receipt (hardcopy)	$ 2.30
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Dimitri Elias Nunez
1000 Magnolia Blvd
Odessa, TX 79761

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

Dimitri Elias Nunez
1000 Magnolia Blvd
Odessa, TX 79761

9590 9402 1505 5362 6091 49

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6652

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dimitri Nunez ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 7-20

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
☐ Delivery Restricted Delivery
☐ Mail Restricted Delivery (over $500)
☐ 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 Domestic Return Receipt

7015 0640 0003 5400 6669

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ANN #1

For delivery information, visit

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USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

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Donald Coburn and wife
230 Weeping Oaks Lane
Spring, TX 77388

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

7015 0640 0003 5400 6676

U.S. Postal Service™
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ANN #1

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OFFIC

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
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SANTA FE MAIN POST OFFICE

Postage
$

Doris S. Williams, or her
successors in trust, as Trustee
of the Williams Living Trust
P.O. Box 1021
Princeton, TX 75407

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

Donald Coburn and wife
230 Weeping Oaks Lane
Spring, TX 77388

9590 9402 1505 5362 6091 56

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6669

COMPLETE THIS SECTION ON DELIVERY

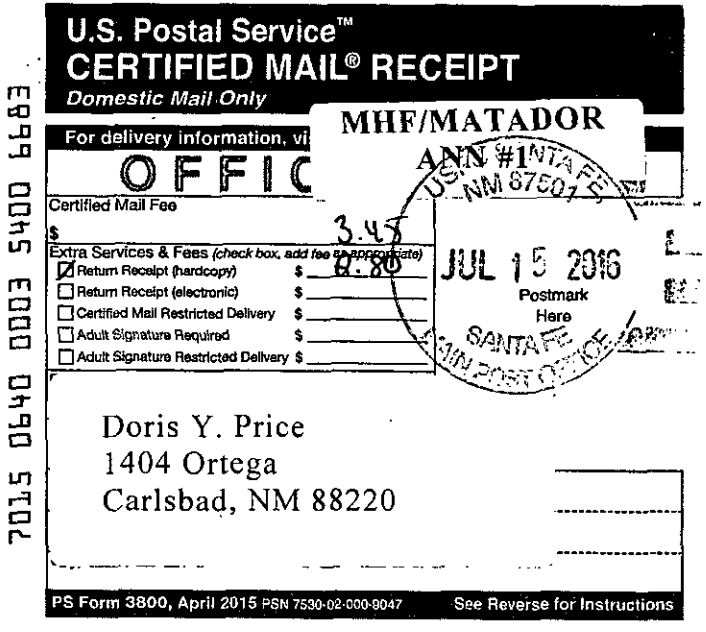
A. Signature
X Donald R. Coburn ☐ Agent ☐ Addressee

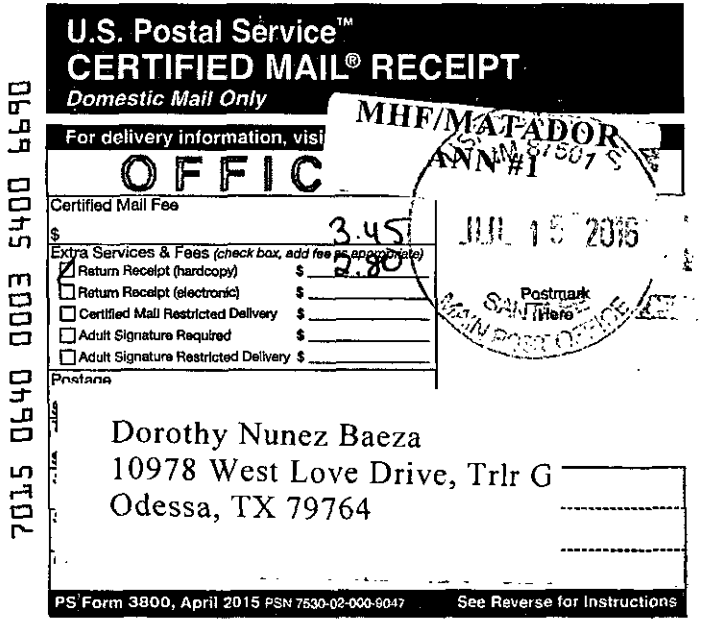
B. Received by *(Printed Name)* Donald R. Coburn
C. Date of Delivery 7/20/16

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

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


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
ANN #1
SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Doris Y. Price
1404 Ortega
Carlsbad, NM 88220
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0003 5400 6683


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
ANN #1
JUL 15 2016
Postmark Here
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
Dorothy Nunez Baeza
10978 West Love Drive, Trlr G
Odessa, TX 79764
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0003 5400 6690

RETURNED

7015 0640 0003 5400 6706

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Domestic Mail Only

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OFFIC

MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501 2016 MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Effie Brendle
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Effie Brendle
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6091 94

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6706

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Elizabeth Collins ☐ 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
- ☐ 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

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

7015 0640 0003 5400 6713

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Domestic Mail Only

For delivery information, v

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MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501 JUL 15 2016 SANTA FE MAIN POST OFFICE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

Effie D. Hernandez
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Effie D. Hernandez
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6092 00

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6713

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Elizabeth Collins ☑ 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
- ☐ 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

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

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

For delivery information, vi

MHF/MATADOR
ANN #1

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE POST OFFICE

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Sen
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City,

Elaine April Adame
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

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

7015 0640 0003 5400 6720

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:

Elaine April Adame
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6092 17

2. Article Number *(Transfer from service label)*
7015 0640 0003 5400 6720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Elizabeth Collins ☐ 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 Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

For delivery information, vi

MHF/MATADOR
ANN #1

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE POST OFFICE

Postage

Elias Navarrette
1002 W Bonbright
Carlsbad, NM 88220

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

7015 0640 0003 5400 6737

7015 0640 0003 5400 6744

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USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016 Postmark Here

SANTA FE MAIN POST OFFICE

Elidia Martinez
1407 W Stevens
Carlsbad, NM 88220

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

7015 0640 0003 5400 6751

U.S. Postal Service™
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MHF/MATADOR
ANN #1

For delivery information, v

OFFIC

USPS SANTA FE NM 87501

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Tot $

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City

JUL 15 2016 Postmark Here

SANTA FE MAIN POST OFFICE

Elizabeth Ann Wilson
P.O. Box 1434
Artesia, NM 88211

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

Elidia Martinez
1407 W Stevens
Carlsbad, NM 88220

9590 9402 1505 5362 6090 33

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6744

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ 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 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Elizabeth Ann Wilson
P.O. Box 1434
Artesia, NM 88211

9590 9402 1505 5362 6090 40

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6751

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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 Domestic Return Receipt

7015 0640 0003 5400 6768

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

MHF/MATADOR
ANN #1

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2015
Postmark Here
SANTA FE, NEW MEXICO

Elizabeth Collins
PO Box 91
Malaga, NM 88263

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6090 57

2. Article Number (Transfer from service label)
7015 0640 0003 5400 6768

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth Collins ☐ 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 Domestic Return Receipt

7015 0640 0003 5400 6775

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

MHF/MATADOR
ANN #1

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

OFFICIAL USE

Certified Mail Fee
$ 3.45

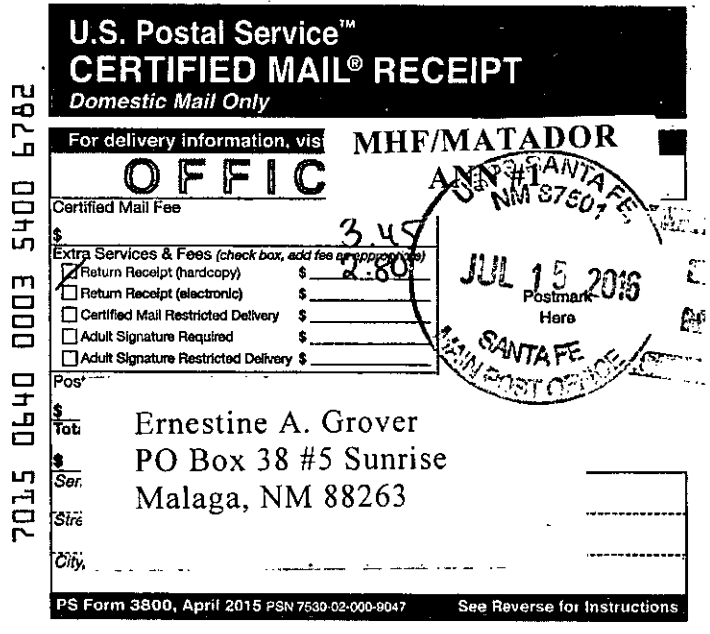
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501
JUL 15 2015
Postmark Here
SANTA FE, NEW MEXICO

Postage

Erminia N. Chavez
1803 E Oak
Midland, TX 79705

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



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

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MHF/MATADOR
ANN #1

SANTA FE NM 87501

JUL 15 2016
Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

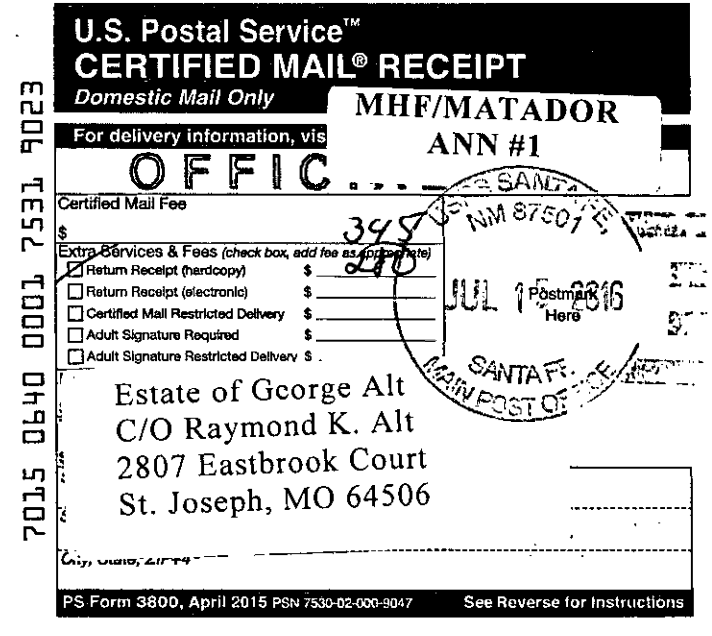
Pos
$
Tot
$
Ser
Stre
City,

Ernestine A. Grover
PO Box 38 #5 Sunrise
Malaga, NM 88263

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

7015 0640 0003 5400 6782

RETURNED



U.S. Postal Service™
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For delivery information, vis

OFFIC

MHF/MATADOR
ANN #1

SANTA FE NM 87501

JUL 15 2016
Postmark Here

SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Estate of George Alt
C/O Raymond K. Alt
2807 Eastbrook Court
St. Joseph, MO 64506

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

7015 0640 0001 7531 9023

RETURNED

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

MHF/MATADOR
ANN #1

For delivery information, v

OFFIC

Certified Mail Fee
$

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
3.45

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Estate of H.B. Amerine
C/O Beauford L. Amerine
15015 Los Lotese
Whittier, CA 90605

7015 0640 0001 7531 9030

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:
Estate of H.B. Amerine
C/O Beauford L. Amerine
15015 Los Lotese
Whittier, CA 90605

9590 9402 1505 5362 6090 95

2. Article Number (Transfer from service label)
7015 0640 0001 7531 9030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
07/8/16

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

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

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

MHF/MATADOR
ANN #1

For delivery information, vi

OFFIC

Certified Mail Fee
$

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
3.45

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE POST OFFICE

Estate of J. D. McDonald
C/O Orville E. McDonald, Jr.
956 Bleimeyer
Las Cruces, NM 88005

7015 0640 0001 7531 9047

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Estate of J. D. McDonald
C/O Orville E. McDonald, Jr.
956 Bleimeyer
Las Cruces, NM 88005

9590 9402 1505 5362 6091 01

2. Article Number (Transfer from service label)
7015 0640 0001 7531 9047

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) | C. Date of Delivery
Orville E. McDonald | 7/19/16

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

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

RETURNED

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

For delivery information, visit

MHF/MATADOR
ANN #1

OFFIC

Certified Mail Fee
$

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
$

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Estate of Perry Clinton
922 W. Thirtieth
Houston, TX 77018

7015 0640 0001 7531 9054

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

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

For delivery information, vis

MHF/MATADOR
ANN #1

OFFIC

Certified Mail Fee
$

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
$

USPS SANTA FE NM 87501
JUL 15
Postmark Here
SANTA FE MAIN POST OFFICE

Estate of Rosa B. Farrell
C/O Jim Kenney
405 W. Orchard Ln.
Carlsbad, NM 88220

7015 0640 0001 7531 9061

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

Estate of Rosa B. Farrell
C/O Jim Kenney
405 W. Orchard Ln.
Carlsbad, NM 88220

9590 9402 1505 5362 6091 25

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 9061

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jim W. Kenney
☐ 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
- ☐ Insured Mail 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 Domestic Return Receipt

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

For delivery information, v

OFFI(

Certified Mail Fee
$

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 $

MHF/MATADOR
ANN #1
125 SANTA FE
NM 87501
345
JUL 15 2016
Postmark Here
SANTA FE
MAIN POST OFFICE

Estate of Tat H. Farrell
C/O Jim Kenney
405 W. Orchard Ln.
Carlsbad, NM 88220

7015 0640 0001 7531 9078

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Estate of Tat H. Farrell
C/O Jim Kenney
405 W. Orchard Ln.
Carlsbad, NM 88220

9590 9402 1505 5362 6089 51

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 9078

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Jim Kenney
☐ 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

Mail
Mail Restricted Delivery
(over $500)

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

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

For delivery information, v

OFFI(

Certified Mail Fee
$

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 $

MHF/MATADOR
ANN #1
US SANTA FE
NM 87501
345
JUL 15 2016
Postmark Here
SANTA FE
MAIN POST OFFICE

Estate of Virgil J. Shan
C/O Edgel Shan
1020 N. Pate
Carlsbad, NM 88220

City, State, ZIP+4

7015 0640 0001 7531 9085

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

Estate of Virgil J. Shan
C/O Edgel Shan
1020 N. Pate
Carlsbad, NM 88220

9590 9402 1505 5362 6089 68

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 9085

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Edgel Shan
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
7-16-16

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

(over $500)

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

7015 0640 0001 7531 9092

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

For delivery information, v

OFFIC

MHF/MATADOR
ANN #1
USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE, NM
MAIN POST OFFICE

Certified Mail Fee
$

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
$

Tota
$
Ser
Stre
City

Evelyn Murl Baker
C/O May Nell Mileta
1365 Brillant Street
Raton, NM 87740

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

Evelyn Murl Baker
C/O May Nell Mileta
1365 Brillant Street
Raton, NM 87740

9590 9402 1505 5362 6089 75

2. Article Number (Transfer from service label)
7015 0640 0001 7531 9092

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Nell Mileta ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mary Nell Mileta
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 Domestic Return Receipt

7015 0640 0001 7531 9108

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

For delivery information, vis

OFFIC

MHF/MATADOR
ANN #1
USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE, NM
MAIN POST OFFICE

Certified Mail Fee
$

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 $

Falls Family, LLC
2901 Juan Tabo Blvd NE
Albuquerque, NM 87112

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

Falls Family, LLC
2901 Juan Tabo Blvd NE
Albuquerque, NM 87112

9590 9402 1505 5362 6089 82

2. Article Number (Transfer from service label)
7015 0640 0001 7531 9108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kyle Falls
C. Date of Delivery 7/25/16

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

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

7015 0640 0001 7531 8583

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

MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Frances Sheppard
23262 E Allendale Rd
Allendale, IL 62401

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

STICKER AT TOP OF ENVELOPE TO THE RIGHT
RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Frances Sheppard
23262 E Allendale Rd
Allendale, IL 62401

9590 9402 1505 5362 6089 99

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8583

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Frances Sheppard ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* FRANCIS SHEPARD
C. Date of Delivery 7-19-16

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

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

7015 0640 0001 7531 8385

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

MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.60
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Gary L. Covault
3435 60th Street, Apt 6
Moline, IL 61265

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

RETURNED

7015 0640 0001 7531 8392

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

MHF/MATADOR
ANN #1

For delivery information, visit o

OFFICI

USPS SANTA FE NM 87501

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $ 2.70
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

15 2016
Postmark Here

SANTA FE NEW MEXICO POST OFFICE

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Geneva Cleora Brim
876 S. Juniper Ter Unit 12
Gardner, KS 66030

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

7015 0640 0001 7531 8408

U.S. Postal Service™
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Domestic Mail Only

MHF/MATADOR
ANN #1

For delivery information, visit o

OFFICI

USPS SANTA FE NM 87501

Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $ 2.70
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

15 2016
Postmark Here

SANTA FE NEW MEXICO POST OFFICE

Gladys L. Martin
C/O Kathleen Foust
201 Friendship Rd.
Camden, SC 29020

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Geneva Cleora Brim
876 S. Juniper Ter Unit 12
Gardner, KS 66030

9590 9402 1505 5362 6090 19

2. Article Number *(Transfer from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* GEONADO

C. Date of Delivery 5/18

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
- ☐ 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

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

RETURNED

U.S. Postal Service™
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Domestic Mail Only

For delivery information, vis

MHF/MATADOR
ANN #1

OFFICIAL USE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.60
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$ 1.

JUL 15 2016
Postmark Here
SANTA FE

Glen Brady Williams
Route 4, Box 195
Mtn. Grove, MO 65711

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

7015 0640 0001 7531 8415

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:

Glen Brady Williams
Route 4, Box 195
Mtn. Grove, MO 65711

9590 9402 1505 5362 6089 44

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Charles Miller ☐ Agent ☐ Addressee

B. Received by (Printed Name) Charles Miller C. Date of Delivery 7-18-16

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

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

U.S. Postal Service™
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Domestic Mail Only

For delivery information, vis

MHF/MATADOR
ANN #1

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.60
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

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JUL 19 2016
Postmark Here
SANTA FE

Gloria H. Sing
P.O. Box 201
Carlsbad, NM 88220

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

7015 0640 0001 7531 8422

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Gloria H. Sing
P.O. Box 201
Carlsbad, NM 88220

9590 9402 1505 5362 6088 21

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8422

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gloria Sing ☐ 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

POSTAL SERVICE JUL 19 2016 CARLSBAD NM 88220

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 (over $500)

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit o

OFFICI

MHF/MATADOR
ANN #1

Certified Mail Fee

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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

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Se

Str

City

Green Tree Servicing, LLC
7360 S. Kyrene Road
Kyrene Building
Tempe, AZ 85283

JUL 15 Postmark Here

SANTA FE NM 87501

7015 0640 0001 7531 8439

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Green Tree Servicing, LLC
7360 S. Kyrene Road
Kyrene Building
Tempe, AZ 85283

9590 9402 1505 5362 6088 45

2. Article Number *(Transfer from service label)*

7015 0640 0001 7531 8439

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* B. Warner

C. Date of Delivery 8/1

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

DirecTech Mail Room
SOUTH STE 284 TEMPE AZ

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 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee

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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 $

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Gregory Dean Dever
2609 Brookside Ave.
Edmond, OK 73034

JUL 15 Postmark Here

SANTA FE NM 87501

7015 0640 0001 7531 8446

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

Gregory Dean Dever
2609 Brookside Ave.
Edmond, OK 73034

9590 9402 1505 5362 6088 52

2. Article Number *(Transfer from service label)*

7015 0640 0001 7531 8446

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* GREG DEVER

C. Date of Delivery

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

EDMOND OK 730
SOUTH

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

Mail
Mail Restricted Delivery
(over $500)

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

U.S. Postal Service™
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For delivery information, vis

OFFIC

MHF/MATADOR
ANN#1
NM 875

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016
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SANTA FE

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H. E. Hampton
4966 Briar Oak Lane
Grand Prairie, TX 75052

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

7015 0640 0001 7531 8453

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

For delivery informati

OFF

MHF/MATADOR
ANN #1
SANTA
NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 1 2016
Postmark Here
SANTA FE

Postage

H. H. Gregg
C/O Billy M. Gregg
1149 Banyan Way
Pacifica, CA 94044

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

7015 0640 0001 7531 8460

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:

H. H. Gregg
C/O Billy M. Gregg
1149 Banyan Way
Pacifica, CA 94044

9590 9402 1505 5362 6088 76

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8460

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* B. Gregg
C. Date of Delivery 7/21

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

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

7015 0640 0001 7531 8477

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

MHF/MATADOR
ANN #1

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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 $ 2.80

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JUL 15 2016
Postmark Here
SANTA FE

Harold Don Drew
HC 62, Box 1285
Salyersville, KY 41465

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

Harold Don Drew
HC 62, Box 1285
Salyersville, KY 41465

9590 9402 1505 5362 6088 83

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8477

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Harold D Drew ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* Harold D. Drew
C. Date of Delivery 7-20-16

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

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

7015 0640 0001 7531 8187

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ANN #1

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

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 $ 2.80

Postage
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JUL 15 2016
Postmark Here
SANTA FE

Harry F. Collins, Jr.
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Harry F. Collins, Jr.
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6088 90

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8187

COMPLETE THIS SECTION ON DELIVERY

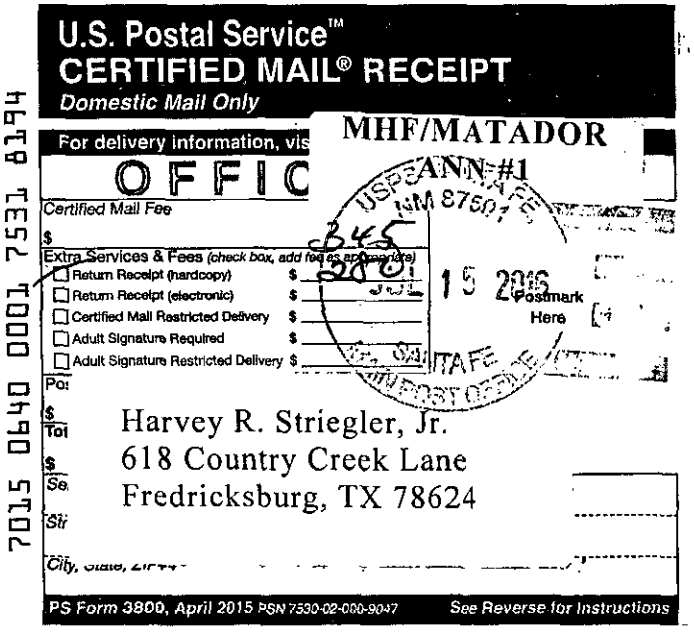
A. Signature
x Elizabeth Collins ☐ Agent ☐ Addressee

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 Domestic Return Receipt



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

For delivery information, vis

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Certified Mail Fee
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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 $

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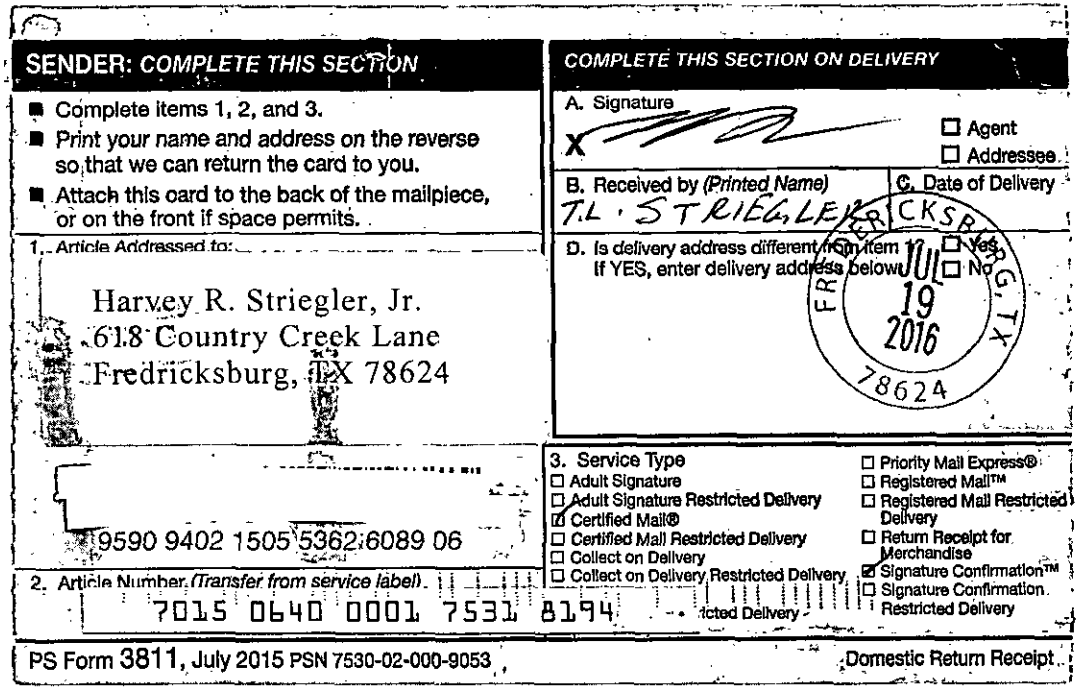
MHF/MATADOR
ANN #1
USPS SANTA FE NM 87501
345
JUL 15 2016
Postmark Here
SANTA FE POST OFFICE

Harvey R. Striegler, Jr.
618 Country Creek Lane
Fredricksburg, TX 78624

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

7015 0640 0001 7531 8194



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:

Harvey R. Striegler, Jr.
618 Country Creek Lane
Fredricksburg, TX 78624

9590 9402 1505 5362 6089 06

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8194

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

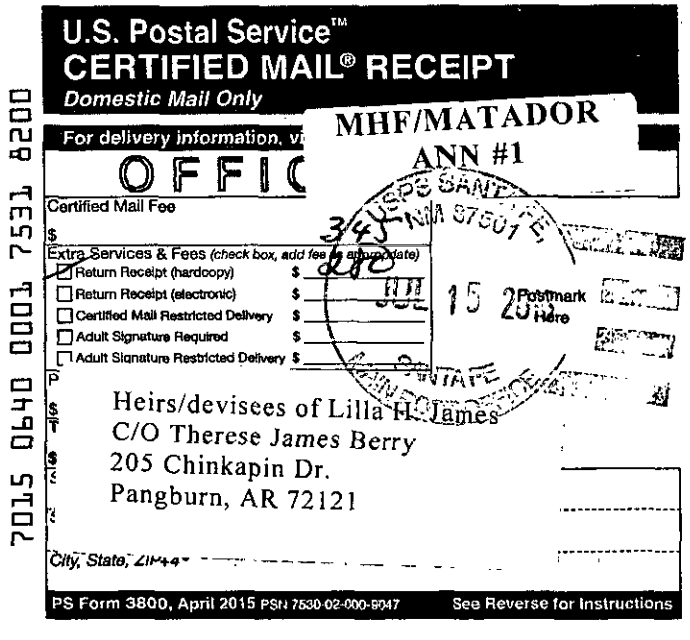
B. Received by (Printed Name) T.L. STRIEGLER
C. Date of Delivery JUL 19 2016

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

FREDERICKSBURG, TX 78624

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 Domestic Return Receipt



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

For delivery information, vi

OFFIC

Certified Mail Fee
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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 $

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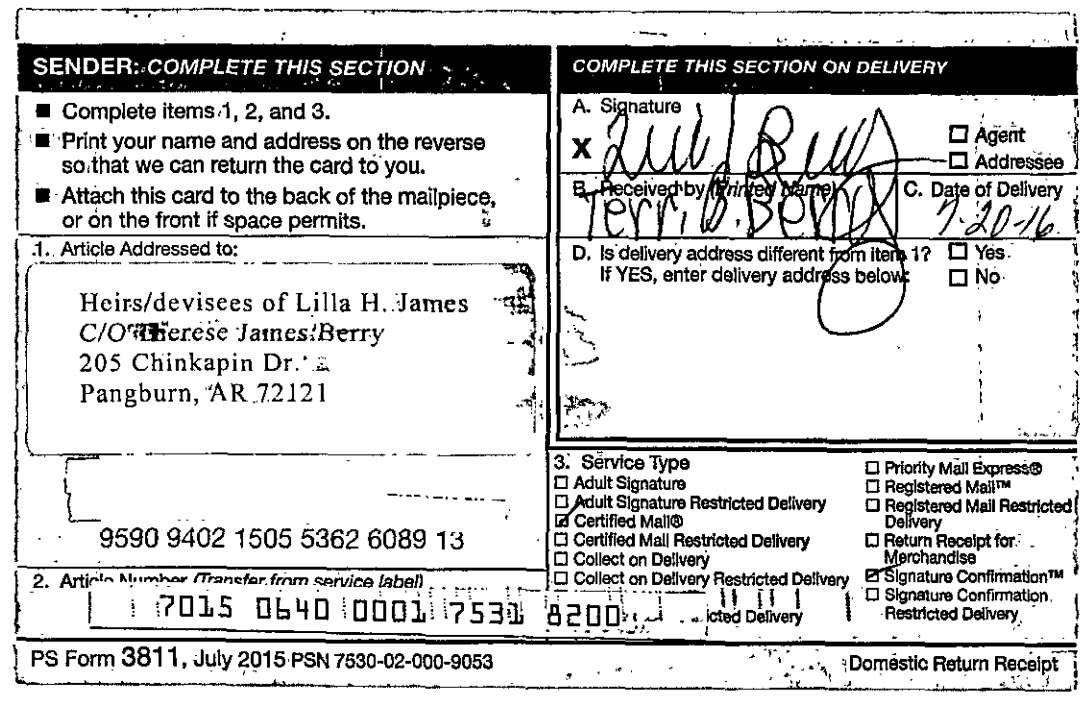
City, State, ZIP+4

MHF/MATADOR
ANN #1
USPS SANTA FE NM 87501
345
JUL 15 2016
Postmark Here
SANTA FE POST OFFICE

Heirs/devisees of Lilla H. James
C/O Therese James Berry
205 Chinkapin Dr.
Pangburn, AR 72121

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

7015 0640 0001 7531 8200



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:

Heirs/devisees of Lilla H. James
C/O Therese James Berry
205 Chinkapin Dr.
Pangburn, AR 72121

9590 9402 1505 5362 6089 13

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8200

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Terri D. Berry
C. Date of Delivery 7-20-16

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

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

7015 0640 0001 7531 8217

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

MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$

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
$

345
2880
JUL 15 2016
Postmark Here
SANTA FE, NM
POST OFFICE

Gene W. Allen and Dorothy J. Allen,
Co-Trustees of the Allen Revocable
Trust
5301 NW 123rd St.
Oklahoma City, OK 73142

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

Gene W. Allen and Dorothy J. Allen,
Co-Trustees of the Allen Revocable
Trust
5301 NW 123rd St.
Oklahoma City, OK 73142

9590 9402 1505 5362 6089 20

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dorothy J Allen ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
Dorothy J Allen 7-8-16

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

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

7015 0640 0001 7531 8224

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

MHF/MATADOR
ANN #1

For delivery information, v

OFFIC

Certified Mail Fee
$

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
$

345
2880
JUL 15
Postmark Here
NM 87501
SANTA FE
POST OFFICE

Edwin L. Dungan, Trustee, and George T.
Dungan, Successor Co-Trustee, under the
Trust Agreement known as the Edwin L.
Dungan and June C. Dungan Revocable Trust
Agreement, dated July 24, 1974
212 W. Stevens
Carlsbad, NM 88220

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

Edwin L. Dungan, Trustee, and George T.
Dungan, Successor Co-Trustee, under the
Trust Agreement known as the Edwin L.
Dungan and June C. Dungan Revocable Trust
Agreement, dated July 24, 1974
212 W. Stevens
Carlsbad, NM 88220

9590 9402 1505 5362 6089 37

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8224

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Diana Yeager ☐ 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 Domestic Return Receipt

7015 0640 0001 7531 8231

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

For delivery information, vis

OFFIC

MHF/MATADOR
ANN #1
USPS SANTA FE
NM 87501 FE

JUL 15 2016

Postmark Here

Certified Mail Fee
$

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 $

Pos
$
Tot
$
Ser
Stre
City,

James E. Harris
2707 Chrysler Dr
Roswell, NM 88201

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

James E. Harris
2707 Chrysler Dr
Roswell, NM 88201

9590 9402 1505 5362 6087 22

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8231

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Martha Harris ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7/18/16

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

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

7015 0640 0001 7531 8248

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

For delivery information.

OFFI

MHF/MATADOR
ANN #1
USPS SANTA FE
NM 87501 FE

JUL 15 2016

Postmark Here

Certified Mail Fee
$

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
$
Tot
$
Ser.
Stre
City,

James Grady Lear
2413 Grinnell Drive
Perryton, TX 79070

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

James Grady Lear
2413 Grinnell Drive
Perryton, TX 79070

9590 9402 1505 5362 6087 39

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James G Lear ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
JAMES G. LEAR 7-19-16

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

(over $500)

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

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

For delivery information, vi

MHF/MATADOR
ANN #1
OFFIC

Certified Mail Fee
$

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
$

345
JUL 15 2016
Postmark Here
SANTA FE, NM
MAIN POST OFFICE

James S. Witt
P.O. Box 2121
Yelm, WA 98597

7015 0640 0001 7531 8255

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

James S. Witt
P.O. Box 2121
Yelm, WA 98597

9590 9402 1505 5362 6087 46

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8255

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

JUL 20 2016

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

(over $500)

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

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

For delivery information, vi

MHF/MATADOR
ANN #1
OFFIC

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

345
JUL 15 2016
Postmark Here
SANTA FE, NM
MAIN POST OFFICE

James S. Witt, III
P.O. Box 2121
Yelm, WA 98597

7015 0640 0001 7531 8262

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

James S. Witt, III
P.O. Box 2121
Yelm, WA 98597

9590 9402 1505 5362 6087 53

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8262

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
James S. Witt III

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

JUL 20 2016
YELM WA 98597

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 Domestic Return Receipt

7015 0640 0001 7531 8279

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

For delivery information, vis

OFFIC

MHF/MATADOR ANN #1
USPS SANTA FE NM 87501
JUL 15 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

James W. Williams
N. Star Route, Box 324
Mtn. Grove, MO 65711

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

7015 0640 0001 7531 8484

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

For delivery information, visit

OFFIC

MHF/MATADOR ANN #1
USPS SANTA FE NM 87501
JUL 15 2015
Postmark Here
SANTA FE MAIN POST OFFICE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

James Williams
Route 6, Box 1965
Odessa, TX 79763

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

James W. Williams
N. Star Route, Box 324
Mtn. Grove, MO 65711

9590 9402 1505 5362 6087 60

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James W. Williams
☐ Agent
☑ Addressee

B. Received by (Printed Name) James Williams
C. Date of Delivery 7/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
7985 Hwy 38
Mountain Grove, MO. 65711

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

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

RETURNED

7015 0640 0001 7531 8491

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

MHF/MATADOR

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$ 6.25

To
Janet A. Smith
8321 NE 122 Street
Jones, OK 73049

Postmark Here
USPS ANN #1 NM 87501 JUL 15 2015 SANTA FE POST OFFICE

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

7015 0640 0001 7531 8507

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

MHF/MATADOR

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$ 6.25

To
Jason Tom Collins
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

Postmark Here
USPS ANN #1 NM 87501 JUL 15 2015 SANTA FE POST OFFICE

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

RETURNED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Jason Tom Collins
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6087 91

2. 7015 0640 0001 7531 8507

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth Collins ☐ 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

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

7015 0640 0001 7531 8514

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

For delivery information, vi
OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$

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 $

Postmark Here

Jesus D. Armendarez, Sr.
310 Montclair
Carlsbad, NM 88220

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

Jesus D. Armendarez, Sr.
310 Montclair
Carlsbad, NM 88220

9590 9402 1505 5362 6088 07

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8514

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 Domestic Return Receipt

7015 0640 0001 7531 8521

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

For delivery information, vi
OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$

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 $

Postmark Here

Jose Varela
108 Hamilton
Carlsbad, NM 88220

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Jose Varela
108 Hamilton
Carlsbad, NM 88220

9590 9402 1505 5362 6088 14

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8521

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 Domestic Return Receipt

7015 0640 0001 7531 8538

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

MHF/MATADOR
ANN #1

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.35

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016 Postmark Here

Postage
$

Total
$

Sent
Juanita Jane Scott
C/O Mark Veazey

Street
107 Mesa Circle

City, S
Salida, CO 81201

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Juanita Jane Scott
C/O Mark Veazey
107 Mesa Circle
Salida, CO 81201

9590 9402 1505 5362 6086 54

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8538

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
7-15-16

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

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

7015 0640 0001 7531 8545

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

MHF/MATADOR
ANN #1

For delivery information
OFFICIAL

Certified Mail Fee
$ 3.35

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016 Postmark Here

Postage
$

Karen Ogden Cortese
159 West Ogden Road
Loving, NM 88256

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:
Karen Ogden Cortese
159 West Ogden Road
Loving, NM 88256

9590 9402 1505 5362 6086 61

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8545

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by *(Printed Name)*
Michael Ponce

C. Date of Delivery
7/18/16

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

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

7015 0640 0001 7531 8552

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

MHF/MATADOR
ANN #1

For delivery information, visit c

OFFIC

Certified Mail Fee
$ 3.45

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 $ 2.80

Postage
$

Tot

Laverne Barnes
603 Susan Drive
Arlington, TX 76010

Sen

Stre

City,

USPS SANTA FE NM 87501 JUL 15 2015 Postmark Here SANTA FE MAIN POST OFFICE

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

7015 0640 0001 7531 8569

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

MHF/MATADOR
ANN #14

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tota

Lenore M. Johnson
1146 Robinhood Lane
Norman, OK 73072

Sen

Stre

City,

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE POST OFFICE

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Lenore M. Johnson
1146 Robinhood Lane
Norman, OK 73072

9590 9402 1505 5362 6086 85

2. Article Number *(Transfer from service label)*
7015 0640 0001 7531 8569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

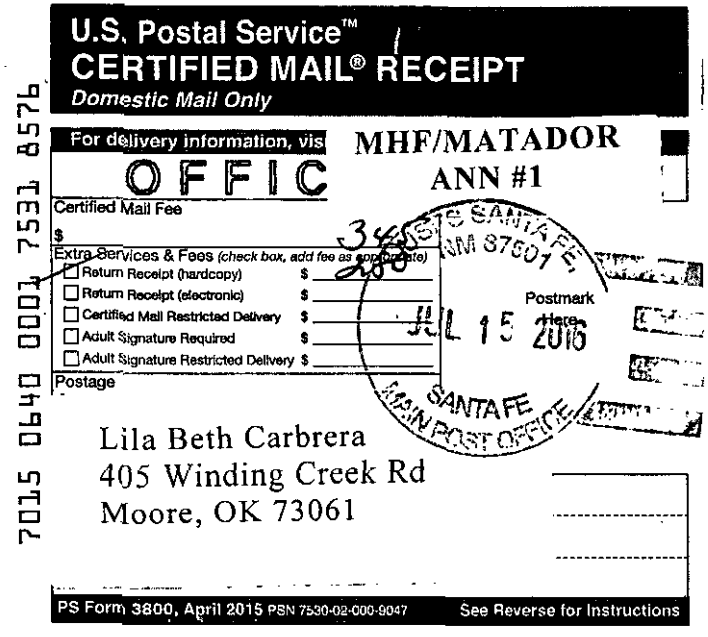
B. Received by *(Printed Name)*

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 Domestic Return Receipt



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

For delivery information, vis
OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

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 $

2.80

Postage

JUL 15 2016
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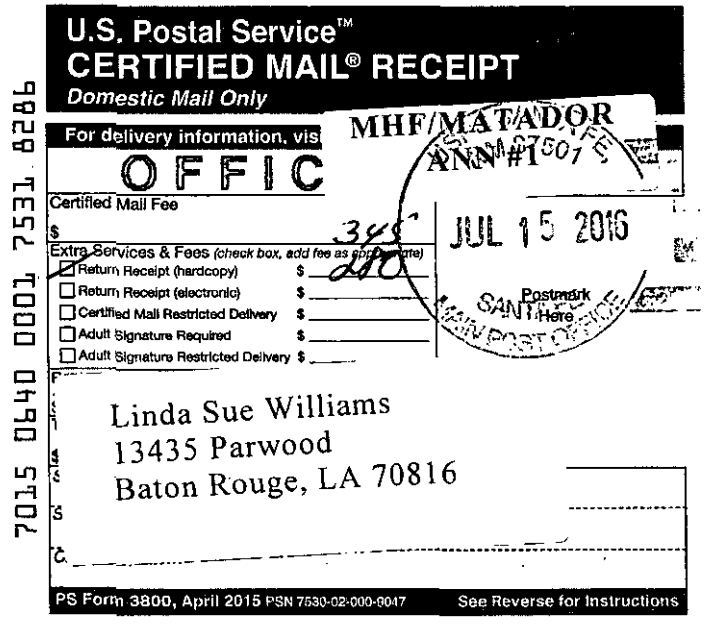
SANTA FE MAIN POST OFFICE

Lila Beth Carbrera
405 Winding Creek Rd
Moore, OK 73061

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

7015 0640 0001 7531 8576



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MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

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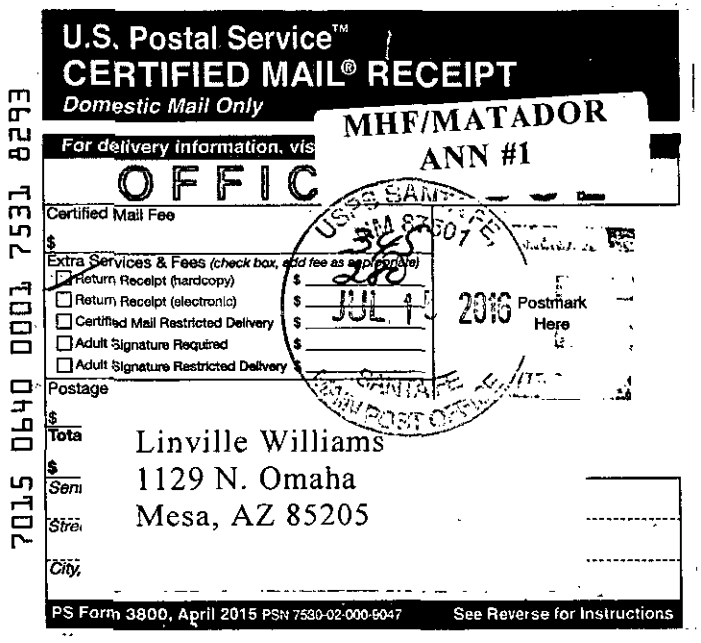
SANTA FE MAIN POST OFFICE

Linda Sue Williams
13435 Parwood
Baton Rouge, LA 70816

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

7015 0640 0001 7531 8286

RETURNED


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF/MATADOR
ANN #1
For delivery information, vis
OFFIC
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Tota
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Sen
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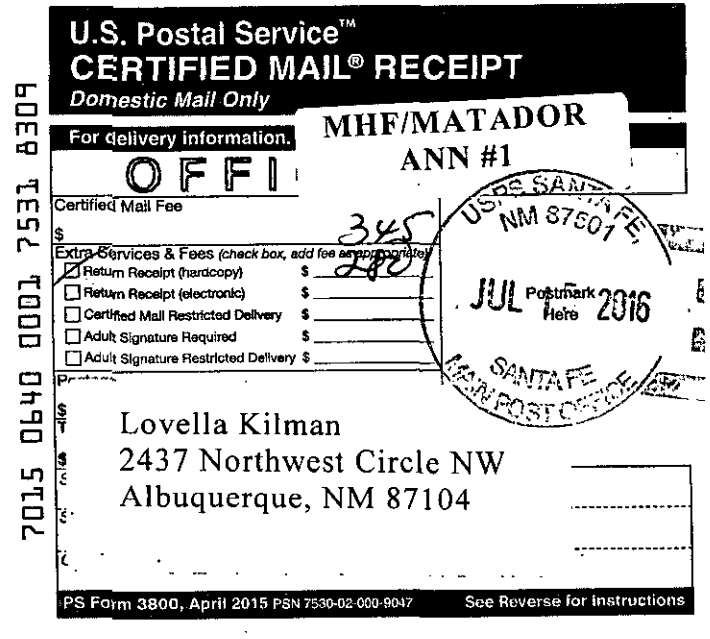
City,
JUL 15 2016
Postmark Here
USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE
Linville Williams
1129 N. Omaha
Mesa, AZ 85205
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0001 7531 8293


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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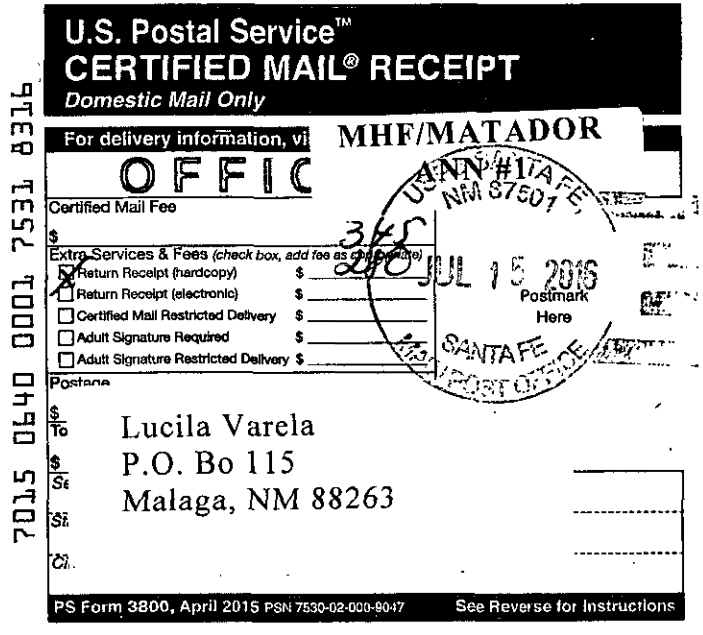
MHF/MATADOR
ANN #1
For delivery information.
OFFI
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
$
$
JUL Postmark Here 2016
USPS SANTA FE NM 87501
SANTA FE MAIN POST OFFICE
Lovella Kilman
2437 Northwest Circle NW
Albuquerque, NM 87104
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0001 7531 8309

RETURNED



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For delivery information, vi

MHF/MATADOR
ANN #1
SANTA FE NM 87501

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

JUL 15 2016
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SANTA FE
POST OFFICE

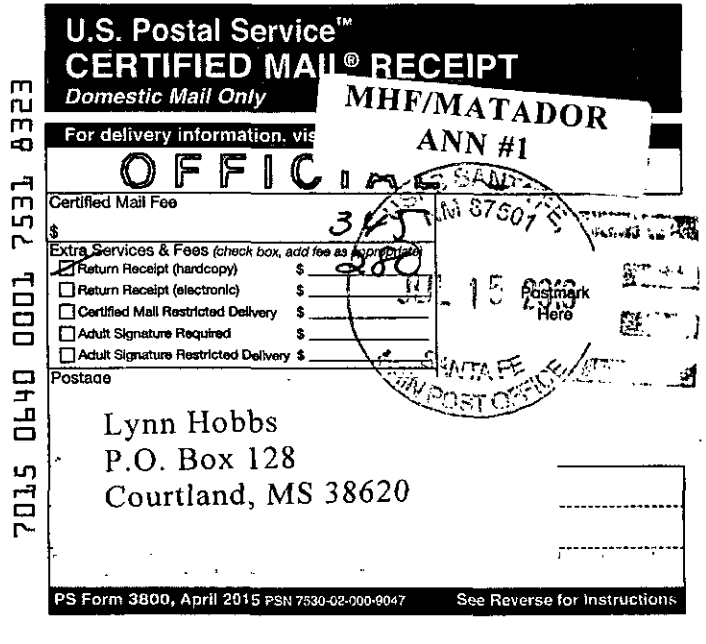
Postage
$ 0.49

To
Lucila Varela
P.O. Bo 115
Malaga, NM 88263

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

7015 0640 0001 7531 8316

RETURNED



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MHF/MATADOR
ANN #1
SANTA FE NM 87501

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

JUL 15 2016
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SANTA FE
POST OFFICE

Postage
$ 0.49

To
Lynn Hobbs
P.O. Box 128
Courtland, MS 38620

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

7015 0640 0001 7531 8323

RETURNED

7015 0640 0001 7531 8330

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ANN #1

For delivery information, vi

OFFIC

Certified Mail Fee
$ 3.45

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 $

2.80

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

M. Brad Bennett
PO Box 51510
Midland, TX 79710

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

M. Brad Bennett
PO Box 51510
Midland, TX 79710

9590 9402 1505 5362 6085 00

2. Article Number *(Transfer from service label)* 7015 0640 0001 7531 8330

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy Ainsworth ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Peggy Ainsworth
C. Date of Delivery 7-18-16

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

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

7015 0640 0001 7531 8347

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

MHF/MATADOR
ANN #1

For delivery information

OFFI

Certified Mail Fee
$ 3.45

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 $

2.80

USPS SANTA FE NM 87501

JUL 15 2016
Postmark Here

SANTA FE MAIN POST OFFICE

Postage
$

Total Postage and Fees
$

Sent To
Manuel R. Mendoza, Jr.

Street and Apt. No., or PO Box No.
PO Box 23

City, State, ZIP+4®
Malaga, NM 88263

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

Manuel R. Mendoza, Jr.
PO Box 23
Malaga, NM 88263

9590 9402 1505 5362 6085 17

2. Article Number *(Transfer from service label)* 7015 0640 0001 7531 8347

COMPLETE THIS SECTION ON DELIVERY

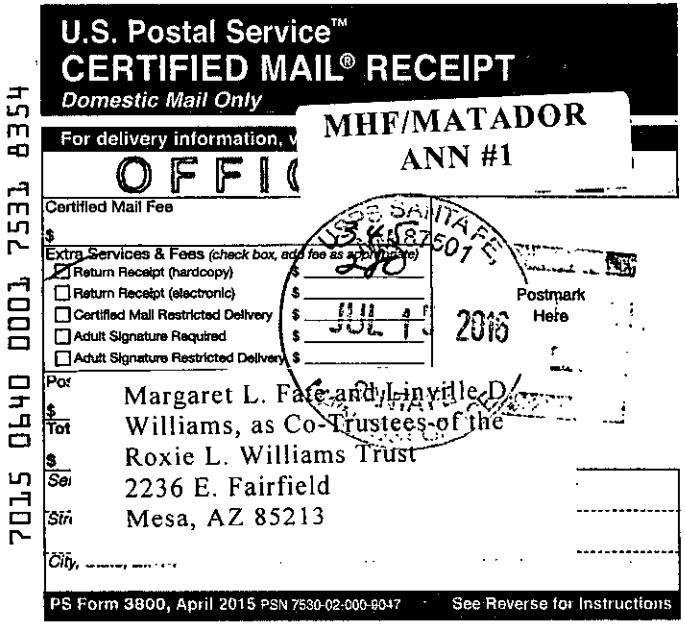
A. Signature
X ☐ Agent ☐ Addressee

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 Domestic Return Receipt



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CERTIFIED MAIL® RECEIPT
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MHF/MATADOR
ANN #1

For delivery information, v

OFFIC

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postmark Here
JUL 1 2016

Margaret L. Fate and Linville D. Williams, as Co-Trustees of the Roxie L. Williams Trust
2236 E. Fairfield
Mesa, AZ 85213

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

7015 0640 0001 7531 8354

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MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

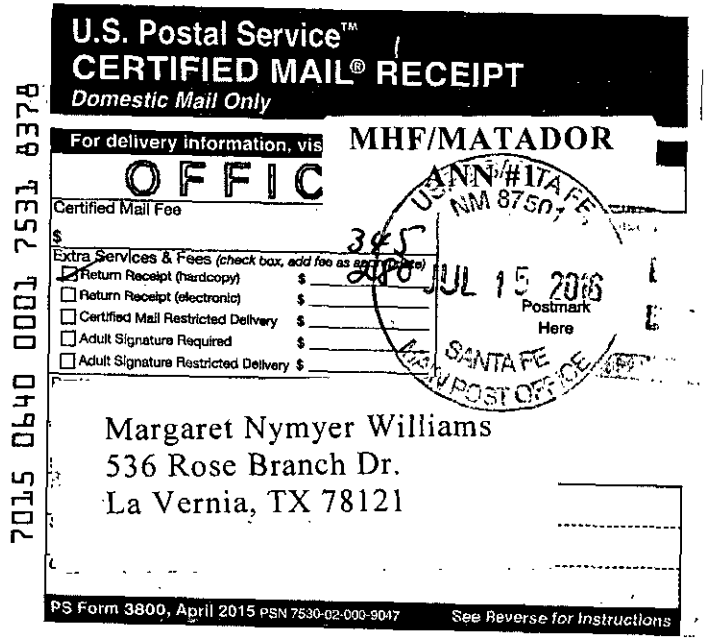
Postmark Here
JUL 1 2016

Margaret L. Fate
11104 Desert Classic Ln. NE
Albuquerque, NM 87111

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

7015 0640 0001 7531 8361

RETURNED



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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

MHF/MATADOR

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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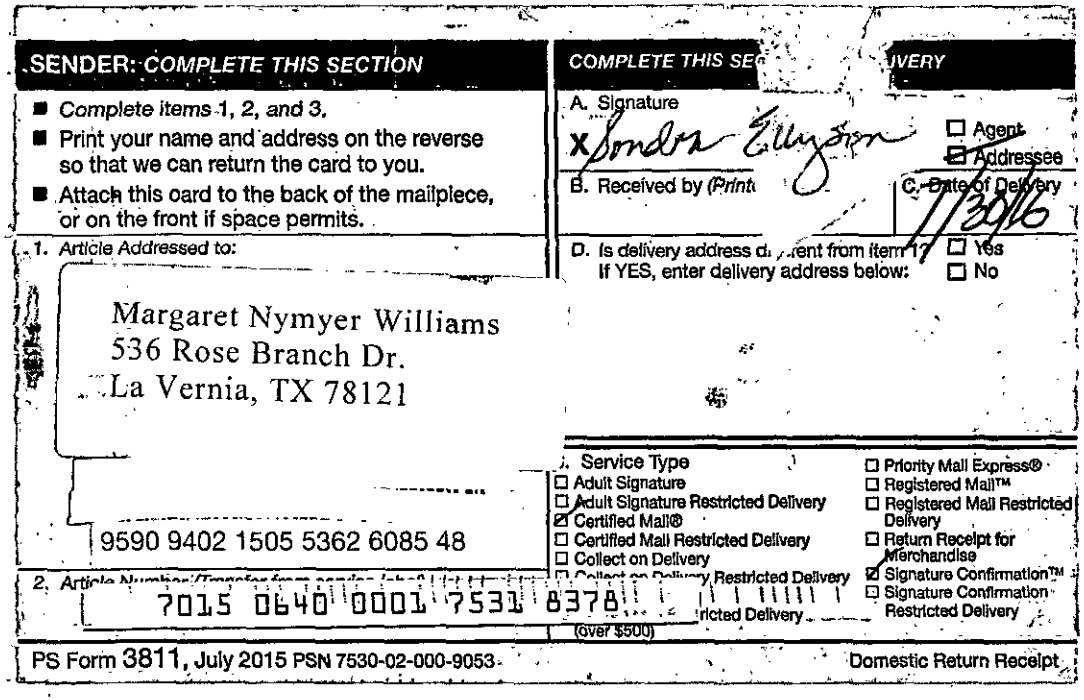
SANTA FE MAIN POST OFFICE

Margaret Nymyer Williams
536 Rose Branch Dr.
La Vernia, TX 78121

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

7015 0640 0001 7531 8378



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:

Margaret Nymyer Williams
536 Rose Branch Dr.
La Vernia, TX 78121

9590 9402 1505 5362 6085 48

2. Article Number (Transfer from service label)
7015 0640 0001 7531 8378

COMPLETE THIS SECTION ON DELIVERY

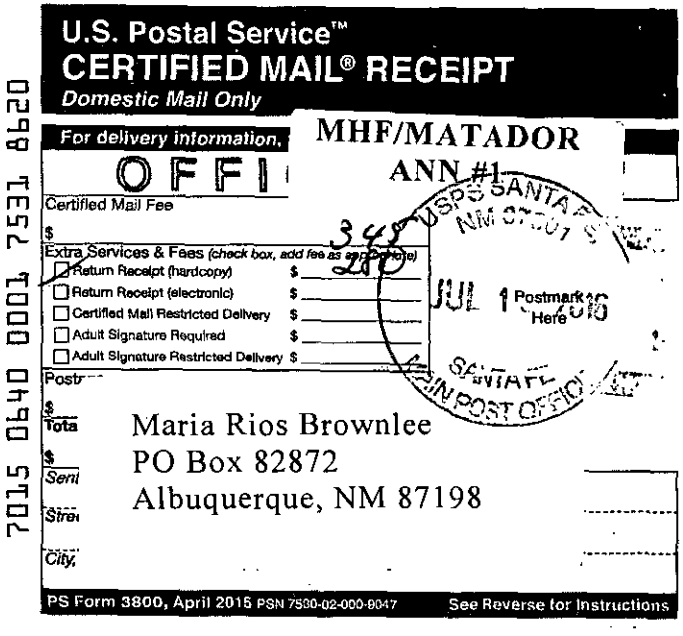
A. Signature
X Sondra Ellyson ☐ Agent ☑ Addressee

B. Received by (Print) C. Date of Delivery 7/30/16

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
- ☐ Insured Mail (over $500)
- ☐ 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 Domestic Return Receipt



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For delivery information,

MHF/MATADOR
ANN #1

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87501 JUL 1 Postmark Here 2016

SANTA FE MAIN POST OFFICE

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Seni
Stre
City,

Maria Rios Brownlee
PO Box 82872
Albuquerque, NM 87198

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

7015 0640 0001 7531 8620

RETURNED

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ANN #1

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.40
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

To
Marie Louise Loula
Route 3
Anadarko, OK 73005

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7015 0640 0001 7531 8637

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

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ANN #1

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.40
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

To
Marie Yolanda H. Sotelo
920 Adrian St.
Lubbock, TX 79403

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7015 0640 0001 7531 8644

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Marie Yolanda H. Sotelo
920 Adrian St.
Lubbock, TX 79403

9590 9402 1505 5362 6085 79

2. Article Number
7015 0640 0001 7531 8644

COMPLETE THIS SECTION ON DELIVERY

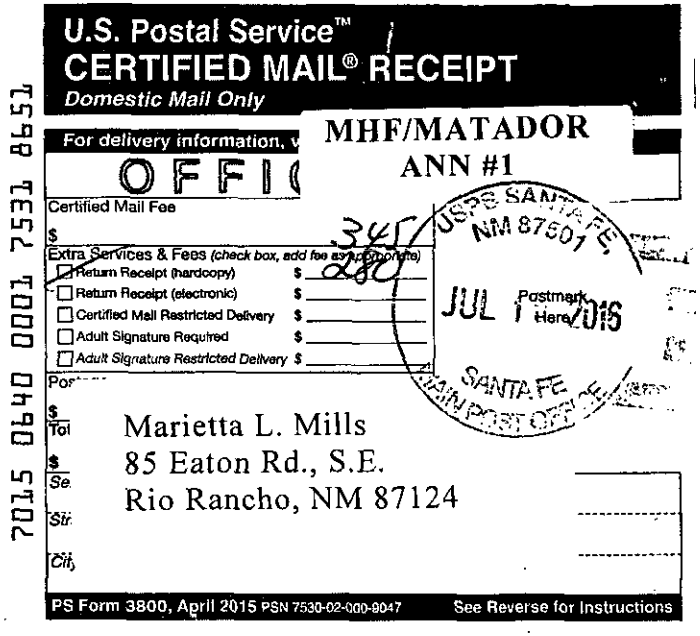
A. Signature
X M. Sotelo ☐ Agent ☐ Addressee

B. Received by (Printed Name) M Sotelo C. Date of Delivery 7-18

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
- ☐ 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

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt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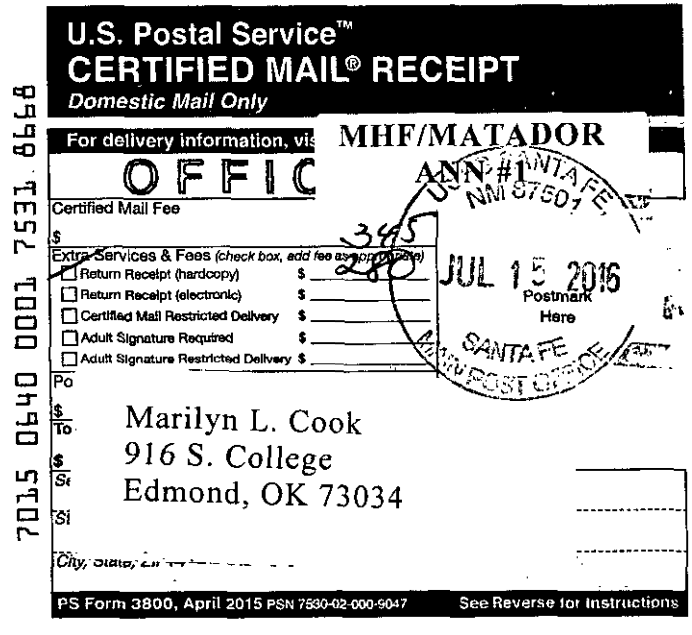
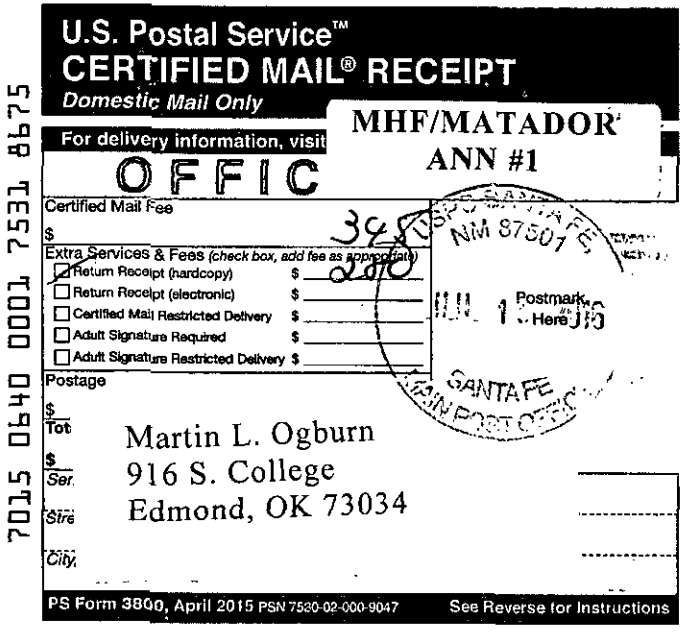
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
ANN #1
Certified Mail Fee
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy)
Return Receipt (electronic)
Certified Mail Restricted Delivery
Adult Signature Required
Adult Signature Restricted Delivery
3.45
2.80
JUL 15 2015
Postmark Here
SANTA FE
Marietta L. Mills
85 Eaton Rd., S.E.
Rio Rancho, NM 87124
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0001 7531 8651


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
MHF/MATADOR
ANN #1
Certified Mail Fee
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
3.45
2.80
JUL 15 2015
Postmark Here
SANTA FE
Marilyn L. Cook
916 S. College
Edmond, OK 73034
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 0640 0001 7531 8668

RETURNED



U.S. Postal Service™
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Domestic Mail Only

MHF/MATADOR
ANN #1

For delivery information, visit
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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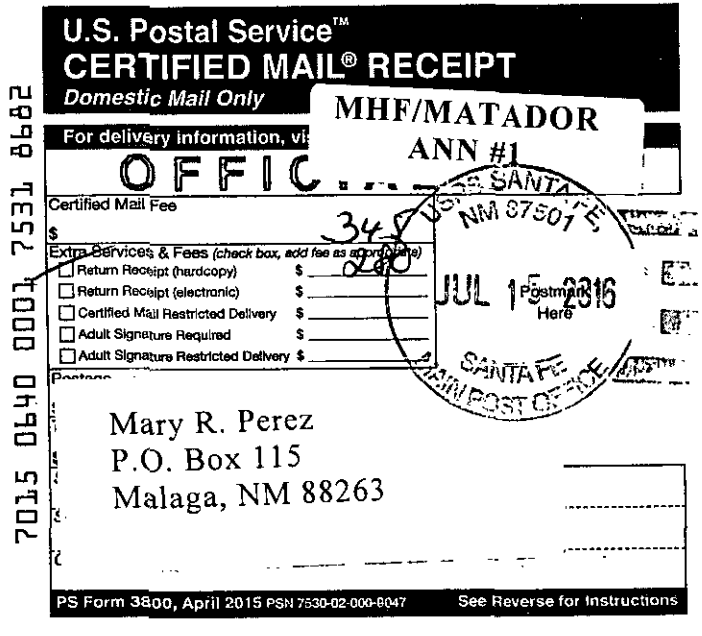
Stre
City,

USPS SANTA FE NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Martin L. Ogburn
916 S. College
Edmond, OK 73034

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

7015 0640 0001 7531 8675



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Domestic Mail Only

MHF/MATADOR
ANN #1

For delivery information, vi
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

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JUL 15 2016
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SANTA FE MAIN POST OFFICE

Mary R. Perez
P.O. Box 115
Malaga, NM 88263

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

7015 0640 0001 7531 8682

RETURNED

RETURNED

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

For delivery information, visi

OFFIC

Certified Mail Fee

$

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

- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

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MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501

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JUL 15 2016

Postmark Here

SANTA FE MAIN POST OFFICE

Matthew Collins
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

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

7015 0640 0001 7531 8699

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Matthew Collins
C/O Elizabeth Collins
PO Box 91
Malaga, NM 88263

9590 9402 1505 5362 6099 27

2. Article Number *(Transfer from service label)*

7015 0640 0001 7531 8699

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Elizabeth Collins

- [ ] 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
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

U.S. Postal Service™
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Domestic Mail Only

For delivery information,

OFFI

Certified Mail Fee

$

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 $

MHF/MATADOR
ANN #1

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3.45

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SANTA FE MAIN POST OFFICE

Melba Lea Phillips
3110 Washington
Carlsbad, NM 88220

City, State, ZIP+4®

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

7015 0640 0001 7531 8705

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.

Melba Lea Phillips
3110 Washington
Carlsbad, NM 88220

9590 9402 1505 5362 6099 34

2. Article Number *(Transfer from service label)*

7015 0640 0001 7531 8705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Melba Phillips

- [ ] Agent
- [ ] Addressee

B. Received by *(Printed Name)*

Melba Phillips

C. Date of Delivery

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

U.S. POSTAL SERVICE CARLSBAD NM JUL 21 2016

3. Service Type

- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

(over $500)

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

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ANN #1

USPS SANTA FE NM 87501

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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City,

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Melissa Breaux
217 Gerald
Lafayette, LA 70503

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

7015 0640 0001 7531 8712

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MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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JUL 1 Postmark Here 2016
SANTA FE MAIN POST OF

Michelle Marie Dial
C/O Jimmie C. Dial
2620 East 27th Ave.
Spokane, WA 99223

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

7015 0640 0001 7532 2511

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:

Michelle Marie Dial
C/O Jimmie C. Dial
2620 East 27th Ave.
Spokane, WA 99223

9590 9402 1505 5362 6099 58

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2511

COMPLETE THIS SECTION ON DELIVERY

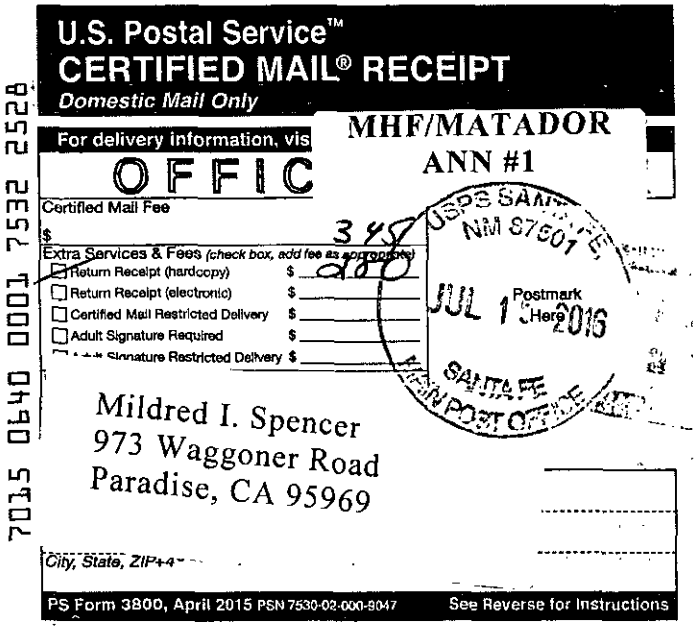
A. Signature
X Jimmie Dial ☐ Agent ☒ Addressee

B. Received by (Printed Name) Jimmie Dial
C. Date of Delivery 7-19

D. Is delivery address different from item 1? ☐ Y
If YES, enter delivery address below: ☐ N

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 Ex
- ☐ Registered Mail
- ☐ Registered Mail Delivery
- ☐ Return Receipt fo Merchandise
- ☑ Signature Confirm
- ☐ Signature Confirm Restricted Deliver
- ☐ Restricted Delivery (over $500)

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



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OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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JUL 15 2016
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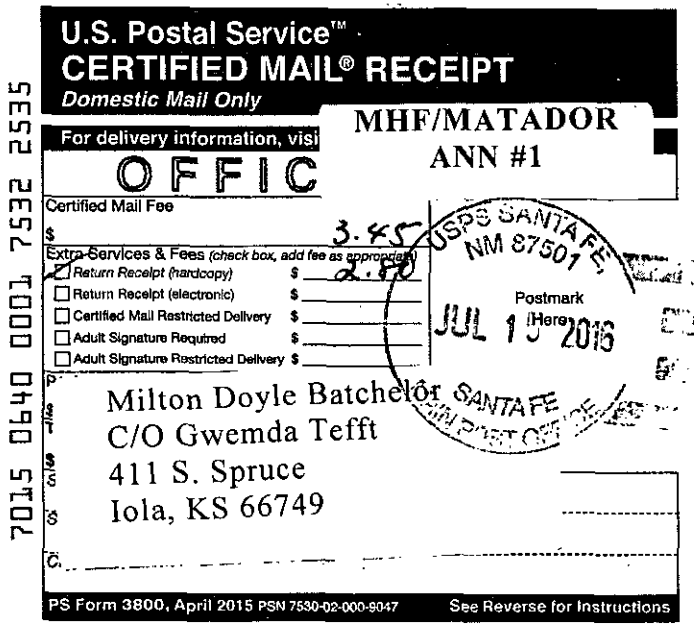
SANTA FE MAIN POST OFFICE

7015 0640 0001 7532 2528

Mildred I. Spencer
973 Waggoner Road
Paradise, CA 95969

City, State, ZIP+4

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



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Domestic Mail Only

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OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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JUL 15 2016
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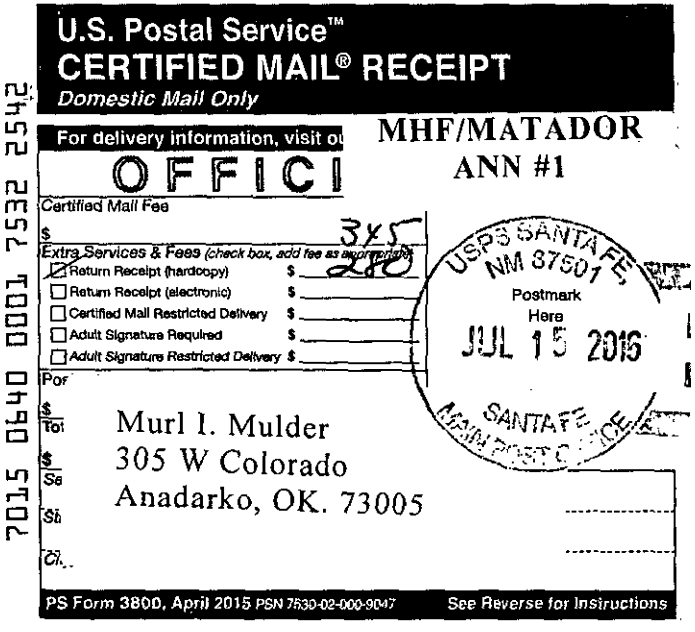
7015 0640 0001 7532 2535

Milton Doyle Batchelor
C/O Gwemda Tefft
411 S. Spruce
Iola, KS 66749

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

RETURNED



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Domestic Mail Only

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ANN #1

7015 0640 0001 7532 2542

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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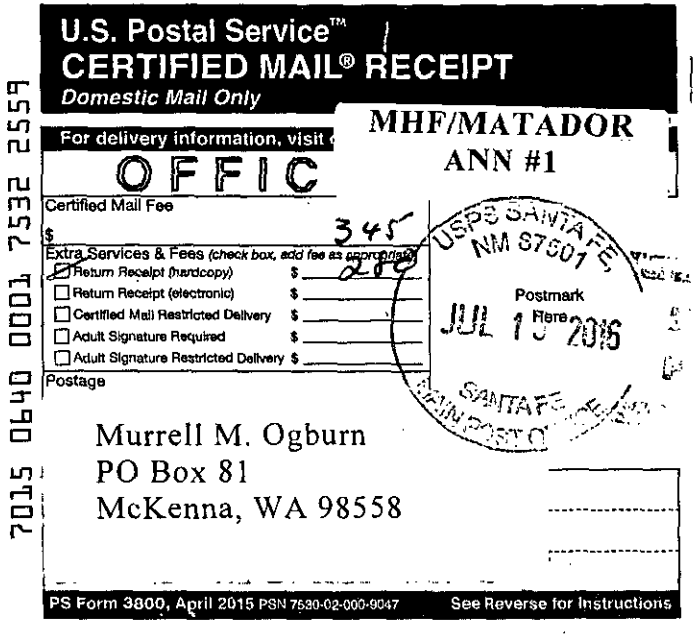
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Murl I. Mulder
305 W Colorado
Anadarko, OK. 73005

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



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MHF/MATADOR
ANN #1

7015 0640 0001 7532 2559

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Murrell M. Ogburn
PO Box 81
McKenna, WA 98558

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ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City,

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Nida Jean Ballard
188 Black River Village Rd.
Loving, NM 88256

7015 0640 0001 7532 2566

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Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City,

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Nora Williams
120 E. Way NE
Montpelier, OH 43543

7015 0640 0001 7532 2573

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Nida Jean Ballard
188 Black River Village Rd.
Loving, NM 88256

9590 9402 1505 5362 6098 04

2. 7015 0640 0001 7532 2566

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 7/25/16

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

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

RETURNED

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MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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Total
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Sent
Street
City, S

USPS SANTA FE, NM 87501 Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Norberto Rios, Jr.
P.O. Box 118
Malaga, NM 88263

7015 0640 0001 7532 2580

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Norberto Rios, Jr.
P.O. Box 118
Malaga, NM 88263

9590 9402 1505 5362 6098 28

2. Artic... 7015 0640 0001 7532 2580 ...cted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ 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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Domestic Mail Only

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MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total
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Sent
Street
City,

SANTA FE, NM 87501 Postmark Here
JUL 15 2016
SANTA FE

Norris N. Gregg, Jr., as his separate property TO (1993)
610 N Orchard #41
Ukiah, CA 95482

7015 0640 0001 7532 2597

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

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7015 0640 0001 7532 2603

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ANN #1

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OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage
$

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JUL 15 2016

Pedro G. Fuentez and wife,
Leonor O. Fuentez
P.O. Box 24
Malaga, NM 88263

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

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7015 0640 0001 7532 2719

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ANN #1

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OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.60
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

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SANTA FE NM 87501
JUL 15 2016

Pearla C. Martinez and Eddie
Carrasco
1612 W. Tansil
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Pearla C. Martinez and Eddie
Carrasco
1612 W. Tansil
Carlsbad, NM 88220

9590 9402 1505 5362 6098 59

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2719

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Perla C. Martinez
- [ ] Agent
- [ ] Addressee

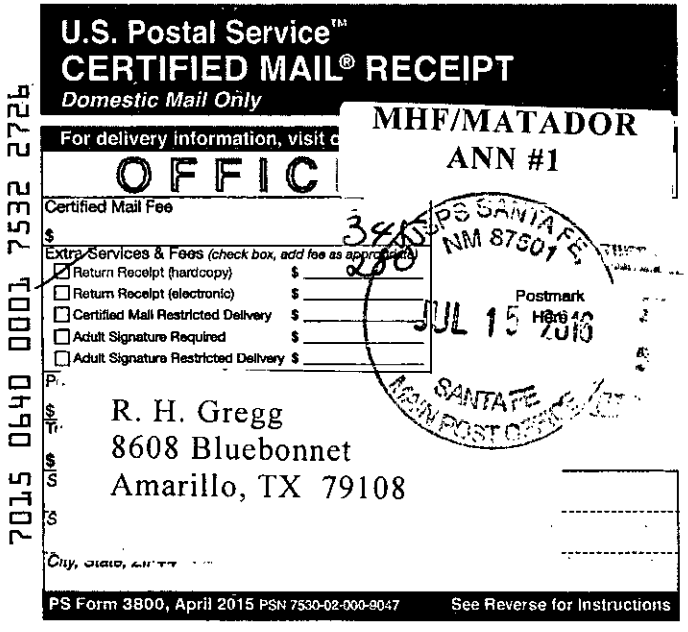
B. Received by (Printed Name) C. Date of Delivery
Perla C. MARTINEZ

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
- [x] 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
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

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



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MHF/MATADOR
ANN #1

Certified Mail Fee
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345
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.30
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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R. H. Gregg
8608 Bluebonnet
Amarillo, TX 79108

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

7015 0640 0001 7532 2726

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MHF/MATADOR
ANN #1

Certified Mail Fee
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345
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ 2.30
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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Ralph (Rudy) Ruiz
5613 Newark
Corcoran, CA 93212

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

7015 0640 0001 7532 2733

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7015 0640 0001 7532 2740

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ANN #1

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Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

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Raul Ruiz
108 N. 9th
Carlsbad, NM 88220

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

PLACE STICKER AT TOP OF THE ENVELOPE

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:

Raul Ruiz
108 N. 9th
Carlsbad, NM 88220

9590 9402 1505 5362 6098 80

2. Article Number *(Transfer from service label)*
7015 0640 0001 7532 2740

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anita Ruiz ☐ 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

U.S. POSTAL SERVICE CARLSBAD NM 88220 JUL 26 2016

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

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

7015 0640 0001 7532 2757

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

MHF/MATADOR
ANN #1

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

Raymond C. Rios
1862 Pecos Highway
Loving, NM 88256

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

Raymond C. Rios
1862 Pecos Highway
Loving, NM 88256

9590 9402 1505 5362 6098 97

2. Article Number *(Transfer from service label)*
7015 0640 0001 7532 2757

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raymond C. Rios ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
Raymond C. Rios 7/19/16

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
- ☐ Insured Mail
- ☐ Insured Mail 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 Domestic Return Receipt

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

For delivery information.

MHF/MATADOR
ANN #1

OFFI

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 3.45

To Reyes Ruiz
302 W. Clayton
Lovington, NM 88260

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

7015 0640 0001 7532 2764

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Reyes Ruiz
302 W. Clayton
Lovington, NM 88260

9590 9402 1505 5362 6097 98

2. (Transfer from service label) 7015 0640 0001 7532 2764

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruby Ruiz ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Ruby Ruiz C. Date of Delivery 7/19/16

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

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

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

For delivery information.

MHF/MATADOR
ANN #1

OFFI

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 3.45

To Reymundo Rios
aka Raymundo Campos Rios
1862 Pecos Highway
Loving, NM 88256

USPS SANTA FE NM 87501 JUL 15 2016 Postmark Here SANTA FE MAIN POST OFFICE

7015 0640 0001 7532 2771

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

PLACE STICKER AT TOP OF THE RETURN AT

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:
Reymundo Rios
aka Raymundo Campos Rios
1862 Pecos Highway
Loving, NM 88256

9590 9402 1505 5362 6097 05

2. 7015 0640 0001 7532 2771

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reymundo C. Rios ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* Reymundo C. Rios C. Date of Delivery 7/19/16

D. Is delivery address different from item 1? ~~Yes~~
If YES, enter delivery address below: ☐ No
40

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 Domestic Return Receipt

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

7015 0640 0001 7532 2788

For delivery information, vis
OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Richard H. Coats and wife
Sigrid M. Coats
P.O. Box 2412
Midland, TX 79702

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

Richard H. Coats and wife,
Sigrid M. Coats
P.O. Box 2412
Midland, TX 79702

9590 9402 1505 5362 6097 12

2. 7015 0640 0001 7532 2788

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Eric Mata
☐ Agent
☐ Addressee

B. Received by (Printed Name) Eric Mata
C. Date of Delivery 7-20-16

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

(over $500)

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

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

7015 0640 0001 7532 2795

For delivery information
OFFI

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Rita Rios Medrano
P. O. Box 2354
Carlsbad, NM 88220

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

RETURNED

RETURNED

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

MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
USPS SANTA FE NM 87501
JUL 15 2016
SANTA FE MAIN POST OFFICE

Pc
$
To
Rogelio Ruiz
1707 S. Q Street
Tulare, CA 93274
$
Se
Sin
City, State, ZIP+4®

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

7015 0640 0001 7532 2801

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

MHF/MATADOR
ANN #1

For delivery information, v

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
USPS SANTA FE NM 87501
JUL 15 2016
SANTA FE

F
Rosa Gurvitz, fka Rosa M. DeLaPaz
501 South Mesquite
Carlsbad, NM 88220

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

7015 0640 0001 7532 2610

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:
Rosa Gurvitz, fka Rosa M. DeLaPaz
501 South Mesquite
Carlsbad, NM 88220

9590 9402 1505 5362 6097 43

2. 7015 0640 0001 7532 2610

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rosa M Gurvitz ☐ 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

(over $500)

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

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

MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 0.49
Tot

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SANTA FE, NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Rosa R. Gonzales
1407 W. Mermod
Carlsbad, New Mexico 88220

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

7015 0640 0001 7532 2627

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

MHF/MATADOR
ANN #1

For delivery information, vis

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$ 0.49
To

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SANTA FE, NM 87501
JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Ruby J. Gregg
C/O Bill M. Gregg
1149 Banyan Way
Pacifica, CA 94044

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

7015 0640 0001 7532 2634

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:

Ruby J. Gregg
C/O Bill M. Gregg
1149 Banyan Way
Pacifica, CA 94044

9590 9402 1505 5362 6097 67

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2634

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

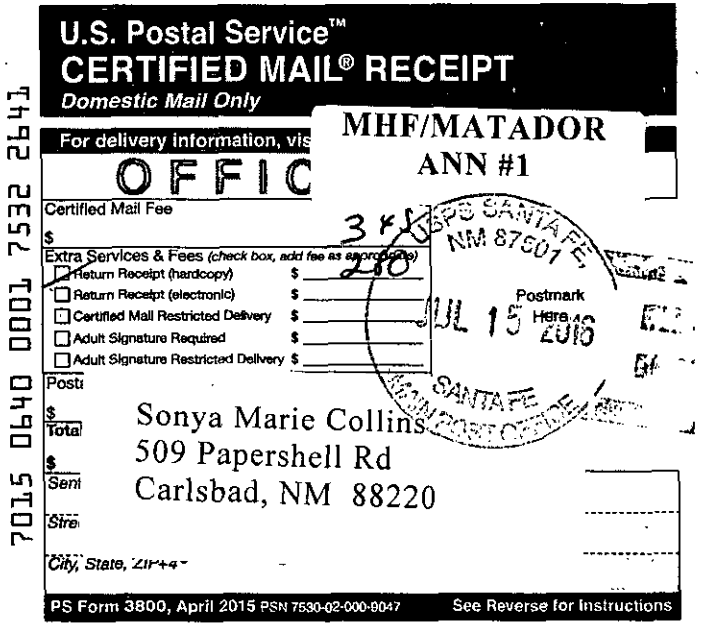
B. Received by (Printed Name) Bill Gregg
C. Date of Delivery 7/21

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

(over $500)

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



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

MHF/MATADOR
ANN #1

For delivery information, vis
OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Posti
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Total
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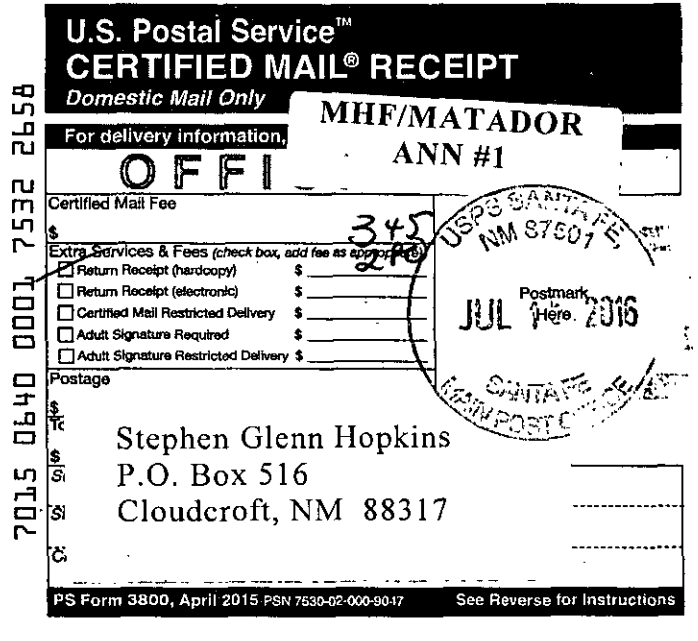
Sent
Stre
City, State, ZIP+4

USPS SANTA FE NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

Sonya Marie Collins
509 Papershell Rd
Carlsbad, NM 88220

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

7015 0640 0001 7532 2641



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

MHF/MATADOR
ANN #1

For delivery information,
OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$
$
$
$

USPS SANTA FE NM 87501
Postmark Here
JUL 1 2016
SANTA FE MAIN POST OFFICE

Stephen Glenn Hopkins
P.O. Box 516
Cloudcroft, NM 88317

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

7015 0640 0001 7532 2658

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

MHF/MATADOR
ANN #1

For delivery information, v

OFFI(

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 Postmark Here

Susan Ogden Benting, Trustee
of the Benting Revocable Trust
3856 Booker Farms Rd.
Mount Pleasant, TN 38474

7015 0640 0001 7532 2665

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

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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:

Susan Ogden Benting, Trustee
of the Benting Revocable Trust
3856 Booker Farms Rd.
Mount Pleasant, TN 38474

9590 9402 1505 5362 6096 06

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2665

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan O Benting ☐ Agent ☐ Addressee

B. Received by (Printed Name) SUSAN O BENTING C. Date of Delivery 7/22/16

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
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)

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

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

MHF/MATADOR
ANN #1

For delivery information, v

OFFI(

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.70
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

JUL 15 2016 Postmark Here

T. B. Stribling III, Successor Trustee
of the Martha G. Stribling
Irrevocable Trust
P. O. Box 3100
Albuquerque, NM 87104

7015 0640 0001 7532 2672

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

RETURNED

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

For delivery information, vis

OFFIC

MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016 Postmark Here

SANTA FE POST OFFICE

Postage

Terry Williams
Rt. 14, Box 1965
Odessa, TX 79764

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

7015 0640 0001 7532 2689

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

For delivery information,

OFFI

MHF/MATADOR
ANN #1

USPS SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees *(check box, add fee as appropriate)*
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

JUL 15 2016 Postmark Here

SANTA FE POST OFFICE

Thomas Alan Lear
16833 Little Leaf Lane
Edmond, OK 73012

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

7015 0640 0001 7532 2696

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:

Thomas Alan Lear
16833 Little Leaf Lane
Edmond, OK 73012

9590 9402 1505 5362 6096 37

2. Article Number *(Transfer from service label)*
7015 0640 0001 7532 2696

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thomas Lear ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* THOMAS LEAR
C. Date of Delivery 7/20/16

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
- ☐ 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

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

7015 0640 0001 7532 2702

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

For delivery information, vi

OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$

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
$

Postmark Here

Thomas R. Smith
1409 S. County Road 1130
Midland, TX 79706

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

RETURNED

7015 0640 0001 7532 2818

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

For delivery information, vi

OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$

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
$

Postmark Here
JUL 15 2016

Tom Stribling, Trustee of the
LTS Trust
75 Circle Dr. NE
Albuquerque, NM 87122

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

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:

Tom Stribling, Trustee of the
LTS Trust
75 Circle Dr. NE
Albuquerque, NM 87122

9590 9402 1505 5362 6096 51

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2818

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 Domestic Return Receipt

7015 0640 0001 7532 2825

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

For delivery information, visit

MHF/MATADOR
ANN #1

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
JUL 19 2016
SANTA FE, NM 87501

Postage
$
Total
$
Sent
Street
City,

United Christian Missionary Society
c/o Christian Church Foundation
P O Box 1986
Indianapolis, IN 46206-1986

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

United Christian Missionary Society
c/o Christian Church Foundation
PO Box 1986
Indianapolis, IN 46206-1986

9590 9402 1505 5362 6096 68

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2825

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Burge ☐ Agent ☐ Addressee

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

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

INDIANAPOLIS, IN MOWS-1 JUL 19 2016 USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ 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

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

7015 0640 0001 7532 2832

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

For delivery information,

MHF/MATADOR
ANN #1

OFFI

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
JUL 19 2016
SANTA FE, NM 87501

Postage
$
Total
$
Sent
Street
City,

Victoria Rios Levya
1304 W. Bonbright St.
Carlsbad, NM 88220-4202

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Victoria Rios Levya
1304 W. Bonbright St.
Carlsbad, NM 88220-4202

9590 9402 1505 5362 6096 75

2. Article Number
7015 0640 0001 7532 2832

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Victoria Rios Levya ☐ 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

POSTAL SERVICE CARLSBAD NM 882 JUL 19 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ 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

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

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Domestic Mail Only

For delivery information, vi

OFFIC

MHF/MATADOR
ANN #1
SANTA FE NM 87501

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.70
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

JUL 15 2016
Postmark Here
SANTA FE MAIN POST OFFICE

Postage
$ 6.15

Virginia Lambing
3113 Wemberley Dr.
Sacramento, CA 95864

7015 0640 0001 7532 2849

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

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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.

Virginia Lambing
3113 Wemberley Dr.
Sacramento, CA 95864

9590 9402 1505 5362 6096 82

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2849

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) James Lowdy C. Date of Delivery 7-19-16

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
- ☐ Insured Mail
- ☐ 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 Domestic Return Receipt

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Domestic Mail Only

For delivery information, visit

OFFIC

MHF/MATADOR
ANN #1

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.70
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $

JUL 1 Postmark Here 2016
SANTA FE MAIN POST OFFICE

Postage
$ 6.15

W Management, LLC
910 W. Pierce St. #57
Carlsbad, New Mexico 88220

City, State, ZIP+4®

7015 0640 0001 7532 2856

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

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

For delivery information, vi

OFFIC

MHF/MATADOR
ANN #1
SANTA FE NM 87501

Certified Mail Fee
$ 3.45

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 $

JUL 15 2016
Postmark Here
SANTA FE NM POST OFFICE

Post
$ Tota
$ Sen
Stre
City,

Wayland Magby
1051 Black River Village Rd.
Carlsbad, NM 88220

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

7015 0640 0001 7532 2863

RETURNED

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

For delivery information,

OFFI

MHF/MATADOR
ANN #1
SANTA FE NM 87501

Certified Mail Fee
$ 3.45

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 $

JUL 15 2016
Postmark Here
SANTA FE NM POST OFFICE

Postage
$ Tota
$ Sen
Stre
City,

Wayne Scot Lear
3204 Barley Court
Norman, OK 73702

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

7015 0640 0001 7532 2870

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:

Wayne Scot Lear
3204 Barley Court
Norman, OK 73702

9590 9402 1505 5362 6086 47

2. Article Number (Transfer from service label)
7015 0640 0001 7532 2870

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name) Scot Lear

C. Date of Delivery 7-19-16

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

(over $500)

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

7015 0640 0001 7532 2887

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

MHF/MATADOR
ANN #1

For delivery information, vis
OFFIC...

Certified Mail Fee
$ 3.45

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 $ 2.80

Postage
$
Total P
$
Sent To
Street a
City, Sta

USPS SANTA FE, NM 87501
Postmark Here
JUL 15 2016
MAIN POST OFFICE

William C. Ahrens and wife,
Linda S. Ahrens
1216 Cedar Dr.
Carlsbad, NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
William C. Ahrens and wife,
Linda S. Ahrens
1216 Cedar Dr.
Carlsbad, NM 88220

9590 9402 1505 5362 6086 30

2. Article Number *(Transfer from service label)*
7015 0640 0001 7532 2887

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W. C. Ahrens
☐ 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 Domestic Return Receipt

7015 0640 0001 7532 2894

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

MHF/MATADOR
ANN #1

For delivery information,
OFFI(

Certified Mail Fee
$ 3.45

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 $ 2.80

Pos
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Stre
City

USPS SANTA FE, NM 87501
Postmark Here
JUL 15 2016
SANTA FE MAIN POST OFFICE

William H. Covault
422 25th Avenue
East Moline, IL 61244

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

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:
William H. Covault
422 25th Avenue
East Moline, IL 61244

9590 9402 1505 5362 6088 38

2. Article Number *(Transfer from service label)*
7015 0640 0001 7532 2894

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William H. Covault
☑ Agent
☐ Addressee

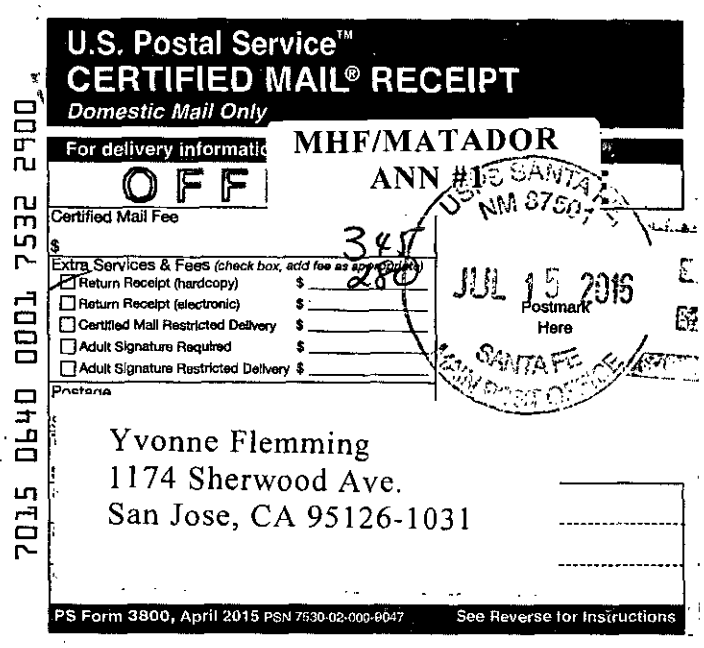
B. Received by *(Printed Name)*
C. Date of Delivery

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

USPS EAST MOLINE, IL 61244 OCT 10 2016

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 Domestic Return Receipt



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

For delivery informatic

OFF

MHF/MATADOR
ANN #15 SANTA
NM 8750

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

JUL 15 2016
Postmark Here
SANTA FE

Yvonne Flemming
1174 Sherwood Ave.
San Jose, CA 95126-1031

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

7015 0640 0001 7532 2900