

MARTIN YATES, III
1912-1985

FRANK W. YATES
1936-1986



105 SOUTH FOURTH STREET
ARTESIA, NEW MEXICO 88210-2118
TELEPHONE (505) 748-1471

S.P. YATES
CHAIRMAN EMERITUS

JOHN A. YATES
CHAIRMAN OF THE BOARD

PEYTON YATES
PRESIDENT

FRANK YATES, JR.
EXECUTIVE VICE PRESIDENT

JOHN A. YATES, JR.
SENIOR VICE PRESIDENT

Certified Mail - RRR

April 23, 2007

To: Working Interest Owners
Addressee List Attached

Re: Proposed Recif Unit
Township 22 South, Range 23 East
Sections 30 and 31: All
Township 23 South, Range 23 East
Sections 5-8 and 18,19: All
Eddy County, New Mexico

Gentlemen:

Yates Petroleum Corporation is forming a divided-type exploratory unit covering 5,207.37 acres in captioned area. A check of public records indicates you own unleased minerals within the unit area and you are cordially invited to join your interest to this unit.

As you review the enclosed unit and unit operating agreement and exhibits thereto, you will note the proposed unit will be a divided-type exploratory unit. The initial well is located 660' FNL and 1,980' FWL of Section 7, T23S-R23E and will be drilled to 10,650' to test the Morrow formation. Your acreage is Tract 7 on the exhibit and covers 120 acres in the N2SE and SESE of Section 18, T23S-R23E. You will NOT have an interest in the initial well.

Should you elect to commit your interest to the proposed Recif Unit and Unit Operating Agreements, please execute and return all four (4) copies of the enclosed ratification and joinder instrument and have your signature acknowledged by a Notary Public. Then, return three (3) originally executed copies to us for further handling.

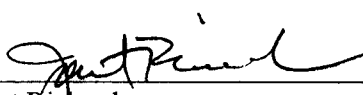
Please be reassured that should you elect not to commit your interest to the unit, your interest will NOT be "force pooled" into the unit.

Should you need anything further, please feel free to call.

Thank you.

Very truly yours,

YATES PETROLEUM CORPORATION



Janet Richardson
Assistant Land Manager

Encl.

BEFORE THE OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
Case No. 13922....Exhibit No. 3
Submitted by:
YATES PETROLEUM CORPORATION
Hearing Date: May 24, 2007

Addressee List
Recif Unit

Pardue Limited Company
P. O. Box 2018
Carlsbad, NM 88221-2018

J. F. Joyce, II
4 Thompson Circle, NW
Washington, DC 20008

Merland, Inc.
P. O. Box 548
Carlsbad, NM 88220

Carmex, Inc.
P. O. Box 1718
Carlsbad, NM 88220

Kugeler Brothers
7400 Elena Drive, NE
Albuquerque, NM 87113

John Guitar, III
1234 Leggett Drive
Abilene, TX 79605

Repps Bedford Guitar, Jr.
P. O. Box 7252
Abilene, TX 79608

Pressley Hudson Guitar
P. O. Box 5383
Abilene, TX 79608-5883

Gayle Nevill Trust and
Virginia Nevill Trust
5528 Tahoe Lane
Fairway, KS 66205

Guy Pittman Witherspoon, III
P. O. Box 100403
Fort Worth, TX 76185

John Guitar Witherspoon, Jr.
3824 Arroyo Road
Fort Worth, TX 76109

Brett Guitar Witherspoon
P. O. Box 100635
Fort Worth, TX 76185

Whitten Guitar Witherspoon
7524 Pear Tree Lane
Fort Worth, TX 76133-7572

Wende Witherspoon Morgan
1720 Southwicke
Flower Mound, TX 75022

Guitar Holding Company, LP
P. O. Box 58
Abilene, TX 79604

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:

Pardue Limited Company
P.O. Box 2018
Carlsbad, NM 88221-2018

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent
X ☐ Addressee

B. Received by (Printed Name) Larry Pardue C. Date of Delivery 4/25/07

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

2. Article Number

(Transfer from service label)

7005 3110 0000 4639 5024

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

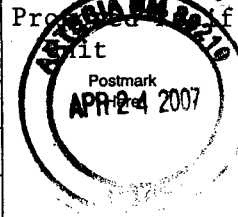
7005 3110 0000 4639 5024

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28



Sent To
Pardue Limited Company
Street, Apt. No.,
or PO Box No. P.O. Box 2018
City, State, ZIP+4
Carlsbad NM 88221-2018

PS Form 3800, June 2002

See Reverse for Instructions

CLAS

CLAS

YST • CL

7005 3110 0000 4639 5512

IM
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H ST.
3

D

REASON CHECKED
☐ RETURN TO SENDER
☐ Moved, Lat. to Address
☐ Mailed to Forward
☐ Unclaimed - not known
☐ No Such Street
☐ Insufficient Address
☐ Moved not Forwardable
☒ Refused
☐ No Such Number
☐ Vacant

Firs

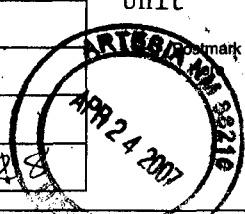
J.F. JOYCE, II
 4 THOMPSON CIRCLE, NW
 WASHINGTON, DC 20008

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	\$	Proposed Recif
Certified Fee		Unit
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.28	



Sent To **J.F. Joyce, II**
 Street, Apt. No.,
 or PO Box No. **4 Thompson Circle, NW**
 City, State, ZIP+4
Washington, DC 20008

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 4639 5512

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:
Merland, Inc.
P.O. Box 548
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Cm Power* ☒ Agent
☐ Addressee

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

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Signature Required

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7005 3110 0000 4639 5529

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28

Sent To Merland, Inc.
Street, Apt. No.,
or PO Box No. P.O. Box 548
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 4639 5529

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:

Carmex, Inc.
P.O. Box 1718
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
Jeannie Katchner

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

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

2. Article Number
(Transfer from service label)

7005 3110 0000 4639 5536

PS Form 3811, February 2004

Domestic Return Receipt

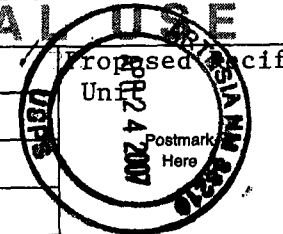
102595-02-M-1540

U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 7.28

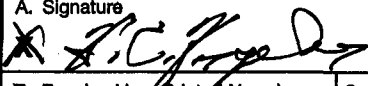


Sent To Carmex, Inc.
Street, Apt. No., or PO Box No. P.O. Box 1718
City, State, ZIP+4 Carlsbad, NM 88220

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 4639 5536

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery 4/26/07</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:</p>	
<p>1. Article Addressed to:</p> <p>Kugeler Brothers 7400 Elena Drive, NE Albuquerque, NM 87113</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>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7005 3110 0000 4639 5543</p>	

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Domestic Return Receipt

102595-02-M-1540

3455 6634 0000 0116 5007

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.28

Proposed
 Unit
 Postmark
 Here

Sent To
 Kugeler Brothers
 Street, Apt. No., or PO Box No. 7400 Elena Drive, NE
 City, State, ZIP+4 Albuquerque, NM 87113

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: John Guitar, III 1234 Leggett Drive Abilene, TX 79605		B. Received by (Printed Name) SALLY GUITAR	C. Date of Delivery APR 30 2007
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		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	
2. Article Number (Transfer from service label)		7005 3110 0000 4639 5550	

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

0555 6E94 0000 0TTE 5002

U.S. Postal Service TM	
CERTIFIED MAIL [®] RECEIPT	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Proposed Recif Unit
Certified Fee	Postmark Here
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	7.28
Sent To John Guitar, III	
Street, Apt. No., or PO Box No. 1234 Leggett Drive	
City, State, ZIP+4 Abilene, TX 79605	
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:

Repps Bedford Guitar, Jr.
P.O.Box 7252
Abilene, TX 79608

2. Article Number

(Transfer from service label)

7005 3110 0000 4639 5567

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Repps, Guitar

C. Date of Delivery

APR 30 2007

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 3110 0000 4639 5567

U.S. Postal ServiceTM

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

7.28

Proposed Recif
Unit



Sent To

Repps Bedford Guitar, Jr.

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

P.O. Box 7252

City, State, ZIP+4

Abilene, TX 79608

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:

Pressley Hudson Guitar
P.O. Box 5383
Abilene, TX 79608-5883

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pressley H. Guitar*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

PRESSLEY H. GUITAR

C. Date of Delivery

5-3-07

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

2. Article Number

(Transfer from service label)

7005 3110 0000 4639 5574

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM

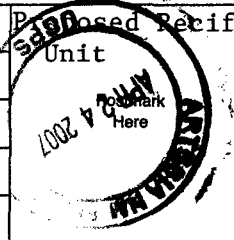
CERTIFIED MAILTM RECEIPT

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.28



Sent To

Pressley Hudson Guitar

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

P.O. Box 5383

City, State, ZIP+4

Abilene, TX 79608-5883

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 4639 5574

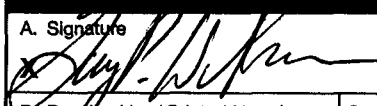
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Gayle Nevill</i></p> <p>B. Received by (Printed Name) <i>Gayle Nevill</i></p> <p>C. Date of Delivery <i>APR 24 2007</i></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:</p>	
<p>1. Article Addressed to:</p> <p>Gayle Nevill Trust & Virginia Nevill Trust</p> <p>5528 Tahoe Lane</p> <p>Fairway, KS 66205</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 3110 0000 4639 5598</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M 540


U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.28
<p>Sent To</p> <p>Gayle Nevill Trust & Virginia Nevill Trust</p> <p>Street, Apt. No., 5528 Tahoe Lane</p> <p>or PO Box No.</p> <p>City, State, ZIP+4</p> <p>Fairway, KS 66205</p>	
<p>PS Form 3800, June 2002</p> <p>See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>A. Signature </p> <p>B. Received by (Printed Name) <u>Guy Pitman Witherspoon</u></p> <p>C. Date of Delivery <u>4-1-07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Guy Pitman Witherspoon, III P.O. Box 100403 Fort Worth, TX 76185</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>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7006 0100 0002 8593 7444</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service TM	
<p>CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)</p>	
<p>For delivery information visit our website at www.usps.com.</p>	
<p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees</p>	<p>Proposed Recif Unit</p> <p></p> <p>\$ 7.28</p>
<p>Sent To</p> <p>Guy Pitman Witherspoon, III</p> <p>Street, Apt. No., or PO Box No. P.O. Box 100403</p> <p>City, State, ZIP+4 Fort Worth, TX 76185</p>	
<p>PS Form 3800, June 2002 See Reverse for Instructions</p>	

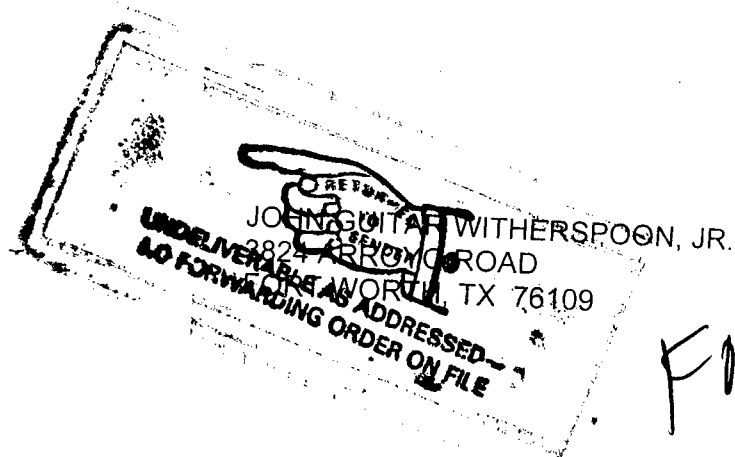
7006 0100 0002 8593 7444

7-CLASS

FIRST-CLASS

7006 0100 0002 8593 7451

First



FILE 917

7006 0100 0002 8593 7451

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

Postage	\$	Proposed Recif Unit Postmark Here APR 24 2007
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.28	

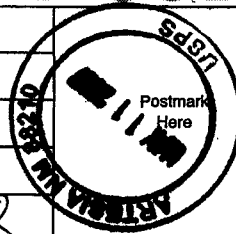
Sent To **John Guitar Witherspoon, Jr.**
 Street, Apt. No.;
 or PO Box No. **3824 Arroyo Road**
 City, State, ZIP+4 **Fort Worth, TX 76109**

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.28



Sent to
John Guitar Witherspoon, Jr.

Street, Apt. No.,
or PO Box No. 7404 Lemonwood Lane

City, State, ZIP+4
Fort Worth, TX 76132-7012

PS Form 3800, June 2002

See Reverse for Instructions

7006 0100 0002 8593 8861

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>A. Signature X <i>Brett Witherspoon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Brett Guitar Witherspoon P.O. Box 100635 Fort Worth, TX 76185</p>		<p>B. Received by (Printed Name) Brett Witherspoon</p> <p>C. Date of Delivery 5-5-07</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 3110 0000 4639 5611</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</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</p>	

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

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

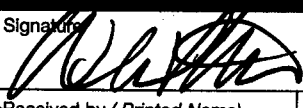
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$7.28	

Sent To: Brett Guitar Witherspoon
Street, Apt. No., or PO Box No.: P.O. Box 100635
City, State, ZIP+4: Fort Worth, TX 76185

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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. 		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Whitten Guitar Witherspoon 7524 Pear Tree Lane Fort Worth, TX 76133-7572		B. Received by (Printed Name) W Witherspoon	
		C. Date of Delivery 5-7-07	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		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	
2. Article Number (Transfer from service label)		7005 3110 0000 4639 5628	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 \$	Proposed Recif Unit
Certified Fee	Here
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 7.28	
Sent To Whitten Guitar Witherspoon	
Street, Apt. No., or PO Box No. 7524 Pear Tree Lane	
City, State, ZIP+4 Fort Worth, TX 76133-7572	
PS Form 3800, June 2002	
See Reverse for Instructions	

7005 3110 0000 4639 5628

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:

Wende Witherspoon Morgan
1720 Southwicke
Flower Mound, TX 75022

2. Article Number

(Transfer from service label)

7005 3110 0000 4639 5635

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wende Witherspoon Morgan*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

WENDE W. MORGAN

C. Date of Delivery

APR 24 2007

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)

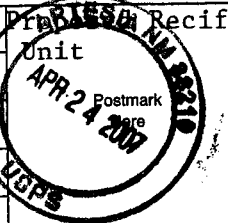
☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.28



Sent To
Wende Witherspoon Morgan
Street, Apt. No.,
or PO Box No. 1720 southwicke
City, State, ZIP+4
Flower Mound, TX 75022

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 4639 5635

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:

Guitar Holding Company, LP
P.O. Box 58
Abilene, TX 79604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ida C Hernandez

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Ida C Hernandez

C. Date of Delivery

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

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ 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 3110 0000 4639 5642

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

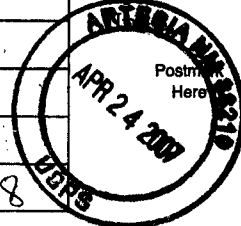
Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

7.28

Proposed Recif



Sent To Guitar Holding Company, LP

Street, Apt. No.,
or PO Box No. P.O. Box 58

City, State, ZIP+4 Abilene, TX 79604

PS Form 3800, June 2002

See Reverse for Instructions

2005 3110 0000 4639 5642