

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY, L.P. FOR LEASE COMMINGLING,  
EDDY COUNTY, NEW MEXICO.

Case No. 14,087

AFFIDAVIT REGARDING NOTICE

STATE OF OKLAHOMA                     )  
   ) ss.  
COUNTY OF OKLAHOMA                 )

Norvella Adams, being duly sworn upon his oath, deposes and states:

1. I am over the age of eighteen, and have personal knowledge of the matters stated herein.

2. I am an Engineering Tech for Devon Energy Production Company, L.P.

3. Devon Energy Production Company, L.P. has conducted a diligent, good faith effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.

4. Notice of the application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

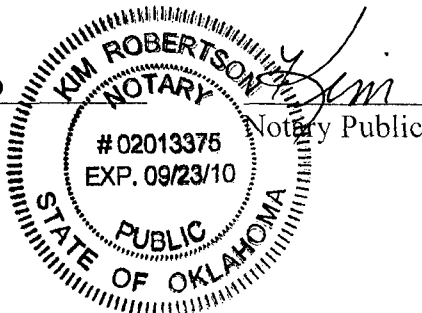
5. Devon Energy Production Company, L.P. has complied with the notice requirements of Division regulations.

Norvella Adams  
08 Feb. 5

SUBSCRIBED AND SWORN TO before me this 5<sup>th</sup> day of February, 2008, by  
Norvella Adams.

My Commission Expires: 9-23-2010

Oil Conservation Division  
Case No. 4  
Exhibit No.       





Devon Energy Corporation  
20 North Broadway  
Oklahoma City, OK 73102-8260

405 235 3611 Phone  
www.devonenergy.com

January 2, 2008

Re: Request for Exception to Rule 303-A  
Request for Exception to Rule 303-A  
Hawk 8 D Federal 46, Condor 8 Federal 1H, and Hawk 8 K Federal 4 Leases  
Red Lake; (Q-GB-SA) 51300  
Red Lake; Glorieta-Yeso 51120 & 96836  
Section 8, Township 18 South, Range 27 East  
Eddy County, New Mexico

To: All Leasehold Owners

Devon Energy Production Company, L.P. has filed an application with the New Mexico Oil Conservation Division (copy enclosed) seeking an exception to NMAC 19.15.5.303.A to authorize the surface commingling of production from the Red Lake Queen-Grayburg-San Andres Pool and Red Lake Glorieta-Yeso Pool originating from its wells located on (i) United States Oil and Gas Lease LC 070678-A, covering the NW/4NW/4, S/2NW/4, N/2SW/4, and SW/4SE/4 of Section 8, (ii) United States Oil and Gas Lease NM 89156, covering the SE/4SW/4 and NW/4SE/4 of Section 8, (iii) United States Oil and Gas Lease NM 29273, covering the SE/4SE/4 of Section 8, and (iv) United States Oil and Gas Lease NM 0758, covering the NE/4NW/4 of Section 17, all in Township 18 South, Range 27 East, N.M.P.M. Applicant also seeks an exception to the metering requirements of NMAC 19.15.5.303.B(4)(a) to authorize the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Hawk "8" Tank Battery, located in the NE/4SW/4 of Section 8. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2008 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in one of the leases, 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 latter date.

Sincerely,

Devon Energy Production Company, LP

A handwritten signature in black ink, appearing to read "Marcos Ortiz", written over a horizontal line.

Marcos Ortiz  
Operations Engineer

EXHIBIT A

**BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION**

**APPLICATION OF DEVON ENERGY  
PRODUCTION COMPANY, L.P. FOR  
LEASE COMMINGLING, EDDY  
COUNTY, NEW MEXICO.**

Case No. \_\_\_\_\_

**APPLICATION**

Devon Energy Production Company, L.P. applies for an exception to Division Rule 303 to permit lease commingling and an exception to metering requirements, and in support thereof, states:

1. Applicant is the operator of wells completed in the Red Lake Queen-Grayburg-San Andres Pool and the Red Lake Glorieta-Yeso Pool within (i) United States Oil and Gas Lease LC 070678-A, covering the NW $\frac{1}{4}$ NW $\frac{1}{4}$ , S $\frac{1}{2}$ NW $\frac{1}{4}$ , N $\frac{1}{2}$ SW $\frac{1}{4}$ , and SW $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 8, (ii) United States Oil and Gas Lease NM 89156, covering the SE $\frac{1}{4}$ SW $\frac{1}{4}$  and NW $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 8, (iii) United States Oil and Gas Lease NM 29273, covering the SE $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 8, and (iv) United States Oil and Gas Lease NM 0758, covering the NE $\frac{1}{4}$ NW $\frac{1}{4}$  of Section 17, all in Township 18 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. A plat of the leases is attached as Exhibit A.

2. Applicant seeks approval to surface commingle Red Lake Queen-Grayburg-San Andres Pool and Red Lake Glorieta-Yeso Pool production from its wells located on the leases. A list of the wells involved in this application is attached as Exhibit B.

3. Applicant further seeks an exception to the metering requirements of NMAC 19.15.5.303.B(4)(a) to authorize the allocation of production from these diversely-owned wells on the basis of periodic well tests. All production from these wells is to be stored at the Hawk

"8" Tank Battery, located in the NE $\frac{1}{4}$ SW $\frac{1}{4}$  of Section 8. A schematic of the facilities is attached as Exhibit C.

4. Royalty interest ownership under the subject leases is common, but overriding royalty interest and/or working interest ownership varies.

5. Notice of this application has been given to all interested parties, by certified mail.

6. The granting of this application will prevent waste and protect correlative rights.

**WHEREFORE**, applicant requests that, after notice and hearing, the Division enter its order approving the relief requested above.

Respectfully submitted,

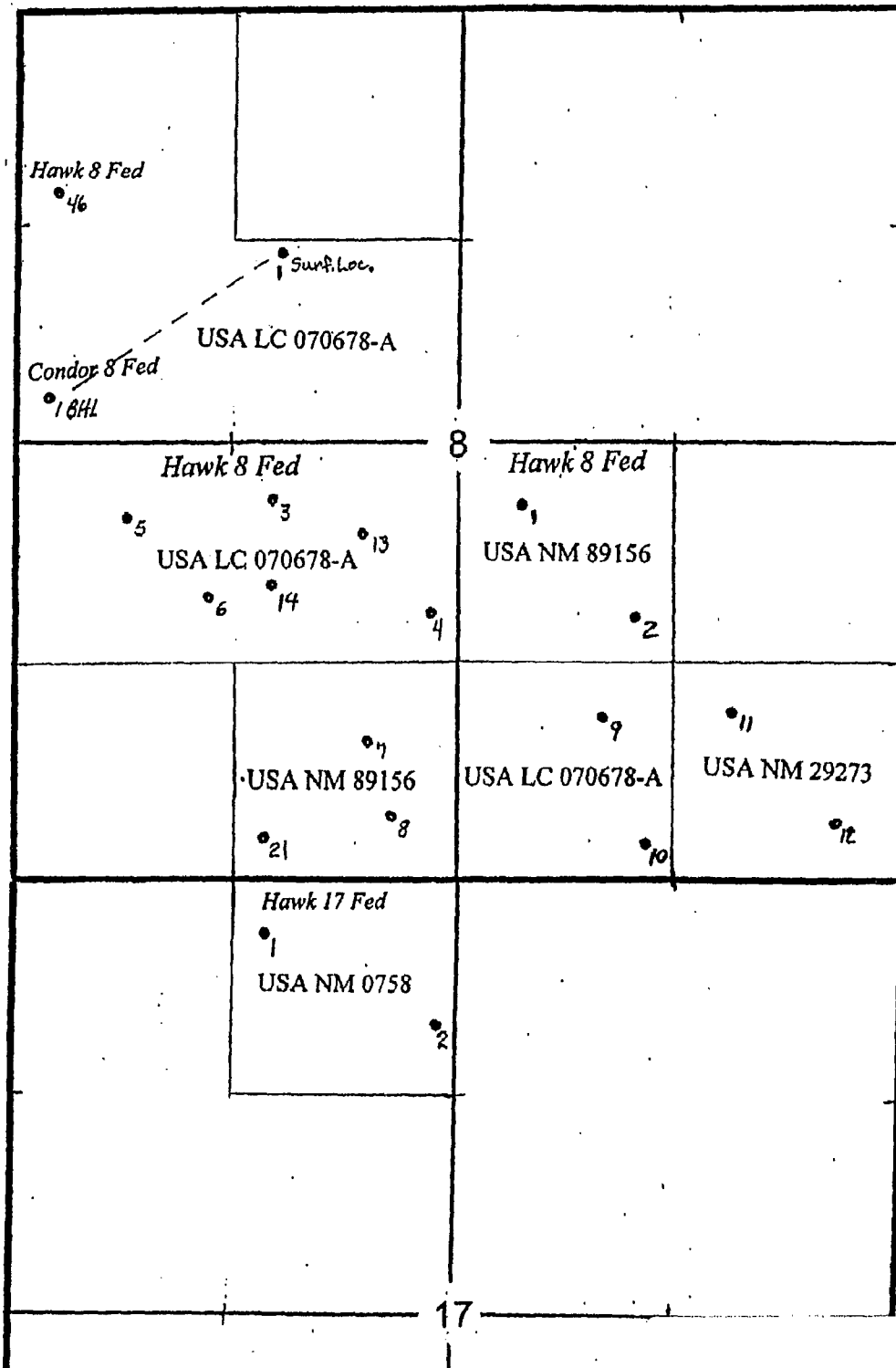
A handwritten signature in cursive script, appearing to read "James Bruce", written over a horizontal line.

James Bruce  
Post Office Box 1056  
Santa Fe, New Mexico 87504  
(505) 982-2043

Attorney for Devon Energy Production  
Company, L.P.

# SECTION PLAT

Eddy County, State of New Mexico  
 Section 8 & 17 Township 18S Range 27E  
 NORTH



EXHIBIT

A

**Devon Energy Production Company, LP**  
**Hawk 8 Battery**  
**Section 8 – T18S – R27E, Unit K**  
**Federal Lease USA NM LC-070678-A**

Wells currently producing to the Hawk 8 Battery:

Lease No. USA NM LC-070678-A

Lease Name: Hawk 8 Federal

Well No.	UL	API No.	Formation / Pool Name
3	K	30-015-29014	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
4	K	30-015-29054	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
5	L	30-015-29015	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
6	L	30-015-29068	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
9	O	30-015-29069	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
10	O	30-015-29056	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
13	K	30-015-34337	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
14	K	30-015-34336	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso

Lease No. USA NM 89156

Lease Name: Hawk 8 Federal

Well No.	UL	API No.	Formation / Pool Name
1	J	30-015-29012	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
2	J	30-015-29049	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
7	N	30-015-29016	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
8	N	30-015-29055	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
21	N	30-015-34964	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso

Lease No. USA NM 29273

Lease Name: Hawk 8 Federal

Well No.	UL	API No.	Formation / Pool Name
11	P	30-015-29027	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
12	P	30-015-29057	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso

- continued on page 2 -

EXHIBIT

**B**

Lease No. USA NM 0758

Lease Name: Hawk 17 Federal

<u>Well No.</u>	<u>UL</u>	<u>API No.</u>	<u>Formation / Pool Name</u>
1	C	30-015-29514	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso
2	C	30-015-29726	Red Lake-Queen Grayburg San Andres &/or Red Lake-Glorieta Yeso

Wells proposed to produce to the Hawk 8 Battery:

Lease No. USA NM 070678-A

Lease Name: Hawk 8 Federal

<u>Well No.</u>	<u>UL</u>	<u>API No.</u>	<u>Formation / Pool Name</u>
46	D	30-015-28301	Red Lake-Glorieta Yeso

Lease Name: Condor 8 Federal

<u>Well No.</u>	<u>UL</u>	<u>API No.</u>	<u>Formation / Pool Name</u>
1H	surface: F bottom hole: E	30-015-35829	Red Lake-Glorieta Yeso





## 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:

CHARLOTTE ANN PIER  
4349 BELLAIRE DR S #129  
FT WORTH, TX 76109

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charlotte Ann Pier* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
1/5/08

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)

7007 0710 0001 9808 8615

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:

MICHAEL DON DIXON  
P.O. BOX 393  
SPRINGER, OK 73458

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael D Dixon* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

MICHAEL D DIXON

C. Date of Delivery  
1/7/08

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)

7007 0710 0001 9808 8547

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:

SILVERADO OIL & GAS LLP  
P O BOX 52308  
TULSA, OK 74152

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gary Dukes* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

GARY DUKES

C. Date of Delivery  
1-5-08

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)

7007 0710 0001 9808 8561

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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:

CLAIRE COLLINS  
3257 ROGERS AVE  
FORT WORTH, TX 76109

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8516

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Domestic Return Receipt

102595-02-M-154

## 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

☒ 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:

SALVATION ARMY - DALLAS  
TEXAS DIVISIONAL HEADQUARTERS  
P O BOX 36607  
DALLAS, TX 75235

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8639

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Domestic Return Receipt

102595-02-M-1540

## 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

☒ 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:

JANE ANN HUDSON DAVIS  
6770 WOLF CREEK CT  
RIO RANCHO, NM 87144

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## 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

☒ 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:

WILLIAM H COLLINS  
6542 NINE MILE AZLE ROAD  
FORT WORTH, TX 76135

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8608

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. J. Collins*☐ Agent  
☐ Addressee

B. Received by (Printed Name)

B. J. Collins

C. Date of Delivery

1-5-08

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:

CHARLOTTE DAUGIRDA  
3257 ROGERS AVE  
FT WORTH, TX 76109

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8592

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Charlotte Daugirda*☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

01/05/08

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:

COOK CHILDREN'S MEDICAL CENTER  
GEN FUND FOUNDATION  
% JPMORGAN CHASE BANK NA  
P O BOX 99084  
FORT WORTH, TX 76199

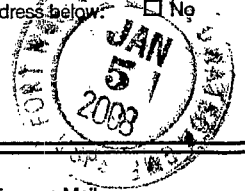
## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jay B...*
☐ 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

☒ 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)

7007 0710 0001 9808 8677

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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:

KATHRYN BEACH  
2301 BENNETT RD  
LAFAYETTE, IN 47909

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *K R Beach*
☐ Agent  
☒ Addressee

B. Received by (Printed Name)

KATHRYN BEACH

C. Date of Delivery

1/7/07

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)

7007 0710 0001 9808 8455

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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:

ROBERT HUBERT  
20218 N E 163RD STREET  
WOODINVILLE, WA 98072

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elizabeth Hubert*
☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Elizabeth Hubert

C. Date of Delivery

1-7-08

D. Is delivery address different from item 1? ☐ Yes *KW*  
If YES, enter delivery address below: ☐ No *36*

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)

7007 0710 0001 9808 8486

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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:

DONALD L. CLARK  
P O BOX 191407  
DALLAS, TX 75219

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8530

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. Mays*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

L. MAYS

C. Date of Delivery

1-8-08

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:

AMERICAN CANCER SOCIETY - TX  
TEXAS DIVISION  
P O BOX 149054  
AUSTIN, TX 78714

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8660

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Webb*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

B. Webb

C. Date of Delivery

JAN 9 2008

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:

M CRAIG CLARK INC  
P O BOX 50635  
MIDLAND, TX 79710

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Craig Clark*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

M. Craig Clark

C. Date of Delivery

1/14/08

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:

JOHN W HUBERT  
430 W SWON  
ST LOUIS, MO 63119

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*John W Hubert* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

JOHN W HUBERT 1/5

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

Article Number

(Transfer from service label)

7007 0710 0001 9808 8431

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:

JONEL SUSAN GRASSO  
11 OCEAN RIDGE  
LAGUNA NIGUEL, CA 92677

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Jonel Susan Grasso* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

JONEL SUSAN GRASSO

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)

7007 0710 0001 9808 8424

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:

CHARLES R COLLINS  
1404 FARRINGTON DRIVE  
KNOXVILLE, TN 37923

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Cindy Collins* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

CINDY COLLINS

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

Article Number

(Transfer from service label)

7007 0710 0001 9808 8509

S 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:

JAMES HUBERT  
3209 DUBLIN LN  
LOUISVILLE, KY 40206

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8448

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## 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? ☐ YesIf 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:

LINDA P CLARK SKINNER  
27217 WATERFALL HILL  
SPICEWOOD, TX 78669

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8585

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## 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? ☐ YesIf 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:

SUSAN LABUNSKI  
695 S BERKLEY AVE  
ELMHURST, IL 60126

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8462

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## 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? ☐ YesIf 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:

JOAN A HUDSON  
81 NORTH ST  
NAPLES, FL 34108

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8622

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joan A. Hudson*☐ Agent☐ Addressee

B. Received by (Printed Name)

Joan A. Hudson

C. Date of Delivery

11/5/08

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

1920 ALA MOANA #2015  
Hon HI 96815

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:

CHARLOTTE COLEMAN  
1304 GREAT OAK DR  
PITTSBURG, PA 15220

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8479

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charlotte Coleman*☐ Agent☒ Addressee

B. Received by (Printed Name)

Charlotte Coleman

C. Date of Delivery

11/6/08

D. Is delivery address different from item 1? ☐ YesIf 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:

HIGGINS TRUST INC  
% WILLIAM P EDWARDS  
P O BOX 6905  
THOMASVILLE, GA 31758

2. Article Number

(Transfer from service label)

7007 0710 0001 9808 8653

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William P Edwards*☐ Agent☐ Addressee

B. Received by (Printed Name)

William P Edwards

C. Date of Delivery

1-11-08

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



7007 0710 0001 9808 8431

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

Sent To: John W. Hubert  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

*Handwritten: Novella Adams, Postmark Here, 2008, 46*

7007 0710 0001 9808 8424

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

Sent To: Jones Susan Grosso  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

*Handwritten: Novella Adams, Postmark Here, JAN 3 2008, 46*

7007 0710 0001 9808 8479

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**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

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

PS Form 3800, August 2006 See Reverse for Instructions

*Handwritten: Novella Adams, Postmark Here, 2008, 46*

7007 0710 0001 9808 8462

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

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

PS Form 3800, August 2006 See Reverse for Instructions

*Handwritten: Novella Adams, Postmark Here, 2008, 46*

7007 0710 0001 9808 8455

U.S. Postal Service™  
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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

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

PS Form 3800, August 2006 See Reverse for Instructions

*Handwritten: Novella Adams, Postmark Here, JAN 3 2008, 46*

7007 0710 0001 9808 8448

U.S. Postal Service™  
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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.77

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

PS Form 3800, August 2006 See Reverse for Instructions

*Handwritten: Novella Adams, Postmark Here, 2008, 46*

7007 0710 0001 9808 8622

**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Postmark: *Noville Adams*  
JAN 3 2008  
OKLAHOMA CITY OK 73102

46

Sent To: *Joan A Hudson*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8615

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Postmark: *Noville Adams*  
JAN 3 2008  
OKLAHOMA CITY OK 73102

46

Sent To: *Charlotte Ann Pier*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8585

**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Postmark: *Noville Adams*  
JAN 3 2008  
OKLAHOMA CITY OK 73102

46

Sent To: *Linda P Clark Skinner*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8592

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Postmark: *Noville Adams*  
JAN 3 2008  
OKLAHOMA CITY OK 73102

46

Sent To: *Charlotte Daigirds*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8608

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Postmark: *Noville Adams*  
JAN 3 2008  
OKLAHOMA CITY OK 73102

46

Sent To: *William H Collins*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8677

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To: *Cook Children's Medical Center*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8653

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To: *Higgins Trust Inc.*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8639

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To: *Salvation Army - Dallas*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8578

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To: *M. Craig Clark Ark.*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8660

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To: *American Cancer Society - TX*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8646

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

Sent To: *Jane Ann Hudson Davis*  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8516

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

*Handwritten:* 46

*Postmark:* OKLAHOMA CITY OK 73102 2008

Sent To *Claire Collins*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8530

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

*Handwritten:* 46

*Postmark:* OKLAHOMA CITY OK 73102 2008

Sent To *Donald L Clark*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8547

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

*Handwritten:* 46

*Postmark:* OKLAHOMA CITY OK 73102 2008

Sent To *Silverado Oil + Gas*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8509

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**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

*Handwritten:* 46

*Postmark:* OKLAHOMA CITY OK 73102 2008

Sent To *Charles R Collins*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8523

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

*Handwritten:* 46

*Postmark:* OKLAHOMA CITY OK 73102 2008

Sent To *Mms*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0001 9808 8547

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.77

*Handwritten:* 46

*Postmark:* OKLAHOMA CITY OK 73102 2008

Sent To *Michael Don Dixon*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

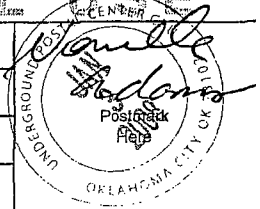
7007 0710 0001 9808 8493

**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



46

Sent to Charles M Pier

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

City, State, ZIP+4

PS Form 3800, August 2006

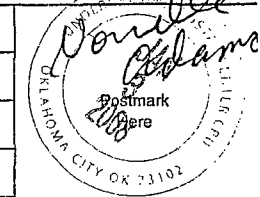
See Reverse for Instructions

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.77



46

Sent to Robert Hubert

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 0710 0001 9808 8486