

CHI ENERGY, INC.
P.O. BOX 1799
MIDLAND, TEXAS 79702

RECEIVED

JUL - 5 2006

OCD-4HTE81A

June 28, 2006

"Certified-Return Receipt"

To: Interest owners

30 - 015 - 33788

Enclosed is a copy of an application filed by Chi Operating, Inc. with the New Mexico Oil Conservation Division, seeking authorization for Off-Lease Storage and Measurement from the South Carlsbad Delaware Pool originating from wells located on certain Fee leases covering parts of Sections 30 and 31, Township 22 South, Range 27 East, NMPM, Eddy County, New Mexico. A Heater Treater and the tanks for the Hagerman #1 will be on the Allen #3 surface facility. Thanks and please call should you have any questions.

Sincerely,

John W. Qualls

JWQ/fh

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 13788 Exhibit No. 4
Submitted by:
CHI OPERATING INC.
Hearing Date: September 28, 2006

SENDER: COMPLETE THIS SECTION

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

Marvin & Rose Murphy
116 28th St., SW
Mason City, IA 50401

COMPLETE THIS SECTION ON DELIVERY		
<u>A. Signature</u>	<input type="checkbox"/> Agent	
<u>X. Marvin W. Murphy</u>	<input type="checkbox"/> Addressee	
<u>B. Received by</u>	<u>United Name</u>	<u>C. Date of Delivery</u>
<u>MARVIN W. MURPHY</u> <u>2-7-06</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		

2. Article Number 7005 0390 0000 6038 9149
PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Doris Roe
1102 Hwy 54 W
LaHarpe, KS 66751

COMPLETE THIS SECTION ON DELIVERY		
<u>A. Signature</u>	<input type="checkbox"/> Agent	
<u>X. Doris Roe</u>	<input type="checkbox"/> Addressee	
<u>B. Received by</u>	<u>United Name</u>	<u>C. Date of Delivery</u>
<u>DORIS ROE</u> <u>2-6-06</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		

2. Article Number 7005 0390 0000 6038 9149
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY		
<u>A. Signature</u>	<input type="checkbox"/> Agent	
<u>X. John W. & Sandra L. Anderson</u>	<input type="checkbox"/> Addressee	
<u>B. Received by</u>	<u>United Name</u>	<u>C. Date of Delivery</u>
<u>JOHN W. & SANDRA L. ANDERSON</u> <u>2-7-06</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Air Mail <input type="checkbox"/> Extra Fee		
4. Restricted Delivery? <input type="checkbox"/> Extra Fee <input type="checkbox"/> Yes		

COMPLETE THIS SECTION ON DELIVERY		
<u>A. Signature</u>	<input type="checkbox"/> Agent	
<u>X. John W. & Sandra L. Anderson</u>	<input type="checkbox"/> Addressee	
<u>B. Received by</u>	<u>United Name</u>	<u>C. Date of Delivery</u>
<u>JOHN W. & SANDRA L. ANDERSON</u> <u>2-7-06</u>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Air Mail <input type="checkbox"/> Extra Fee		
4. Restricted Delivery? <input type="checkbox"/> Extra Fee <input type="checkbox"/> Yes		

1. Article Addressed to:
 68 Heritage Road
Galenaburg, IL 61401

or on the front of package, permit it.

so that we can return the card to you.

Attach this card to the back of the mailpiece.

Print your name and address on the reverse

so that we can return the card to you.

or on the front of package, permit it.

so that we can return the card to you.

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or on the front of package, permit it.

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Print your name and address on the reverse

so that we can return the card to you.

or on the front of package, permit it.

so that we can return the card to you.

A 7005 0390 0000 6038 9149
PS Form 3811, February 2004 Domestic Return Receipt
102995-02-N-4540

B 7005 0390 0000 6038 9149
PS Form 3811, February 2004 Domestic Return Receipt
102995-02-N-4540

PS Form 3811, February 2004 Domestic Return Receipt

7005 0390 0000 6036 9163

A. Signature		<input type="checkbox"/> Agent	<input type="checkbox"/> Address
B. Received by (Printed Name)		C. Date of Delivery	
<i>Rolla R. Hinkle</i>		<i>1-6-06</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
<p><i>Rolla R. Hinkle</i></p> <p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
5. Article Addressed to:			
6. Received by (Printed Name) <i>Rolla R. Hinkle</i>			
7. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
<p><i>Rolla R. Hinkle</i></p> <p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
8. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rolla R. Hinkle, III
P.O. Box 2292
Roswell, NM 88202

7005 0390 0000 6036 9170
 PS Form 3811, February 2004 Domestic Return Receipt

A. Signature		<input type="checkbox"/> Agent	<input type="checkbox"/> Address
B. Received by (Printed Name)		C. Date of Delivery	
<i>Rolla R. Hinkle</i>		<i>1-6-06</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
<p><i>Rolla R. Hinkle</i></p> <p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
5. Article Addressed to:			
6. Received by (Printed Name) <i>Rolla R. Hinkle</i>			
7. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
<p><i>Rolla R. Hinkle</i></p> <p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
8. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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.

Article Addressed to:

Rolla R. Hinkle, III
P.O. Box 2292
Roswell, NM 88202

7005 0390 0000 6036 9170
 PS Form 3811, February 2004 Domestic Return Receipt

A. Signature		<input type="checkbox"/> Agent	<input type="checkbox"/> Address
B. Received by (Printed Name)		C. Date of Delivery	
<i>Rolla R. Hinkle</i>		<i>1-6-06</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
<p><i>Rolla R. Hinkle</i></p> <p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
3. Service Type			
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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.

Article Addressed to:

Rolla R. Hinkle, III
P.O. Box 2292
Roswell, NM 88202

7005 0390 0000 6036 9170
 PS Form 3811, February 2004 Domestic Return Receipt

7005 0390 0000 6036 9170
 PS Form 3811, February 2004 Domestic Return Receipt

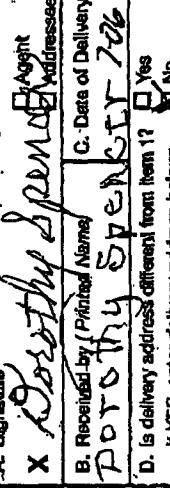
102595-02-M-164

102595-02-M-164

Domestic Return Receipt

PS Form 3811, February 2004

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION			
<ul style="list-style-type: none"> ■ 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. 			
<p>1. Article Addressed to:</p> <p>Dorothy Spencer 22964 NW Florida Rd. Westphalia, KS 66093</p>			
<p>2. 7005 0390 0000 0038 8116 PS Form 3811, February 2004 Domestic Return Receipt</p>			
<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature </p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>PO Box 7005 Spencer, KS 66093</i></p>			
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>RECIPIENT: COMPLETE THIS SECTION</p> <p>C. Mythia Jolene Spencer Revenue 1516 Nevada 23 Prescott, AZ 86301</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>75-36</i></p>			
<p>1. Article Addressed to:</p> <p>Mythia Jolene Spencer Revenue 1516 Nevada 23 Prescott, AZ 86301</p> <p>2. Article Addressed to:</p> <p>Mythia Jolene Spencer Revenue 1516 Nevada 23 Prescott, AZ 86301</p>			
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			

COMPLETE THIS SECTION ON DELIVERY

- 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:

Dorothy Spencer
22964 NW Florida Rd.
Westphalia, KS 66093

2. **7005 0390 0000 0038 8116**
PS Form 3811, February 2004 Domestic Return Receipt

RECIPIENT: COMPLETE THIS SECTION

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

Article Addressed to:

Donna Bradberry
7000 1-25 E #60
Aledo, TX 76008

7005 0390 0000 0038 8116
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-164

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Raymond Spencer
22964 NW Florida Rd.
Westphalia, KS 66093

COMPLETE THIS SECTION ON DELIVERY

Signature



Agent

X Addressee

B. Received by (Printed Name)

T. H. Spencer

C. Date of Delivery

7-06

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:



22400 NW Florida

3. Service Type

 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Registered
 Insured Mail
 C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. 7005 0390 0000 6038 9408

Form 3811, February 2004 Domestic Return Receipt

102595-02-46-1549

COMPLETE THIS SECTION ON DELIVERY

Signature



Agent

X Addressee

B. Received by (Printed Name)

B. T. H. Spencer

C. Date of Delivery

7-06

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:



Benjamin Spencer

22964 NW Florida Rd.

Westphalia, KS 66093

3. Service Type

 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Registered
 Insured Mail
 C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

1. 7005 0390 0000 6038 9408

Form 3811, February 2004 Domestic Return Receipt

102595-02-46-1549

COMPLETE THIS SECTION ON DELIVERY

Signature



Agent

X Addressee

B. Received by (Printed Name)

Helen Ellis

C. Date of Delivery

7-06

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:



Helen Ellis

22964 NW Florida Road

Westphalia, KS 66093

3. Service Type

 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Registered
 Insured Mail
 C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. 7005 0390 0000 6038 9408

Form 3811, February 2004 Domestic Return Receipt

102595-02-46-1549

<input checked="" type="checkbox"/> Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
If YES, enter delivery address below: 22964 NW Florida Westphalia, KS 66093	
A. Signature 	
B. Received by (Printed Name) T. H. Spencer	
C. Date of Delivery 7-06	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
If YES, enter delivery address below: 22400 NW Florida Westphalia, KS 66093	
A. Signature 	
B. Received by (Printed Name) B. T. H. Spencer	
C. Date of Delivery 7-06	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
If YES, enter delivery address below: Benjamin Spencer 22964 NW Florida Rd. Westphalia, KS 66093	
A. Signature 	
B. Received by (Printed Name) Helen Ellis	
C. Date of Delivery 7-06	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
If YES, enter delivery address below: Helen Ellis 22964 NW Florida Road Westphalia, KS 66093	
A. Signature 	
B. Received by (Printed Name) Helen Ellis	
C. Date of Delivery 7-06	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
If YES, enter delivery address below: Helen Ellis 22964 NW Florida Road Westphalia, KS 66093	
A. Signature 	
B. Received by (Printed Name) Helen Ellis	
C. Date of Delivery 7-06	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	
If YES, enter delivery address below: Helen Ellis 22964 NW Florida Road Westphalia, KS 66093	

102585-02-M-154

Domestic Return Receipt

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION <p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Larry Murphy 545 Via Del Monte Palos Verdes Estates, CA 90274</p>		COMPLETE THIS SECTION ON DELIVERY <p>A. Signature: <u>Larry Murphy</u></p> <p>B. Received by (Printed Name): <u>Larry Murphy</u></p> <p>C. Date of Delivery: <u>7/5/06</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <u>If YES, enter delivery address below:</u></p>
SENDER: COMPLETE THIS SECTION <p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Gerry Wayne Spencer 421 E. Columbia Road Emerson AK 71740-9201</p>		COMPLETE THIS SECTION ON DELIVERY <p>A. Signature: <u>Gerry Wayne Spencer</u></p> <p>B. Received by (Printed Name): <u>Gerry Wayne Spencer</u></p> <p>C. Date of Delivery: <u>7/6/06</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <u>If YES, enter delivery address below:</u></p>
<p>2. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 0390 0000 6038 9392</p>		

102595-02-M-154

PS Form 3811, February 2004 Domestic Return Receipt

2. **7005 0390 0000 6038 9248**

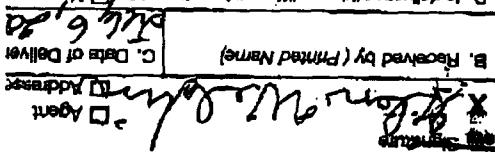
PS Form 3811, February 2004 Domestic Return Receipt

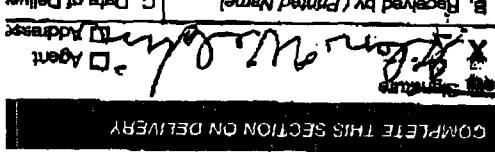
3. **Service Type**
 Certified Mail Express Mail
 Registered Mail Return Receipt for Merchandise
 Insured Mail C.O.D.

4. **Restricted Delivery? (Extra Fee)** Yes

5. **Delivery Address**
 YES, enter delivery address below: No

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

E. Received by (Printed Name) Agent

 Signature
 Address

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

 Signature
 Address

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

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

1. Article Addressee to:

Steven Murray
P.O. Box 87650
San Diego, CA 92138-7650

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

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

1. Article Addressee to:

Steven Murphy
1641 Borden Road #F46
Escondido CA 92026

2. **7005 0390 0000 6038 9229**

PS Form 3811, February 2004 Domestic Return Receipt

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

4. **Restricted Delivery? (Extra Fee)** Yes

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

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

102595-02-M-154

102598-02-M-15A

PS Form 3B11, February 2004 Domestic Return Receipt

7005 0390 0000 6038 9347

A. Signature	<i>Phyllis Goodell</i>	Agent
B. Received by	Printed Name	Addressess
C. Date of Delivery	<u>2/10/06</u>	
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	<i>2641 Lobelia Rd.</i>	
E. Signature	<i>Phyllis Goodell</i>	
F. Address		
G. Received by (Printed Name)		
H. Date of Delivery		
I. Signature		
J. Address		

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

Phyllis Goodell
16045 SW 300 RD.
Colony, KS 66015

A. Service Type	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
B. Registered	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
C. C.O.D.	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
B. Registered	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
C. C.O.D.	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
--

5. Received Delivery? (Extra Fee) <input type="checkbox"/> Yes
--

6. Signature

7. Address

102598-02-M-15A

Domestic Return Receipt
2/10/06

PS Form 3B11, February 2004

SENDER: COMPLETE THIS SECTION

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.

4. Article Addressed to:

Brett Alan Murphy
11383 W Yavapai Street
Avondale, AZ 85323

A. Signature	<i>Brett Alan Murphy</i>	Agent
B. Received by (Printed Name)	<u>7/10/06</u>	
C. Date of Delivery		
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/>		
E. Signature		
F. Address		
G. Received by (Printed Name)		
H. Date of Delivery		
I. Signature		
J. Address		

A. Signature	<i>Brett Alan Murphy</i>	Agent
B. Received by (Printed Name)	<u>7/10/06</u>	
C. Date of Delivery		
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/>		
E. Signature		
F. Address		
G. Received by (Printed Name)		
H. Date of Delivery		
I. Signature		
J. Address		

A. Signature	<i>Brett Alan Murphy</i>	Agent
B. Received by (Printed Name)	<u>7/10/06</u>	
C. Date of Delivery		
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/>		
E. Signature		
F. Address		
G. Received by (Printed Name)		
H. Date of Delivery		
I. Signature		
J. Address		

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:

Cheryl Rae Wilson
20939 ECR 157
Altus, OK 73521

COMPLETE THIS SECTION ON DELIVERY

A. Signature		
B. Received by (Printed Name)	C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cheryl Rae Wilson	7-5-06	

A. Signature		
B. Received by (Printed Name)	C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cheryl Rae Wilson	7-5-06	

7005 0390 0000 6038 9217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

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

Karen Murphy Linden
2641 Lobelia Road
Alpine CA 91901

COMPLETE THIS SECTION ON DELIVERY

A. Signature		
B. Received by (Printed Name)	C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
Karen Murphy Linden	7-6-06	

A. Signature		
B. Received by (Printed Name)	C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
Karen Murphy Linden	7-6-06	

2. Art
7005 0390 0000 6038 9223
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-154

<input type="checkbox"/> Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
3. <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes If YES, enter delivery address below: Cheryl Rae Wilson 20939 ECR 157 Altus, OK 73521	
1. Article Addressed to: Katherine Weldin 12819 SW Delaware Colony, KS 66015	
2. Art 7005 0390 0000 6038 9232 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	
3. Service Type <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes If YES, enter delivery address below: Cheryl Rae Wilson 20939 ECR 157 Altus, OK 73521	
1. Article Addressed to: Katherine Weldin 12819 SW Delaware Colony, KS 66015	
2. Art 7005 0390 0000 6038 9232 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	