

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF UNIT PETROLEUM COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.**

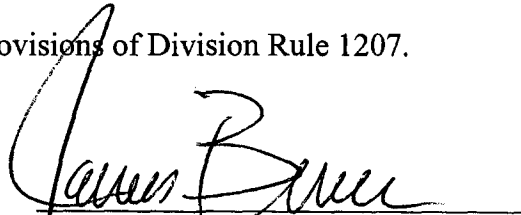
Case No. 13,66

AFFIDAVIT OF NOTICE


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

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

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


James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of March, 2006 by James Bruce.


Notary Public

My Commission Expires: 3/14/09

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruce@aol.com

February 18, 2006

To: Persons on attached list

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Unit Petroleum Company, regarding the E½ of Section 1, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. **This matter has been scheduled for hearing at 8:15 a.m. on Thursday, March 16, 2006** at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Thursday, March 9, 2006 if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Unit Petroleum Company



PARTIES BEING POOLED

Mary E. Harris
George E. Richardson
Margaret L. Mehl
Dale M. Richardson
Harry Richardson
1377 Randolph Ave.
St. Paul, Minnesota

Roger & Marily Denkert
502 N. 4th Avenue
Kenesaw, Nebraska 68956

Senior Citizen Center of Kenesaw
Attention: Jean Opbroek
P.O. Box G
Kenesaw, Nebraska 68956

William Runyan
American Legion in Kenesaw
410 N. Wayne
Kenesaw, Nebraska 68956

Jean Opbroek
Cemetery Association of Kenesaw
P.O. Box G
Kenesaw, Nebraska 68956

Hasting College
710 N. Turner
Hastings, Nebraska 68901

Kim Ehly
Rescue Unit of Kenesaw
115 E. Maple
Kenesaw, Nebraska 68956

Lois M. Lundblade, sole heir
of Marvin L. Lundblade
2001 Salla Rd.
Woodburn, OR 97071-2545

Ruby Rodgers
144 Wyandotte Ave
Baxter Springs, KS 66713

Larry Redford
2608 E. Pearl St.
Odessa, TX 79761

Irma Neece, aka Irma Buxman Neece,, aka Erma
Buxman Neece
a married woman dealing in her s&s property
Route 2, No. 24
Quincy, IL 62301

Alma Buxman Gloor
a married woman dealing in her s&s prop
W6144 Victorian Dr
Appleton, WI 54915-7471

Ronald DeWayne Buxman
7865 Oakcrest Dr
Hortonville, WI 54944

Vicki Lynn Matchinsky
2714 Ingersoll Ave
Des Moines, IA 50312-5252

Anna Brown Unit of the Good Samaritan Home of
Quincy, Illinois
2130 Harrison St
Quincy, IL

Monica H. Dempsey
14 Sandhurst Road
Mundelein, IL 60060

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Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

Roger & Mandy Dabbert
 502 N. 4th Avenue
 Kansas, Nebraska 68956

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Article Addressed to:

Roger & Mandy Dabbert
 502 N. 4th Avenue
 Kansas, Nebraska 68956

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1840

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Article Addressed to:

Anna Brown Unit of the Good Samaritan Home of Quincy, Illinois
 2130 Harrison St.
 Quincy, IL

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1840

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *Jon Dabbert*

C. Date of Delivery *3-1-06*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

Sent To

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

Anna Brown Unit of the Good Samaritan Home of Quincy, Illinois
 2130 Harrison St.
 Quincy, IL

2. Article Number (Transfer from service label)

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Domestic Return Receipt

102596-02-M-1840

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *Sarah Dabbert*

C. Date of Delivery *2-27-06*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

Sent To

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

Anna Brown Unit of the Good Samaritan Home of Quincy, Illinois
 2130 Harrison St.
 Quincy, IL

2. Article Number (Transfer from service label)

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Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To

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

Anna Brown Unit of the Good Samaritan Home of Quincy, Illinois
 2130 Harrison St.
 Quincy, IL

2. Article Number (Transfer from service label)

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OFFICIAL USE

Postage \$ 0.39 UNIT ID: 0500
Certified Fee 2.40
Return Receipt Fee 1.85
Restricted Delivery Fee 4.64
Total Postage & Fees \$ 8.88

Postmark
FEB 24 2004
CLERK

Sent To
Lola M. Lundblade, sole heir
of Marvin L. Lundblade
2001 Salla Rd.
Woodburn, OR 97071-2545
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Vicki Lynn Matchinsky
2714 Ingersoll Ave
Des Moines, IA 50312-5252

2. Article Number
(Transfer from service tag) 7005 2570 0000 4604 5654

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *V Matchinsky* ☐ Agent ☒ Addressee
B. Received by (Printed Name) *V Matchinsky* Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:
*2714 Ingersoll Ave # 209
Des Moines, IA 50312*

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lola M. Lundblade, sole heir
of Marvin L. Lundblade
2001 Salla Rd.
Woodburn, OR 97071-2545

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

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

2. Article Number
(Transfer from service tag) 7005 2570 0000 4604 2820

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

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Postage \$ 0.39 UNIT ID: 0500
Certified Fee 2.40
Return Receipt Fee 1.85
Restricted Delivery Fee 4.64
Total Postage & Fees \$ 8.88

Postmark
FEB 24 2004
KJJCFL

Sent To
Vicki Lynn Matchinsky
2714 Ingersoll Ave
Des Moines, IA 50312-5252
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

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Postage \$ 0.39
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.85
 Restricted Delivery Fee (Endorsement Required) 4.64
 Total Postage & Fees \$ 8.28

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

Larry Redford
 2608 E. Pearl St.
 Odessa, TX 79761

UNIT 111: 0500
 Postmark Here
 FEB 24 2006
 Clerk: K30339

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2. Article Number (Transfer from service label) 7005 2570 0000 4604 2806

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Cindy Brader C. Date of Delivery 2/27/06
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2. Article Number (Transfer from service label) 7005 2570 0000 4604 5616

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 Restricted Delivery Fee (Endorsement Required) 4.64
 Total Postage & Fees \$ 8.28

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

Hastings College
 710 N. Turner
 Hastings, Nebraska 68901

UNIT 111: 0500
 Postmark Here
 FEB 24 2006

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Postage \$ 0.39
 Certified Fee \$ 2.40
 Return Receipt Fee (Endorsement Required) \$ 1.85
 Restricted Delivery Fee (Endorsement Required) \$ 4.64
 Total Postage & Fees \$ 8.88

Sent To
 Ruby Rodgers
 144 Wyandotte Ave
 Baxter Springs, KS 66713
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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7005 2570 0000 0252 5002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Alma Burman Gloor
 a married woman dealing in her sole prop
 W6144 Victorian Dr
 Appleton, WI 54915-7471

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 2570 0000 4604 5630

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *[Name]*
 C. Date of Delivery *[Date]*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ruby Rodgers
 144 Wyandotte Ave
 Baxter Springs, KS 66713

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 2570 0000 4604 2837

Domestic Return Receipt

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 Return Receipt Fee (Endorsement Required) \$ 1.85
 Restricted Delivery Fee (Endorsement Required) \$ 4.64
 Total Postage & Fees \$ 8.88

Sent To
 Alma Burman Gloor
 a married woman dealing in her sole prop
 W6144 Victorian Dr
 Appleton, WI 54915-7471
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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7005 2570 0000 0252 5002


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- Print your name and address on the reverse so that we can return 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 Rymen
 American Legion in Kenesaw
 410 N. Wayne
 Kenesaw, Nebraska 68956

2. Article Number

(Transfer from service)

7005 2570 0000 4604 2769

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

William Rymen
☐ Agent

☐ Addressee

B. Received by (Printed Name)

William Rymen

C. Date of Delivery

2/28/06

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

 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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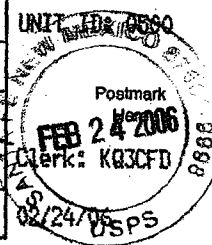
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Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64
Sent To: William Rymen American Legion in Kenesaw 410 N. Wayne Kenesaw, Nebraska 68956	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jean Opbroek
Cemetery Association of Kenesaw
P.O. Box G
Kenesaw, Nebraska 68956

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jean Opbroek*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Jean Opbroek

C. Date of Delivery

2/28/06

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

If YES, enter delivery address below: ☐ No

pt Number.

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 2570 0000 4604 2790

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Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64
UNIT ID: 0500	
Postmark Here	
Clerk: <i>[Signature]</i>	
02/24/06	
Sent To	
Street, Apt. No., or PO Box No.	Jean Opbroek Cemetery Association of Kenesaw P.O. Box G
City, State, ZIP+4	Kenesaw, Nebraska 68956
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kim Ehly
Rescue Unit of Kenesaw
115 E. Maple
Kenosaw, Nebraska 68956

2. Article Number
(Transfer from service)

7005 2570 0000 4604 2813

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kim Ehly

☒ Agent☐ Addressee

B. Received by (Printed Name)

Kim Ehly

C. Date of Delivery

2-28-06

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

t Number.

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 2570 0000 4604 2813

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Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

UNIT ID: 0500

SANTA FE NEW MEXICO
Postmark Here
FEB 24 2006
Clerk: RESCUE
02/24/06
8668

Sent To

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

Kim Ehly
Rescue Unit of Kenesaw
115 E. Maple
Kenosaw, Nebraska 68956

PS Form 3800, June 2002

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Search Results

Label/Receipt Number: **7005 2570 0000 4604 5647**
 Status: **Delivered**

Your item was delivered at 11:25 am on February 27, 2006 in
 HORTONVILLE, WI 54944.

[Additional Details >](#)
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Enter Label/Receipt Number.

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HORTONVILLE, WI 54944			
Postage	\$ 0.39	UNIT ID: 0500	
Certified Fee	2.40		
Return Receipt Fee (Endorsement Required)	1.85		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 4.64		
Sent To: Ronald DeWayne Buxman 7865 Oakcrest Dr. Hortonville, WI 54944			
Street, Apt. No., or PO Box No. City, State, ZIP+4			
PS Form 3800, June 2002 See Reverse for Instructions			

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Search Results

Label/Receipt Number: 7005 2570 0000 4604 2783
Status: **Delivered**

Your item was delivered at 9:59 am on February 28, 2006 in KENESAW, NE 68956.

Track & Confirm

Enter Label/Receipt Number.

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Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64
Sent To Senior Citizen Center of Kenesaw Attention: Jean Opbrock P.O. Box G Kenesaw, Nebraska 68956	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for Instructions	

God
Bless
America

Mr. Bruce James
PO Box 1056
Santa Fe, NM 87504-1056

1ST NOTICE 03-03-06
2ND NOTICE
RETURN

7005 2570 0000 4604 5623

Irma Neece, aka Irma Buxman Neece, aka Erma
Buxman Neece
a married woman dealing in her s&s property
Route 2, No. 24
Quincy, IL 62301

62303+9609-33 R002

CERTIFIED MAIL™

U.S. POSTAGE
PAID
SANTA FE, NM
87501
FEB 24, 06
AMOUNT

\$4.64
00032529-19

☐ Not Delivered As Addressed 62301

Unable to Forward

☐ Insufficient Address

☐ Moved, Left No Address

☐ Unclaimed ☐ Refused

☐ Attempted - Not in my

☐ No Such Street

☐ Vacant ☐ Wrong

☐ No Mail Recapture

☐ Box Closed - No Order

☐ Returned For Better Requested

☐ Postage Due

RETURN RECEIPT
REQUESTED

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

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

OFFICIAL USE

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: Irma Neece, aka Irma Buxman Neece, aka Erma
Buxman Neece
a married woman dealing in her s&s property
Street Apt. No.:
or PO Box No.
City, State, ZIP+4 Quincy, IL 62301

PS Form 3800, June 2002

See Reverse for Instructions

God
Bless
America

Mr. Bruce James
PO Box 1056
Santa Fe, NM 87504-1056

RETURN RECEIPT
RETURNED
NOTICE 03-27-06
2ND NOTICE
RETURN

Mary E. Harris
George E. Richardson
Margaret L. Mehl
Dale M. Richardson
Harry Richardson
1377 Randolph Ave.
St. Paul, Minnesota

UNDELIVERABLE
AS ADDRESSED

CERTIFIED MAIL™

7005 2570 0000 4604 2752

NOA

U.S. POSTAGE
PAID
SANTA FE, NM
87501
FEB 24, 06
AMOUNT
\$4.64
00032529-19

UNITED STATES
POSTAL SERVICE

9264 55105

UNDELIVERABLE
AS ADDRESSED
RETURN RECEIPT
REQUESTED
55105

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OFFICIAL USE

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

UNIT 100A 0500
TAKE NEW MEXICO 87501 8998
Postmark
FEB 24 2006
Hep
Clark: KBJCFT

Sent To
Mary E. Harris
George E. Richardson
Margaret L. Mehl
Dale M. Richardson
Harry Richardson
1377 Randolph Ave.
St. Paul, Minnesota

55105

PS Form 3800, June 2002 See Reverse for Instructions


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Track & Confirm

Track & Confirm

Search Results

Label/Receipt Number: 7005 2570 0000 4604 2745
Status: Unclaimed

Your item was returned to the sender on March 14, 2006 because it was not claimed by the addressee.

[Additional Details >](#)
[Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

Notification Options

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7005 2570 0000 4604 2745

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For delivery information visit our website at www.usps.com			
MURDELEIN, IL 60060		OFFICIAL USE	
Postage	\$ 0.39	UNIT ID: 0500	
Certified Fee	2.40	NEW MEXICO	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here	
Restricted Delivery Fee (Endorsement Required)		FEB 24 2006	
Total Postage & Fees	\$ 4.64	02/24/06	
Sent To			
Street, Apt. No., or PO Box No.		Monica H. Dempsey 14 Sandhurst Road Murdelein, IL 60060	
City, State, ZIP+4			
PS Form 3800, June 2002			
See Reverse for Instructions			