NMOCD Examiner Hearing Augu /t 21, 2008 Dack t# 28-08 Case # 14163 Exhibit 12 Copy of Return Recipts

BAUNAR CONTRACTOR CONTRACTOR	
SENDER COMPLETENTIS SECTION	ICOMPLETETHISSECTION ON DELIVERY
Complète items 1, 2, and 3. Also complete	
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the rever	rse A TULLY Addresse
so that we can return the card to you.  Attach this card to the back of the mailpie	B. Received by (Printed Name) Date of Deliver
or on the front if space permits.	ece,
1.#Article Addressed to:	D. Is delivery address different from item 1?  Yes
	If YES, enter delivery address below:
Peter Klug	
Peter Klug	
3507 E Campo Bell	
Phoenix, AZ 85	032 3. Service Type In Certified Mail □ Express Mail
	Certified Mail  Express Mail Registered Keturn Receipt for Merchandis
	Insured Mail C.O.D.
an a	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Transfer from service label)	<u>7006,0100,0005,2527,</u> 9646
PS Form 3811, Februáry 2004 Dor	mestic Return Receipt 102595-02 M-154
	an a
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	
Print your name and address on the revers so that we can return the card to you.	e Commune a Aduressee
Attach this card to the back of the mailpied	ce, B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
	8/407
Carl Mitchell	
309 La Crosse Ave	
	3. Service Type
Farmington, NM 87401	Certified Mail
	☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
A Autola Museula and "	
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(Transfer from service label) 70 PS Form 3811, February 2004 Dom	nestic Return Receipt 102595-02-M-154
(Transfer from service label)       ? □         PS Form 3811, February 2004       Dom         SENDER: COMPLIATE THIS SECTION	nestic Return Receipt 102595-02-M-1540
(Transfer from service label)       ? □         PS Form 3811, February 2004       Dom         SENDER: COMPLETE THIS SECTION         © Complete items 1, 2, and 3. Also complete	nestic Return Receipt 102595-02-M-1540
(Transfer from service label)       ?         PS Form 3811, February 2004       Dom         SENDER: COMPLETE INTERSECTION         © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.         Print your name and address on the reverse	nestic Return Receipt 102595-02-M-1540
(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER: COMPLET: INSISTEMION         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.	e B. Received by ( <i>Printed Name</i> ) C. Date of Delivery
(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER COMPLETE THISSECTION         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	e B. Received by ( <i>Printed Name</i> ) C. Date of Delivery
(Transfer from service label)       ? □         PS Form 3811, February 2004       Dom         SENDER: COMPLET AT HIS 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 mailpiec or on the front if space permits.	e B. Received by ( <i>Printed Name</i> ) C. Data of Delivery
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(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER COMPLETE THISSECTION         © 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 mailpiec or on the front if space permits.         1. Article Addressed to:         TYES TSE Rocks         P O Box 3015	e B. Received by ( <i>Printed Name</i> ) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER 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 mailpiec or on the front if space permits.       1. Article Addressed to:         Trees TSe Rocks       P O Box 3015	nestic Return Receipt       102595-02-M-1540         Image: Comparison of the second secon
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(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER complete items 1, 2, and 3. Also complete items 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 mailpiec or on the front if space permits.       1. Article Addressed to:         TYES TSE Rocks       P O Box 3015	nestic Return Receipt       102595-02-M-1540         Image: Comparison of the second secon
(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER 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 mailpiec or on the front if space permits.       1. Article Addressed to:         Trees TSe Rocks       P O Box 3015	anestic Return Receipt       102595-02-M-1540         anestic Return Receipt       102595-02-M-1540         anestic Return Receipt       Anestic Return Receipt         anestic Return Receipt       Anestic Return Receipt         anestic Return Receipt       Anestic Return Receipt         anestic Return Receipt       Anestic Return Receipt for Merchandise         anestic Return Receipt for Merchandise       Insured Mail         contract       C.O.D.
<ul> <li>PS Form 3811, February 2004 Dom</li> <li>SENDER: COMPLETIENT SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiec or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Tres TSE Rocks         <ul> <li>P O Box 3015</li> <li>Durango, CO 81302</li> </ul> </li> </ul>	anestic Return Receipt       102595-02-M-1540         anestic Return Receipt       02595-02-M-1540         anestic Return Receipt       Agent         anestic Return Receipt       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       Service Type         Service Type       Return Receipt for Merchandise         Insured Mail       C.O.D.         4. Restricted Delivery? (Extra Fee)       Yes
(Transfer from service label)       70         PS Form 3811, February 2004       Dom         SENDER 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 mailpiec or on the front if space permits.       1. Article Addressed to:         Trees TSe Rocks       P O Box 3015	anestic Return Receipt       102595-02-M-1540         anestic Return Receipt       102595-02-M-1540         anestic Return Receipt       Anestic Return Receipt         anestic Return Receipt       Anestic Return Receipt         anestic Return Receipt       Anestic Return Receipt         anestic Return Receipt       Anestic Return Receipt for Merchandise         anestic Return Receipt for Merchandise       Insured Mail         contended for Mail       C.O.D.

Martin Martin Barren and Martin Martin Barren and Martin Barren and Andre State and Andre	<i>=</i> 7	
	SENDERICOMPLETE THIS SECTION	COMPUTIE THISSECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete	A. Signature
c	item 4 if Restricted Delivery is desired.	*Charles a Sherman DAddresse
	Print your name and address on the reverse so that we can return the card to you.	B. Received by ( <i>Printed Name</i> ) C. Date of Delive
· · · · · · · · · · · · · · · · · · ·	Attach this card to the back of the mailpiece,	Charles A Sherman 29
	or on the front if space permits.	D. Is delivery address different from item 1?  Yes
	1. <sub>8</sub> Article Addressed to:	If YES, enter delivery address below:
		;
	<sup>®</sup> Charles Sherman	
	307 La Crosse Ave	
	Farmington, NM 87401	3. Service Type Certified Mail CExpress Mail
		<sup>1</sup> <sup>(□</sup> Registered <sup>1</sup> <sup>(□</sup> Return Receipt for Merchandit <sup>1</sup> <sup>(□</sup> Insured Mail <sup>1</sup> <sup>(□</sup> C.O.D.
		4. Restricted Delivery? (Extra Fee)
	2. Article Number	
		0100 005 2529 9172
	Domestic Rel	urn Receipt 102595-022
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3, Also complete	A. Signature
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X An 174 MAY A FSOLALOS K Agent
	so that we can return the card to you	B. Received by Printed Name) C. Date of Delive
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by Printed Name) C. Date of Delive
	1. Article Addressed to:	D. Is delivery address different from item 1?  Yes
	Anthony Fabinza	If YES, enter delivery address below:
	Aththony Espinoza 2802 La Purentast.	
	2802 La ruentadt.	
	farmington, rum	3. Service Type
		Certified Mail Express Mail Registered Return Receipt for Merchandis
	21401	Insured Mail C.O.D.
	2. Article Number	4. Restricted Delivery? (Extra Fee)
- -	(Transfer from service label) 7005 01	00 0005 2529 9639
	PS Form 3811, February 2004 Domestic Retu	rn Receipt. 102595-02-M-154
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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3, Also complete	A. Signature
	Print your name and address on the revorce	Rusall Que DAgent
	so that we can return the card to you.	B. Received by ( <i>Printed Name</i> ) C. Date of Delive
	or on the front if space permits.	Priscilla Pind
	1. Article Addressed to:	D. Is delivery address different from term 12 Pyres
	Abram Pino	If YES, enter delivery address below:
	300 La Cuetsa Ave	Ex 2000 2
	Farmington, NM 87401	3. Service Type
:		Certified Mall
· .		Registered Return Receipt for Merchandis
		1 Postvieted Dalian O The T
-	2. Article Number	
	(Transfer from service label) 700	6 0100 0005 2529 9073
	PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-154

	SENDER COMPLETE THIS SECTION AND	
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature A. Signature A. Signature Agent Address B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes
	Ratherine La Rue	If YES, enter delivery address below:
	2708 La Salle St	3. Service Type X Certified Mail □ Express Mail
	Farmington, NM 87401	Registered     Insured Mail     C.O.D.
	2. Article Number	4. Restricted Delivery? (Extra Fee)
;		100 0005 2529 8991 Return Receipt 102595-02-M-1
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature X. Jasan A. Agent B. Received by (Printed Name) Jason Wenter 7-7
	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
and and the state of the state	Christine Wright 100 Hidden Acres Dr	3. Service Type
:	Farmington, NM 87401	Certified Mail Express Mall
		4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 7001	0100 0005 2529 8892
?	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15
	<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature X. Legling Agent B. Received by (Printed Name). C. Date of Deliver
·	or on the front if space permits.	D. Is delivery address different from item 1? Yes
	Wesley Lattin 301 La Belle Ave	If YES, enter delivery address below:
	Farmington, NM 87401	3. Service Type Certified Mail  Express Mail Registered Insured Mail  C.O.D.
:	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes

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من م	SENDERH <i>COMPLETE</i> THIS SECTION	อญาษา	COMPLETENCISSECTIONION	
	□ Complete items 1, 2, and 3. Also c	·····································	A. Signature	
	item 4 if Restricted Delivery is desir	red.	x Mala	Agent
	Print your name and address on the so that we can return the card to your		B. Regeived by (Printed Name)	C. Date of Delive
	Attach this card to the back of the or on the front if space permits.	mailpiece,	Pober A. Fits	7-1
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			If YES, enter delivery address b	elow: 🗆 No
	Robert Fitz	1		*
	205 La Cuesta			
	Farmington, NM 87401	1	3. Service Type	
		t ,	Registered Return R	leceipt for Merchandis
	• •		4. Restricted Delivery? (Extra Fee)	□ Yes
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	or on the front if space permits.	anpieco,	Humbello trias	tem 1?
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	ſ		10/.	No
	Humberto Frias			
	2904 La Puenta St	4		19
		-	3. Service Type	5
	Farmington, NM 87401		Certified Mail Express	ceipt for Merchandis
		ź	Insured Mail C.O.D.	;
			4. Restricted Delivery? (Extra Fee)	☐ Yes
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<u>(</u>				
	Sendericomplete this sector		COMPLETE THIS SECTION ON D	ELIVERY
	Complete items 1, 2, and 3. Also control item 4 if Restricted Delivery is desired.	ed.	A. Signature	Agent
	Print your name and address on the so that we can return the card to yo			Address
	Attach this card to the back of the or on the front if space permits.		B. Received by (Printed Name)	C. Date of Delive
	1. Article Addressed to:	- <u>126</u> 717	D. Is delivery address different from	tem 1?   Yes
			If YES, enter delivery address be	elow: 🛛 No
	Terry Ladwig			*
	P.O. Box 926		2 Carvios Time	
	Kamuela, HI 96743		3. Service Type	Mail
		;	Registered Return R	leceipt for Merchandi
	•		4. Restricted Delivery? (Extra Fee)	D Yes
	2. Article Number			
	(manaler norm service raber	סנם 1007	0 0005 2529 8809	
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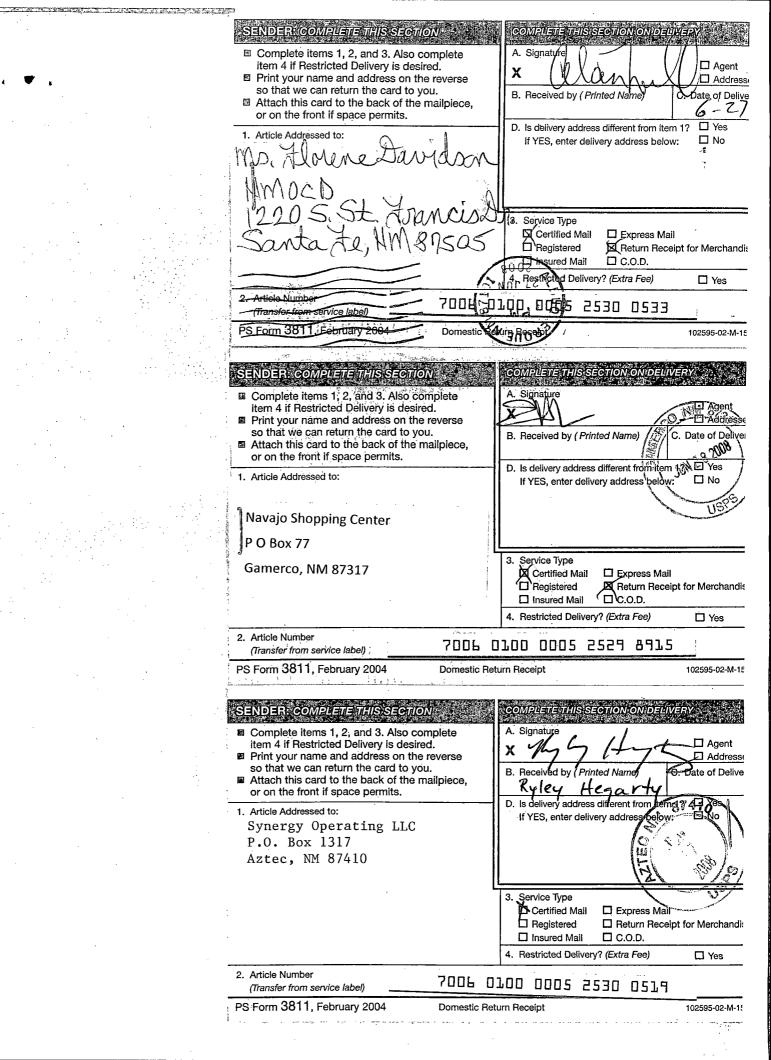
	SENDER. COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY AND A
1 .	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X Willo Am Wooder ( Agent Addresse B. Received by (Printed Name) C. Date of Deliver Multion Moodel
	1. Article Addressed to:	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: O I No
	William Woodall Jr.	E 30
	2703 La Salle St	3. Service Type
	Farmington, NM 87401	Certified Mall     Express Mail     Registered     Insured Mail     C.O.D.      Krar Fee     Yes
	2. Article Number (Transfer from service lat 7006 0100	0005 2529 8953
	PS Form 3811, February 2004 Domestic Ret	
	<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece,</li> </ul>	A. Signature X Addresse B. Received by (Printed Name) C. Date of Delive
	or on the front if space permits.  1. Article Addressed to: NM State Highway Department 1120 Cerrillos Road	D. Is delivery address different from them 1? If YES, enter delivery address below: No
	Santa Fe, NM 87505	3. Service Type         Ø Certified Mail       □ Express Mail         □ Registered       Ø Return Receipt for Merchandia         □ Insured Mail       □ C.O.D.         4. Restricted Delivery? (Extra Fee)       □ Yes
	2. Article Number (Transfer from service la 7006 0100	0005 2529 8779
	PS Form 3811, February 2004 Domestic Ret	
	eturn Receipt 102695-02-M-1540	S Form 3811, February 2004 Domestic Re
e de la companya de l La companya de la comp	2578 8525 8722 01.00 0005 2559 8972	
	4. Restricted Delivery? (Extra Fee)	
	3. Service Type	Farmington, NM 87401
	~	tot E. Main St
· .		B لا S Enterprises
		Article Addressed to:
- - -	A. Signature B. Faceived by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 it Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>
ļ	COMPLETE THIS SECTION ON DELIVERY SEE	ENDEH: COMPLETE THIS SECTION

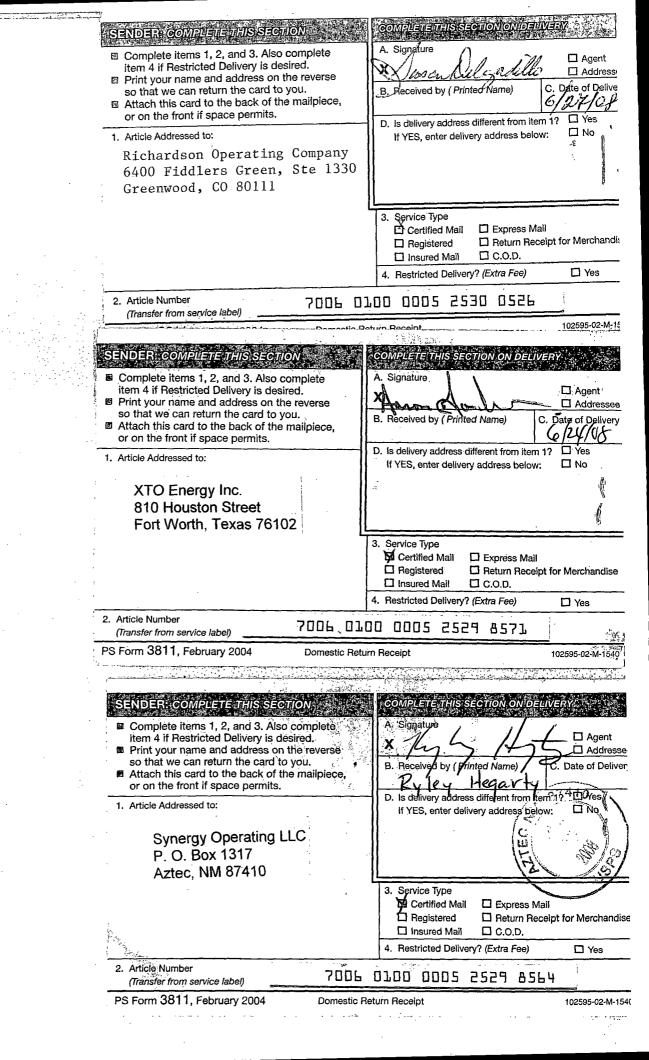
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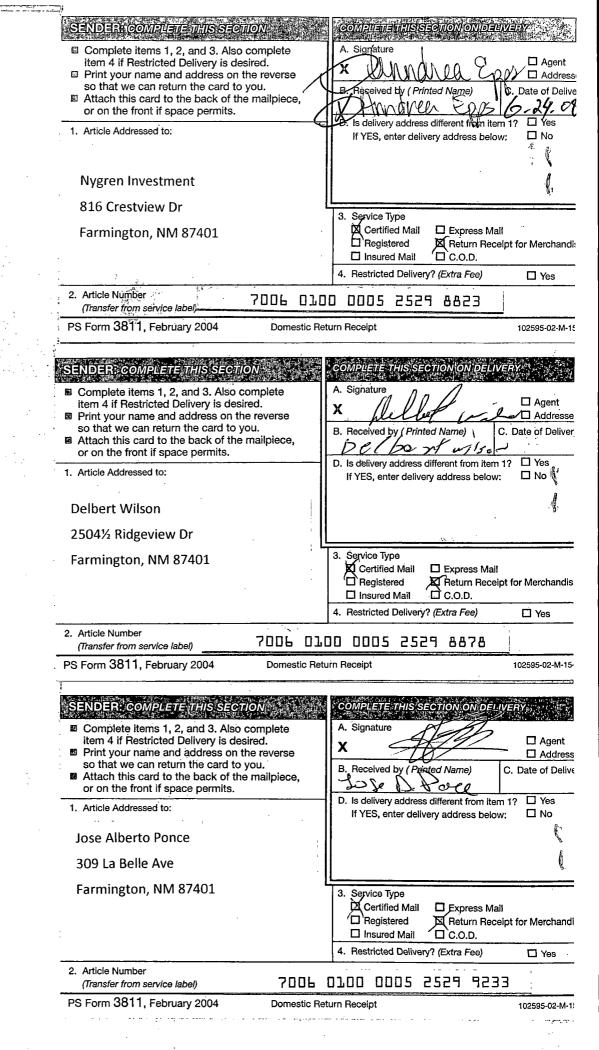
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<ul> <li>ENDERECOMPLIENT ALLS SECTION</li> <li>Complete Herris 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the revers so that we can return the card to you.</li> <li>Attach this card to the back of the mailpled or of the front if space permits.</li> <li>Article Addressed to:</li> <li>Northern Properties I LLC Attn Wen 1515 N. Academy Blvd #4460</li> <li>Colorado Springs, CO 80909</li> </ul>	ie       Image: Agent image: Addressee         ie       Image: Addressee         I
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label) 7001	0100 0005 2529 8793
PS Form 3811, February 2004 Dom	estic Return Receipt 102595-02-M-1540
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Anthony Espinosa</li> <li>2802 La Puenta St</li> </ul>	A. Signature X. <u>MUTHOWY BOINING</u> Agent B. Received by (Printed Name). C. Date of Delivery <u>ANTHONY FOINOSAC-2(058</u> ) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Farmington, NM 87401	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
<b>#</b>	4. Restricted Delivery? (Extra Fee)
2. Article Number 70	06 0100 0005 2529 9318
PS Form SOTT, February 2004 Dome	stic Return Receipt 102595-02-M-1540
<b>ENDER:</b> <i>COMPLETE THIS SECTION</i> 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 June Gentine X , Addressee B. Received by (Printed Name) Macing Lechity, JA7/08
Article Addressed to: echuga Transporation	D. Is delivery address different from item 1? If YES, enter delivery address below: X No
armington, NM 87401	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service labe 7006 01	00 0005 2529 8830
Form 3811 Fobruary 0004	Return Receipt
2 Domestic	neturn Hecelpt 102595-02 M-1540

	SENDER COMPLETE THIS SECTION	COMPLETENHISSECTIONION DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature X. Agent Addresse
	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.	B. Received by (Printed Name) C. Date of Deliver
· · ·	1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  , No
	Ada Brown	
	334 Kiowa Dr. East	
	Gainsville, TX 76240	3. Service Type         Ø Certified Mail       □ Express Mail         □ Registered       Ø Return Receipt for Merchandise         □ Insured Mail       □ C.O.D.
		4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 7004	0100 0005 2529 9059
	PS Form 3811, February 2004 Domestic Ret	um Receipt
	SENDER COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature X. Lunstal Russell Agent
	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
· ·	or on the front if space permits.	Bruistal ( 1 mart 1) 6 70101 D. Is delivery address different from item 1?  Yes
	DBL Systems 7 LLC	If YES, enter delivery address below:  No
	3801 W Clarendon	
	Phoenix, AZ 85019	3. Service Type
		Certified Mail      Express Mail     Registered      Return Receipt for Merchandise     Insured Mail      C.O.D.
	· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)
		00 000 5' 2529 / 8786
	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
	SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY
	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X / ata / amount Addressee
	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.	B. Received by (Printed Name) C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
	Nita Kennedy	
	312 La Cuesta Ave	
	Farmington, NM 87401	3. Service Type
		Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	2. Article Number	4. Restricted Delivery? (Extra Fee)
	(Transfer from service label) 7006	0100 0005 2529 9110
	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540







	·····································	
<ul> <li>Complete items 1, 2, and 3. Also ditem 4 if Restricted Delivery is des</li> <li>Print your name and address on this so that we can return the card to y</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>	ired. ne reverse /ou.	A. Signature A. Signature A. B. M. I.S. M. O. M. D. Addresse B. Received by ( <i>Printed Name</i> ) C. Date of Deliver
1. Article Addressed to:		D. Is delivery address different from item 1? If YES, enter delivery address below: No
Richard Potter	:	
306 La Belle Ave		3. Service Type
Farmington, NM 87401		Registered         Return Receipt for Merchandise           Insured Mail         C.O.D.
2. Article Number (Transfer from service label)	7006 (	4. Restricted Delivery? (Extra Fee)
P 2811_February 2004	Domestic Re	turn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SEC		
<ul> <li>Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de</li> <li>Print your name and address and</li> </ul>	Complete esired.	A. Signature
so that we can return the card to ■ Attach this card to the back of th or on the front if space permits.		B. Beceived by (Printed Name) C. Date of Delive
1. Article Addressed to:		D. Is delivery address different from item 1? TYes
Anthony Marinaro		If YES, enter delivery address below:
306 La Cuesta Ave		1 · · · · · · · · · · · · · · · · · · ·
Farmington, NM 87401		3. Service Type
		Certified Mail Registered Insured Mail C.O.D.
2. Article Number	······	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	7D	06 0100 0005 2529 9080
PS Form 3811, February 2004	Domestic Ret	
SENDER COMPLETE THIS SE		
<ul> <li>Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is a Print your name and address or so that we can return the card to the heart to the</li></ul>	so complete desired n the reverse to you.	A. Signature
or on the front if space permits.		Panic by (Printed Name) C. Date of Deli
loose Loo	• •	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No
Joseph Garcia 308 La Crosse Ave		
		L
Farmington, NM 87401		3. Service Type
		Certified Mail     Express Mail     Registered     K Return Receipt for Merchandi     Insured Mail     C.O.D
2. Article Number (Transfer from service label) PS Form 3811, February 2004	7006 0	Certified Mail     Express Mail     Registered     Return Receipt for Merchandle

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- <u>mar</u> onyantikon urukudu	SENDER COMPLETE THIS SECTION	
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 17 Yes
	1. Article Addressed to:	If YES, enter delivery address below:
	Christine Maestas	· (*
	2802 La Salle St	<u>.</u>
· •	Farmington, NM 87401	3. Service Type X Certified Mail □ Express Mall □ Registered
•		4. Restricted Delivery? (Extra Fee)
•	2. Article Number (Transfer from service label) 7004	0100 0005 2529 9066
		leturn Receipt 102595-02-M-1540
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	× Dunn Eli - Agent
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by ( <i>Printed Name</i> ) C. Date of Delivery
	1. Article Addressed to:	If YES, enter delivery address below:
	Norman Faver	¢.
	1028 West Main St	3. Service Type
	Farmington, NM 87401	Certified Mail Express Mail Registered Return Receipt for Merchandise
		4. Restricted Delivery? (Extra Fee)
	2. Article Number ( <i>Transfer from service label</i> )	0100 0005 2529 8847
	PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON PELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
.,	<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	B. Received by (Rrinted Name) A Mut H · LoT
	or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?
	Kirk Lott	
	2500 Ridgeview Dr	
	Farmington, NM 87401	3. Service Type
		4. Restricted Delivery? (Extra Fee)     Yes
	2. Article Number (Transfer from service label) 70(	06 0100 0005 2529 8885
	PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

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A. Signature X Domech Cluche Addr B. Received by (Printed Name) C. Date of De
D. Is delivery address different from item 1? If YES, enter delivery address below:
3. Service Type X Certified Mail □ Express Mail □ Registered □ (Return Receipt for Mercha □ Insured Mail □ C.O.D.
4. Restricted Delivery? (Extra Fee)
0100 0005 2529 9202
eturn Receipt 102595-02-0
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Address
B. Received by (Printed Name) C. Date of Deli
D. Is delivery address different from item 1?
If YES, enter delivery address below:  No
3. Service Type
☐ Insured Mail / C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
0100 0005 2529 8939
turn Receipt 102595-02-M
COMPLETE THIS SECTION ON DELIVERY
A. Signature
Damme Stunson Agent
Addres
Tarwin Sturson
D. Is delivery address different from item 1?  Yes
If YES, enter delivery address below:
х И
Ę.
3. Service Type
Registered     Receipt for Merchand     Insured Mail     C.O.D.
4. Restricted Delivery? (Extra Fee)
4. Restricted Delivery? (Extra Fee)

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	SENDER# COMPLETIE TILLS SECTION	N	VIRLEME THIS SECTIONION DE	WERY .
	Complete items 1, 2, and 3. Also co		Signature	
	item 4 if Restricted Delivery is desire Print your name and address on the	ed. 🛛 🖌 🖌	Warn Hu	Agent D Addressee
4)	so that we can return the card to yo	u, B.F	Received by ( Printed Name)	C. Date of Delivery
	Attach this card to the back of the n or on the front if space permits.	nailpiece,		
		D. 1	s delivery address different from ite	
	1. Article Addressed to:	1	I YES, enter delivery address belo	w: 🗆 No
	Jones Hewey			
	2705 La Salle St			
			Service Type	
	Farmington, NM 87401		Certified Mail DExpress Ma Registered KReturn Rec	ail eipt for Merchandise
	·		Insured Mail C.O.D.	
		4. F	Restricted Delivery? (Extra Fee)	□ Yes
	2. Article Number	l		
	(Transfer from service label)	200P 070	0 0005 2529 896	
	PS Form 3811, February 2004	Domestic Return Re	celpt	102595-02-M-1540
	4 		<u>,                                    </u>	<b>P</b>
	SENDER COMPLETE THIS SECT	ION	OMPLETE THIS SECTION ON D	ELIVERY
	Complete items 1, 2, and 3. Also		Signature	
•	item 4 if Restricted Delivery is des	ired.		🗖 Agent
	Print your name and address on the second	he reverse	Haracet.	Addressee
: :	so that we can return the card to y Mattach this card to the back of the		Received by (Printed Name)	C. Date of Delivery
	or on the front if space permits.		Is delivery address different from	item 1? 🗆 Yes 🔬
•	1. Article Addressed to:		If YES, enter delivery address be	
				4
	Alfredo Martinez			<i>I</i> .
	2710 La Salle St		Service Type	
·	Farmington, NM 87401	5.	Certified Mail D Express I	Mail
	•			eceipt for Merchandise
			Insured Mail C.O.D. Restricted Delivery? (Extra Fee)	
	· · · · · · · · · · · · · · · · · · ·	4.		☐ Yes
	2. Article Number (Transfer from service label)	7006 Ol	00 0005 2529 90	04
	PS Form 3811, February 2004	Domestic Return I	Receipt	102595-02-M-1540
			COMPLETE TURCECOTION	
	SENDER: COMPLETE THIS S		COMPLETE THIS SECTION	JNDELIVERY
	Complete items 1, 2, and 3. A item 4 if Restricted Delivery is	Also complete	ASIC	D Agent
	Print your name and address	on the reverse	XV	Addres
:	so that we can return the card Attach this card to the back of		B. Received by (Printed Nam	e) C. Date of Deliv
	or on the front if space permit		Van capar	ME
	1. Article Addressed to:		D. Is delivery address different If YES, enter delivery addre	
	· · · · · · · · ·	<u></u>		
	Thomas Strange			Ś
				k
	301 La Crosse Ave			
	Farmington, NM 87401		3. Service Type	ress Mail
				ress Mail urn Receipt for Merchand
	,		Insured Mail C.O	.D
	·		4. Restricted Delivery? (Extra	Fee) 🛛 Yes
	2. Article Number	7006	0100 0005 2525	
	(Transfer from service label)			
	PS Form 3811, February 2004	Domestic Re	turn Receipt	102595-02-M-1
				a ang ma marana

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SENDER: COMPLETE THIS SECT	TION	
<ul> <li>Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is dealer of the so that we can return the card to</li> <li>Attach this card to the back of the or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	sired. the reverse you.	A. Signature
2900 La Puenta St		
		3. Service Type
Farmington, NM 87401		Certified Mail Express Mall
0 Articlo Number		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	700L	, OIOO OOOS 2529 9158
PS Form 3811, February 2004	Domestic	c Return Receipt 102595-0
SENDER COMPLETE THIS SECTION	ØN.	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also can item 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to your Attach this card to the back of the or on the front if space permits.</li> </ul>	red. e reverse ou.	A. Signature
1. Article Addressed to:		D. Is delivery address different from item 1? Ses If YES, enter delivery address below:
Steve Gardenhire		
2704 La Salle St		
Farmington, NM 87401		3. Şervice Type Certified Mail Express Mail Registered Return Receipt for Merchan Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee)
		the second se
2. Article Number (Transfer from service label)	700	16 0100 0005 2529 8977
2. Article Number (Transfer from service label) PS Form 3811, February 2004		
(Transfer from service label) PS Form 3811, February 2004	Domestic F	Return Receipt 102595-02-N
(Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION	Domestic F	Return Receipt 102595-02-N
(Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also com- item 4 if Restricted Delivery is desired	Domestic F	Return Receipt 102595-02-N
(Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also corr item 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to you Attach this card to the back of the ma	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPUENTITIESSECTION ON DELIVERY         A. Signature         X         B. Repeived by (Printed Name)         C. Date of Deliv
(Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also com- item 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to your	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPLETENTIS SECTION ON DELIVERY         A. Signature         X       Agent         B. Repeived by (Printed Name)       C. Date of Delive         D. Is delivery address different from item 12       Yes
<ul> <li>(Transfer from service label)</li> <li>PS Form 3811, February 2004</li> <li>SENDER: COMPLETE INTISSECTION</li> <li>Complete items 1, 2, and 3. Also corritem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the riso that we can return the card to you</li> <li>Attach this card to the back of the major on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPLETENTIS SECTION ON DELIVERY         A. Signature         X       Agent         B. Received by (Printed Name)         C. Date of Deliver
(Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also corr item 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to you Attach this card to the back of the ma or on the front if space permits. Article Addressed to: Max Lare	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPLETENTIS SECTION ON DELIVERY         A. Signature         X       Agent         B. Repeived by (Printed Name)       C. Date of Delive         D. Is delivery address different from item 12       Yes
(Transfer from service label) PS Form 3811, February 2004 SENDER COMPLETE THISS Section Complete items 1, 2, and 3. Also com- item 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to you Attach this card to the back of the ma- or on the front if space permits. Article Addressed to: Max Lare 2600 Ridgeview Dr	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPLETENTIS SECTION ON DELIVERY         A. Signature         X       Agent         B. Repeived by (Printed Name)       C. Date of Delive         D. Is delivery address different from item 12       Yes
(Transfer from service label) PS Form 3811, February 2004 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also corr item 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to you Attach this card to the back of the ma or on the front if space permits. Article Addressed to: Max Lare	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPLETENTIESSECTION ON DELIVERY         A. Signature         X          □ Agent         B. Repeived by (Printed Name)       C. Date of Delivery         D. Is delivery address different from item 1?          □ Yes If YES, enter delivery address below:         B. Service Type          Certified Mail Registered Insured Mail          Express Mail Receipt for Merchandia
(Transfer from service label) PS Form 3811, February 2004 SENDER COMPLETE THISS Section Complete items 1, 2, and 3. Also com- item 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to you Attach this card to the back of the ma- or on the front if space permits. Article Addressed to: Max Lare 2600 Ridgeview Dr	Domestic F V plete 1. reverse	Return Receipt       102595-02-N         COMPLETENTIESSECTION ON DELIVERY         A. Signature         X          □ Agent         □ Address          B. Rebeived by (Printed Name)          □ C. Date of Delivery          D. Is delivery address different from item 1?          □ Yes         If YES, enter delivery address below:         If YES, enter delivery address below:          No (          3. Service Type          □ Express Mail         □ Registered         □ Express Mail         □ Receipt for Merchandia         □

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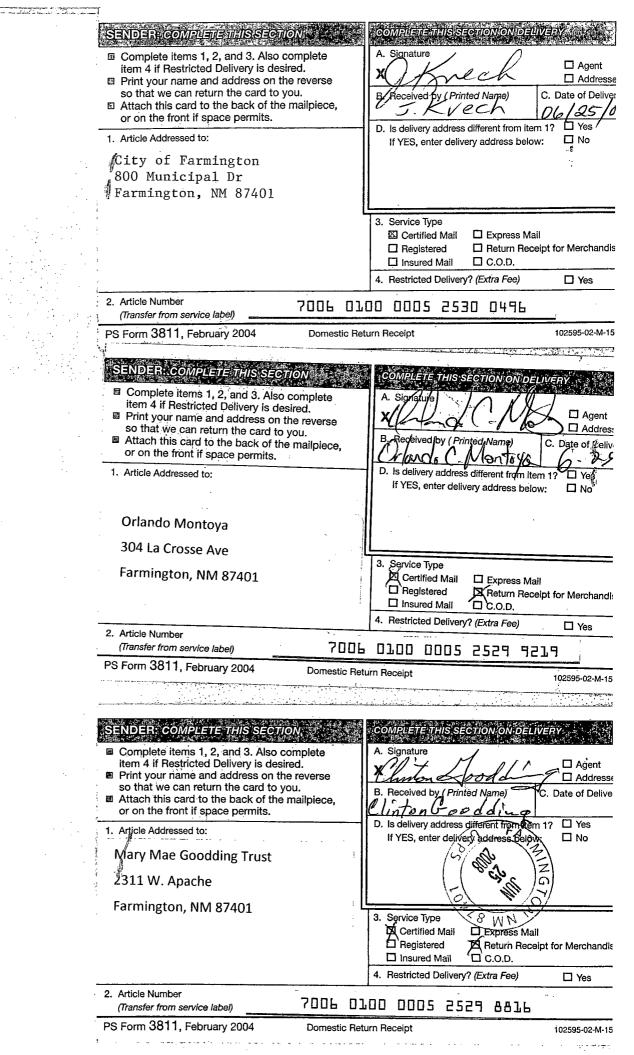
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	SENDER COMPLETE THIS SE	CTION	COMPLIENT THIS SECTION	ON DELIVERY
• <b>•</b> •	<ul> <li>Complete items 1, 2, and 3. Alitizem 4 if Restricted Delivery is</li> <li>Print your name and address of so that we can return the card</li> <li>Attach this card to the back of or on the front if space permits</li> </ul>	desired. on the reverse to you, the mailpiece,	A. Signature B. Received by (Printed Nar Lyg. Dury	fee
	1. Article Addressed to:		D. Is delivery address differen If YES, enter delivery add	
	Jonathon Durfee	· ·		
	305 La Belle Ave	1	3. Service Type	
	Farmington, NM 87401		Certified Mail	press Mail turn Receipt for Merchandis
	,		4. Restricted Delivery? (Extra	
	2. Article Number (Transfer from service label)	7006 (	_ 0100 0005 2529	
	PS Form 3811, February 2004	Domestic Ret	turn Receipt	102595-02-M-154
i e se s	SENDER: COMPLETE THIS SECTION	an le co	OMPLETE THIS SECTION ON L	DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also contained item 4 if Restricted Delivery is desired.</li> </ul>	omplete A. red.	Signature	Agent
	<ul> <li>Print your name and address on the so that we can return the card to you</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>	ou. mailpiece,	Dolf 11 HAX FON	C. Date of Delivery
- - -	1. Article Addressed to:	D.	. Is delivery address different from If YES, enter delivery address b	
	John Haxton			. (
	303 La Belle Ave			K
	Farmington, NM 87401		Insured Mail C.O.D.	Receipt for Merchandise
	······································	4.	. Restricted Delivery? (Extra Fee	) 🗆 Yes
ء - -	2. Article Number (Transfer from service label)	7006 010	0005 2529 98	364
• • • • • • • • • • • • • • • • • • •	PS Form 3811, February 2004	Domestic Return	Receipt	102595-02-M-1540
	SENDER: COMPLETE THIS SE		COMPLETE THIS SECTION	ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is a</li> <li>Print your name and address of so that we can return the card</li> <li>Attach this card to the back of</li> </ul>	desired. n the reverse to you.	A. Signature X M A A A A A A A A A A A A A A A A A A	P C. Date of Deliver
	or on the front if space permits 1. Article Addressed to:		D. Is delivery address different	
			If YES, enter delivery addre	ess below: 🗆 No
	Peter Kakos			(l.
	307 La Belle Ave		L	24 
	Farmington, NM 87401		Registered Ret	
	2. Article Number		4. Restricted Delivery? (Extra	Fee) 🗆 Yes
	2. Article Number (Transfer from service label)	7006	0100 0005 2525	9240
	PS Form 3811, February 2004	Domestic Ret	turn Receipt	102595-02-M-15

<ul> <li>SENDERE COMPLEMENTLY SEC</li> <li>Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de</li> <li>Print your name and address on so that we can return the card to</li> <li>Attach this card to the back of th or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Floyd Matheny</li> <li>300 La Belle Ave</li> <li>Farmington, NM 87401</li> </ul>	o complete osired. the reverse o you.	A. Signature         X       X         B. Received by (Printed Name)       C. Date of Deliver         JUSAN E Mathematical Addresse         B. Received by (Printed Name)       C. Date of Deliver         JUSAN E Mathematical Addresse         B. Received by (Printed Name)       Yes         J. Is delivery address different from item 10       Yes         If YES, enter delivery address below:       No         G. Service Type       Certified Mail         Express Mail       Registered
		Insured Mail C.O.D.     A. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	7006	0100 0005 2529 9288
PS Form 3811, February 2004	Domestic Ret	
 A the second		
<ul> <li>SENDERECOMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also corritem 4 if Restricted Delivery is desired</li> <li>Print your name and address on the riso that we can return the card to you</li> <li>Attach this card to the back of the main or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Carol Cooper</li> <li>308 La Cuesta Ave</li> </ul>	nplete I. everse ailpiece, B.	Signature
Farmington, NM 87401		Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? ( <i>Extra Fee</i> ) Yes
2. Article Number	· · · ·	
 (Transfer from service label) PS Form 3811, February 2004	7006 Domestic Return	
PS Form 3011, replicary 2004	Domestic Herum	
	complete irred. ne reverse /ou. mailpiece,	A. Signature A. Signature B. Beceived by (Printed Name) D. Is delivery address different from item 12 If YES, enter delivery address base UN 2 A 2008 UN 2
2. Article Number (Transfer from service label)	7006 03	00 0005 2529 8588
PS Form 3811, February 2004	Domestic Retur	rn Receipt 102595-02-M-1540

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н. На страна стр	SENDER: COMPLETE THIS SE	СПОЛ	COMPLETETHSSECTION ON L	оецием
	Complete items 1, 2, and 3. Al Item 4 if Restricted Delivery is		A. Signature	🗖 Agent
	Print your name and address of	n the reverse	Kuchen Ofani	
	so that we can return the card Mattach this card to the back of		B. Received by (Printed Name)	C. Date of Delive
	or on the front if space permits	·	D. Is delivery address different from	item 1? I Yes
	1. Article Addressed to:		If YES, enter delivery address b	_
	Richard Ramos			
	2712 La Puenta St			
	τ.		3. Service Type	*
	Farmington, NM 87401		Certified Mail Express	leceipt for Merchandi
			Insured Mail C.O.D.	
			4. Restricted Delivery? (Extra Fee)	☐ Yes
	2. Article Number (Transfer from service label)	7006 03	100 0005 2529 <b>932</b>	5
	PS Form 3811, February 2004	Domestic Re	turn Receipt	102595-02-M-1t
	SENDER COMPLETE THIS SE	CTION	COMPLETE THIS SECTION ON D	FLIVERY
			A. Signature	
	Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is of	desired.	Y al	C Agent
	Print your name and address o so that we can return the card		B <sub>n</sub> Received by (Printed Name)	C. Date of Delive
	Attach this card to the back of or on the front if space permits	the mailpiece,	AUN KILD	C. Date of Derive
	1. Article Addressed to:		D. Is delivery address different from	
			If YES, enter delivery address be	elow: 🖸 No
	Leroy Riley			
		1		
	2403 Riverside	l	3. Service Type	
	Farmington, NM 87401		Certified Mail	Viail
			Registered Return R	eceipt for Merchandis
	i -		4. Restricted Delivery? (Extra Fee)	Yes
	2. Article Number	7006 0100	0005 2529 8946	! !
	(Transfer from service lab	19.2. in the state of the state		
	PS Form 3811, February 2004	Domestic Ret	turn Heceipt	102595-02-M-15
	CENDER COMOLETETINO			
<b>.</b>	SENDERHCOMREENETHISSE			LIVERY
· · · · ·	Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is d	esired.	A. Signature	1 🛛 Agent
· · · · · ·	Print your name and address on so that we can return the card to		B. Received by (Printed Name)	Addresse
	Attach this card to the back of t or on the front if space permits.		Mazario Sclaze	Č. Date of Deliver
	1. Article Addressed to:		D. Is delivery address different from it	em 1?
· · · · · · · · · · · · · · · · · · ·			If YES, enter delivery address be	PWAY AND NO
9 	Naza <sup>j</sup> io Salazar			IN TA
	310 La Cuesta Ave		IW.	25 2
	Farmington, NM 87401	Ľ	3. Service Type	-05/
			Certified Mail CEXPress M	lail USY celpt for Merchandise
· · · ·			Insured Mail C.O.D.	
			4. Restricted Delivery? (Extra Fee)	🖸 Yes
	2. Article Number (Transfer from service label)	700	JE 0100 0005 2529	9103
	PS Form 3811, February 2004	Domestic Retu		
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₩. % h.	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X Description Agent B. Received by (Printed Name) L. BARKYEVA G 23 (9)	
	1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No	
	Richardson Operating Co. 6400 Fiddler's Green Greenwood, CO 80111		
		Service Type     Certified Mail    Express Mail     Registered    Return Receipt for Merchandise     Insured Mail    C.O.D.	
	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes	
	(Transfer from service label) 7006 0	100 0005 2529 8236	
	PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540	
	SENDER COMPLETE THIS SECTION .	COMPLETE THIS SECTION ON DELIVERY	
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature	
	Attach this card to the back of the mailpiece or on the front if space permits.		
	1. Article Addressed to:	D. Is delivery address different from item 1? Ses If YES, enter delivery address below: No	
	Thirftway Marketing Corp.		
	501 Airport Dr. Suite 105	3. Service Type	
	Farmington, NM 87401	Certified Mail Express Mail	
		Insured Mail C.O.D.     A. Restricted Delivery? (Extra Fee)	
	2. Article Number (Transfer from service label) <b>7</b>	006 0100 0005 2529 8854	
	PS Form 3811, February 2004 Dome	estic Return Receipt 102595-02-N	

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