

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Received by (Please Print Clearly) <u>Alice Ramirez</u> B. Date of Delivery <u>05-13-08</u></p> <p>C. Signature <u>x Alice Ramirez</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Southwestern, Inc. 1304 W. Broadway Place Hobbs, NM 88240</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Copy from service label) 7099 3220 0009 7873 0820</p> | |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p> | |

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| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Received by (Please Print Clearly) <u>Cathie McBrown</u> B. Date of Delivery <u>5/14</u></p> <p>C. Signature <u>x Cathie McBrown</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Southwestern, Inc. P.O. Box 658 Drilling Springs, TX 78620</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Copy from service label) 7099 3220 0009 7873 0873</p> | |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p> | |

Case 14135
Southwestern, Inc.
OCD Exhibit 1-B