

**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION DIVISION**

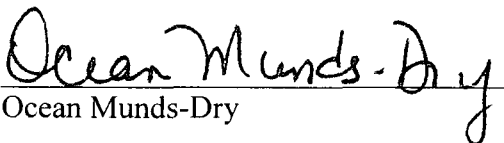
**IN THE MATTER OF THE APPLICATION OF  
WILLIAMS PRODUCTION CO., LLC TO  
ABOLISH OR CONTRACT ALL GALLUP  
POOLS IN THE ROSA UNIT, SAN JUAN AND  
RIO ARriba COUNTIES, NEW MEXICO.**

**CASE NO. 14240**

**AFFIDAVIT**

STATE OF NEW MEXICO       )  
  )ss.  
COUNTY OF SANTA FE       )

Ocean Munds-Dry, attorney in fact and authorized representative of Williams Production Co., LLC., the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

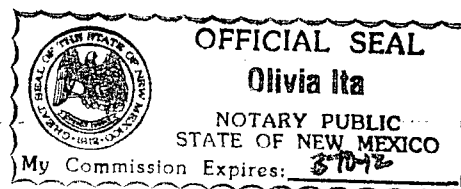
  
Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of November 2008 by Ocean Munds-Dry.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 3-10-12

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 14240..... Exhibit No. 4  
Submitted by:  
Williams Production Co., LLC  
Hearing Date: November 13, 2008



**EXHIBIT A**  
**WILLIAMS PRODUCTION CO., LLC's APPLICATION TO ABOLISH OR**  
**CONTRACT ALL EXISTING GALLUP POOLS FROM THE ROSA UNIT**

Sacramento Municipal Utility District  
6301 S. Street  
Sacramento, CA 9581701899

Ben R. Howard  
11490 Audelia Road, Apt. 215  
Dallas, TX 75243-9014

Minerals Management Service  
P.O. Box 5810  
Denver, CO 80217-5810

Betty T. Johnston Marital Tr  
L.E. Carbaugh P. M. Hardw  
245 Commerce Green Blvd., Suite 280  
Sugar Land, TX 77478

Forest Oil Corp.  
P.O. Box 847581  
Dallas, TX 75284-7581

Carl Dellinger  
3605 Britt Street, NE  
Albuquerque, NM 87111

ConocoPhillips Co.  
21873 Network Place  
Chicago, ILL 60673-1218

Carolyn Nielsen Sedberry  
Little Oil & Gas Inc. Agent  
P.O. Box 1258  
Farmington, NM 87499

BP America Production Company  
Attention: OOJI  
P.O. Box 21868  
Tulsa, OK 74121

Chamisa Land Co.  
P.O. Box 30281 - Uptown Station  
Albuquerque, NM 87190-0281

Accord DU LAC Partnership LP  
P.O. Box 676370  
Rancho Santa Fe, CA 92067-6370

Charlene S. Byers  
579 S. Poplar Way  
Denver, CO 80224

Adela Mascarenas Quintana  
P.O. Box 1824  
Ignacio, CO 81137-1824

Christine V. Merchant  
c/o David J. Sorenson  
P.O. Box 1453  
Roswell, NM 88202-1453

Angelina Barela  
1116 E. 4th Avenue  
Durango, CO 81301

Claudia Lundell Gilmer  
101 Oak Meadow  
Georgetown, TX 78628

Ashley Gould  
475 S. New Hampshire Avenue  
Los Angeles, CA 90020

Consuela Mascarenas Gooch  
1001 Tucker  
Farmington, NM 87401

Cyrene L. Inman  
Bank of America NA Agent  
P.O. Box 840738

<p>Avelinda Mascarenas 5 CR 6067 NBU 1005 Farmington, NM 87401</p>	<p>Dallas, TX 75284-0738</p>
<p>Discovery I – Robert Leisen GP 12 W Ranch Trail Morrison, CO 80465-9523</p>	<p>Daniel D. Lopez 1608 Oakway Drive Baltimore, MD 21222</p>
<p>Dorothea J Caulfield Tr Dorothea J Caulfield Trustee 14647 Ranchview Ter Chino Hills, CA 91709</p>	<p>Debbie Moran 3819 Latma Drive Houston, TX 77025-4120</p>
<p>Elesida Enriquez 1115 4th Ave. Durango, CO 81301</p>	<p>Douglas Cameron Mcleod 518 17th Street, Suite 1455 Denver Clb Bldg. Denver, CO 80202</p>
<p>Estate of M.W. Hoover, Deceased Liberty National Bank &amp; Trust Co. Executor P.O. Box 1588 Tulsa, OK 74101-1588</p>	<p>Elizabeth Jeanne Turner Calloway P.O. Box 191767 Dallas, TX 75219-1767</p>
<p>Faye Lopez Romero 550 W Pabor Way Fruita, CO 81521-2025</p>	<p>Eula May Johnston Trust Bank of America N.A. Trustee Acct. 01/0066100 P.O. Box 840738 Dallas, TX 75284-0738</p>
<p>Fred E. Turner 4925 Greenville Ave # 852 Dallas, TX 75206</p>	<p>Florence Vallejos PO Box 702 Ignacio, CO 81137</p>
<p>Gertrude Frances McDonald Estate Sandra H Baca Personal Representative PO Box 910 Durango CO 81301</p>	<p>Fred E. Turner LLC One Energy Square, Ste 852 4925 Greenville Ave. Dallas, TX 75206-4079</p>
<p>Herbert R Briggs Reynolds Hix &amp; Co POA &amp; Agent 6729 Academy Road, Suite D Albuquerque NM 87109</p>	<p>H LP P.O. Box 2185 Santa Fe, NM 87504</p>
	<p>HF Axtell &amp; Freda Axtell 101 Rio Vista Circle Durango CO 81301-4379</p>

J Glenn Turner Jr  
2 Turtle Creek Bend, Suite 1450  
3838 Oak Lawn  
Dallas, TX 75219

James Lopez  
2837 Pinnacle  
Colorado Springs, CO 80910

Jerry Tiras & Ethel Tiras  
Tenants In Common  
3388 Sage Rd # 1502  
Houston, TX 77056

John L Turner  
PMB 285  
317 S Sidney Baker Ste 400  
Kerrville, TX 78028

John S McDonald  
1550 Cherry St Apt 164  
Wenatchee, WA 98801-0164

Jose L Candelaria  
PO Box 1754  
Arboles, CO 81121

Julian Lopez  
130 Mulberry  
Fruita, CO 81521

Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO 80906-4328

Lee Lopez  
2041 College Cr  
Las Vegas, NV 89115

J Glenn Turner Jr LLC  
3838 Oak Lawn Suite 1450  
Dallas, TX 75219

Jerry J Andrew  
408 Longwoods Ln  
Houston, TX 77024

John A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

Johnson Tr Uad 1/24/85  
Sp Johnson III & Barbara Jo Johnson  
Co Trustees  
P.O. Box 1641  
Roswell, NM 88202

JTV Ptrshp  
Tracy C Thompson Managing Partner  
PO Box 1713  
Roswell, NM 88201

Kellie M Kross  
C/O David J Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

Laplante/Johnson Fam Tr  
Joel S Johnson & Peggy L Laplante Co  
Trustees  
7275 S Sundown Cir  
Littleton, CO 80120

Linda Lundell Lindsey  
PO Box 631565  
Nacogdoches, TX 75963

Marcia Berger  
C/O Petroleum Asset Mgmt LLC  
PO Box 745  
Hobbs, NM 88241

Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK 99515-3708

Mary Frances Turner Jr Tr 6743  
Chase Bank Of Texas  
C/O JP Morgan Chase Bank NA  
PO Box 99084  
Fort Worth, TX 76199-0084

Marie Gould  
475 S New Hampshire Ave  
Los Angeles, CA 90020

Moran Oil Enterprises  
PO Box 1295  
Seminole, OK 74818-1295

Matthew N Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

New Mexico State Royalty  
310 Old Santa Fe Trl  
Santa Fe, NM 87501

Nancy P Tonkin Rev Tr  
Nancy Tonkin Cutter & Allen M  
Tonkin Jr  
1524 Park Ave SW  
Albuquerque, NM 87104

Patricia F Wise  
PO Box 157  
Patton, CA 92369-0157

Osprey Resources Inc.  
PO Box 56449  
Houston, TX 77256-6449

Paul Lopez  
2828 B 4/10 Rd  
Grand Junction, CO 81503-2185

Paul Jay Lewis  
309 W 43rd St Ste 105  
Sioux Falls, SD 57105-6805

Peggy Mascarenas McWilliams  
PO Box 427  
Flora Vista, NM 87415

Pedro F Lopez  
784 Arboles-Lopez Rd  
Ignacio, CO 81137

PJC LP  
1409 S Sunset  
Roswell, NM 88201

Pennies From Heaven LLC  
Bank Of America Agent  
PO Box 840738  
Dallas, TX 75283-0308

Ramseyer Community Tr  
Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

Pure Resources LP  
PO Box 910552  
Dallas, TX 75391-0552

Ramseyer Liv Tr  
Bruce & Kay Ramseyer Trustee  
11741 Colony Dr  
Santa Ana, CA 92705

Richard L Lopez  
1400 N 24th St  
Grand Junction, CO 81501-5680

RL Zinn Et Al Ltd  
C/O Zinn Petroleum Co  
3400 Bissonnet St # 250  
Houston, TX 77005-2155

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2603 Augusta Ste 1050  
Houston, TX 77057

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Eleanor Joy & R W Isham III Pers Rep  
PO Box 290  
Gordon, NE 69343

Robert W Umbach Cancer Foundation  
Inc  
Wells Fargo Bank Na Agent  
PO Box 5383  
Denver, CO 80217

Robert Walter Lundell  
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Houston, TX 77063

Roger B Nielsen  
1200 Danbury Dr  
Mansfield, TX 76063

Rogers-Gibbard Tr  
Susan Rogers Eveland Trustee  
3630 River Oaks Ct  
Tyler, TX 75707-1658

Rose M Lopez Atencio  
222 S Peach  
Fruita, CO 81521

Rose Mascarenas Carter  
PO Box 323  
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Sidney Moran  
18 Hudson Cir  
Houston, TX 77024-7254

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1314 6th Ave Sw  
Aberdeen, SD 57401

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C/O Walter J Melendres Esq  
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Santa Fe, NM 87501

Stricker Petroleum Corp  
Dover, DE 19901

T Patrick Nacol  
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Clearwater, FL 33756-3931

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Bellaire, TX 77402

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C/O T Patrick Nacol  
434 St Andrews Dr  
Belleair, FL 34616-1924

Tina M Carpenter  
5211 Autumn Way

Tommy Mascarenas  
PO Box 616

Mchenry, IL 60050  
Tony S Lopez  
PO Box 371154  
Denver, CO 80237

Va Johnston Fam Tr  
Da Prewitt & Ma Chesser Co Trustees  
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Ralls, TX 79357-0825

Walter R Gould  
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Espanola, NM 87532-0903

William Poleson  
620 Penrose Blvd  
Colorado Springs, CO 80906

Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35203-2707

Jasmine Moran Children's  
Museum Foundation Inc  
PO Box 1828  
Seminole, OK 74818-1828

Gumz Fam Tr Dtd 10/31/03  
Henry F Gumz & Margaret Gumz Co  
Trustees  
674 Via Mendoza Unit D  
Laguna Woods, CA 92637

Gifford H. Nigh & Margaret Nigh  
202 FM 2578 Rm 45  
Terrell, TX 75160

Robert Mascarenas  
Rd 3581 #13  
Flora Vista, NM 87415-9603

Jamul, CA 91935-0616  
Trini Lopez Montoya  
5691 W 35th Ave Apt 1-A  
Denver, CO 80212

Viola Mascarenas Lucero  
PO Box 841  
Bloomfield, NM 87413

William C Briggs  
Reynolds Hix & Co Poa & Agent  
6729 Academy Rd Ste D  
Albuquerque, NM 87109

WWR Enterprises Inc  
C/O Petroleum Asset Mgmt Llc  
PO Box 745  
Hobbs, NM 88241

Kleimor Energy LLC  
8451 E Oregon Pl  
Denver, CO 80231

CEEFAM LLC  
C/O Little Oil & Gas Inc  
PO Box 1258  
Farmington, NM 87499

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

Isabel Gonzales TR  
Bank of Oklahoma NA Agent  
Acct 50594-9  
P.O. Box 1588  
Tulsa, OK 74101

Nigh Rev Tr Agmt dtd 8/3/89  
Robert D. Nigh Trustee  
7080 Dean Road  
Indianapolis, IN 46220

Robert E. Oade  
9665 Southern Belle Dr.  
Brookville, FL 34613-4280

Victoria Webb  
806 Cordova  
Dallas, TX 75223

XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston St., Ste 2000  
Fort Worth, TX 76102-6298

Freda O Axtell Rev Tr  
PO Box 801  
Durango, CO 81302

Elesida Enriquez  
1115 4th Ave  
Durango, CO 81301

Florence Vallejos  
PO Box 702  
Ignacio, CO 81137

Lee A. Lopez  
PO Box 621660  
Las Vegas, NV 89162-1660

George Umbach  
PO Box 1588  
Tulsa, OK 74101

JRB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

RHB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

Patricia P. Schieffer Trust, Bank of  
America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113

Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

Henrietta Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, TX 75201



WCB Investments  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

Grayfore Partners LP  
PO Box 98670  
Lubbock, TX 79499-8670

VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

Bp America Production Co.  
Attn: John Larson, W11 Rm 19.158  
501 Westlake Boulevard  
Houston, Tx 77079-3092

Ms. Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, Tx 75219-1767

J. Glenn Turner, Jr. Llc  
3838 Oak Lawn  
Suite 1450  
Dallas, Tx 75219

Mary Frances Turner, Jr Trust  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, Tx 75266-0197

Patricia P. Schieffer Trust,  
Bank Of America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, Tx 76113-2546

Ms. Victoria Webb  
806 Cordova  
Dallas, Tx 75223

Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, Tx 75201

Fred E. Turner, Llc  
4925 Greenville Ave., Suite 852  
Dallas, Tx 75206-4079

Xto Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston Street, Ste 2000  
Fort Worth, Tx 76102-6298

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #400  
Kerrville, Tx 78028

Forest Oil Corporation  
Attn: Ken Mcphee  
707 17<sup>th</sup> Street  
Denver, Co 80202

Henrietta E. Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, Tx 75201

Sacramento Municipal Utilities  
District  
Attn: Thomas Ingwers

P. O. Box 15830  
Sacramento, Ca 95852-1830

Minerals Management Service  
P.O. Box 5810  
Denver, Co 80217-5810

New Mexico State Royalty  
310 Old Santa Fe Trail  
Santa Fe, Nm 87501

Conocophillips Company  
Attn: Chief Landman,  
San Juan/Rockies  
P. O. Box 4289  
Farmington, Nm 87499-4289

HOLLAND & HART<sup>LLP</sup>



**Ocean Munds-Dry**

omundsdry@hollandhart.com

October 14, 2008

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

**Re: Application of Williams Production Co., LLC to Abolish or Contract  
All Gallup Pools from the Rosa Unit, San Juan and Rio Arriba  
Counties, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking to abolish or contract all Gallup pools in the Rosa Unit, including but not limited to the Laguna Seca Gallup Pool, the Cedro Gallup Pool and the Willow Gallup Pool, NMPM, San Juan and Rio Arriba Counties. Williams seeks to have this acreage developed pursuant to the Special Rules and Regulations for the Basin-Mancos Gas Pool.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on November 13, 2008. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

*Ocean Munds-Dry*

Ocean Munds-Dry  
for Holland & Hart<sup>LLP</sup>

**Holland & Hart<sup>LLP</sup>**

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☉

Name (Primary) : HOLLAND & HART  
Company (Primary) : HOLLAND & HART  
Ad # : 1001097768  
Width : 3  
Depth : 59  
Surface : 177.00  
Ad Sales Rep. : 747 - Kelly Ashley  
Class Code : 0152 - Legal Notices  
Ad Type :  
Account # : 1240135  
Start Date : 10/25/08  
Stop Date : 10/25/08  
Rate : FMLEGREG - FARMINGTON LEGAL REGULAR  
Box Number : 0 - (None)  
Ad Rated Cost : \$143.25  
Extra : \$17.52  
Total : \$160.77  
Run Status : A

-----  
**NOTICE OF PUBLICATION**

**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES  
DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on November 13, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by November 3, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW MEXICO TO:  
All named parties and persons  
having any right, title, interest  
or claim in the following cases  
and notice to the public.**

(NOTE: All land description herein refer to the New Mexico Principal Meridian whether or not so stated.)

**CASE 14240:**

Application of Williams Production Co., LLC to Abolish or Contract all Gallup Pools in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks approval to abolish or contract all Gallup Pools from the Rosa Unit including but not limited to the Laguna Seca Gallup Pool (79870), the Cedra Gallup Pool (96467) and the Willow Lake Gallup Pool (96379). Williams seeks to have development and any production from these pools be allocated to the Basin Mancos Gas Pool. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on the 14th day October,--

**STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION**

**Mark E. Fesmire, P.E., Director**

Legal No. 60012 published in The Daily Times Farmington,  
New Mexico on Saturday October 25, 2008

**NOTICE OF PUBLICATION  
STATE OF NEW MEXICO  
ENERGY, MINERALS AND  
NATURAL RESOURCES  
DEPARTMENT  
OIL CONSERVATION  
DIVISION**

**SANTA FE, NEW MEXICO**

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**STATE OF NEW MEXICO  
TO:**

**All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.**

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

**CASE 14240:**

Application of Williams Production Co., LLC to Abolish or Contract all Gallup Pools in the Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks approval to abolish or contract all Gallup pools from the Rosa Unit including but not limited to the Laguna Seca Gallup Pool (79870), the Cedro Gallup Pool (98467) and the Willow Lake Gallup Pool (96379). Williams seeks to have development and any production from these pools be allocated to the Basin Mancos Gas Pool. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 14th day of October.

**STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION**

Mark E. Fesmiro, P.E., Direc-

FROM :RioGrandeSun

FAX NO. :505 753 2140

Oct. 22 2008 01:02PM P3

for  
(Published October 30, 2008)

7006 2760 0001 6393 0695

**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**

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sacramento Municipal Utility District  
 6301 S. Street  
 Sacramento, CA 9581701899

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7006 2760 0001 6393 2851

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Minerals Management Service  
 P.O. Box 5810  
 Denver, CO 80217-5810

2. Article Number (Transfer from service)

7006 2760 0001 6393 2851

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee

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

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

RECEIVED  
 DENVER, COLORADO

7006 2760 0001 6393 0918

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Postmark Here

Sent To Forest Oil Corp.  
 P.O. Box 847581  
 Dallas, TX 75284-7581

Instructions

Domestic Return Receipt

102595-02-M-1540

*Returned*



7006 2760 0001 6393 0925

**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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Postmark  
Here

ConocoPhillips Co.  
 21873 Network Place  
 Chicago, ILL 60673-1218

**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:

BP America Production Company  
 Attention: OOJI  
 P.O. Box 21868  
 Tulsa, OK 74121

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 0932

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* **SdSn**  
☐ Agent  
☐ Addressee
- B. Received by (Printed Name) *[Signature]*
- C. Date of Delivery *[Date]*
- 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

7006 2760 0001 6393 0932

**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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

BP America Production Company  
 Attention: OOJI  
 P.O. Box 21868  
 Tulsa, OK 74121

**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:

Accord DU LAC Partnership LP  
 P.O. Box 676370  
 Rancho Santa Fe, CA 92067-6370

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 0949

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]* **SdSn**  
☐ Agent  
☐ Addressee
- B. Received by (Printed Name) *[Signature]*
- C. Date of Delivery *[Date]*
- 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

7006 2760 0001 6393 0949

**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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Accord DU LAC Partner  
 P.O. Box 676370  
 Rancho Santa Fe, CA 92067-6370

7006 2760 0001 6393 0956

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Ins.)  
 For delivery information visit our  
**OFFICIAL USE**

Postage \$  
 Certified Fee 2.  
 Return Receipt Fee (Endorsement Required) 2.  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.

Sent  
 Adela Mascarena  
 P.O. Box 1824  
 Ignacio, CO 81137

**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:  
 Adela Mascarenas Quintana  
 P.O. Box 1824  
 Ignacio, CO 81137-1824

2. Article Number 7006 2760 0001 6393 0956  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Adela M Quintana* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

7006 2760 0001 6393 0963

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Ins.)  
 For delivery information visit our  
**OFFICIAL USE**

Postage \$ .7  
 Certified Fee 2.  
 Return Receipt Fee (Endorsement Required) 2.  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.7

Sent  
 Angelina Barela  
 1116 E. 4th Avenue  
 Durango, CO 81301

**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:  
 Angelina Barela  
 1116 E. 4th Avenue  
 Durango, CO 81301

2. Article Number 7006 2760 0001 6393 0963  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Angelina Barela* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Angelina Barela*  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:  
*Angelina Barela Durango*  
*7-2006*

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

7006 2760 0001 6393 0970

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Ins.)  
 For delivery information visit our  
**OFFICIAL USE**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.106

Sent  
 Ashley Gould  
 475 S. New Hampshire Avenue  
 Los Angeles, CA 90020

**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:  
 Ashley Gould  
 475 S. New Hampshire Avenue  
 Los Angeles, CA 90020

2. Article Number 7006 2760 0001 6393 0970  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Ashley Gould* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

7006 2760 0001 6393 0987

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Ben R. Howard  
 11490 Audelia Road, Apt  
 Dallas, TX 75243-9014

**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:

Ben R. Howard  
 11490 Audelia Road, Apt. 215  
 Dallas, TX 75243-9014

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*[Signature]* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

*[Signature]*

## C. Date of Delivery

10-23

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

7006 2760 0001 6393 0987

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 0994

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.

Betty T. Johnston Mari  
 L.E. Carbaugh P. M. Ha  
 245 Commerce Green Bl  
 Sugar Land, TX 77478

**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:

Betty T. Johnston Marital Tr  
 L.E. Carbaugh P. M. Hardw  
 245 Commerce Green Blvd., Suite 280  
 Sugar Land, TX 77478

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6393 0994

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*[Signature]* ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

T. HENDERSON

## C. Date of Delivery

10/28/08

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

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.

Carl Dellinger  
 3605 Britt Street, NE  
 Albuquerque, NM 8

**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:

Carl Dellinger  
 3605 Britt Street, NE  
 Albuquerque, NM 87111

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6393 1724

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*[Signature]* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

Carl Dellinger

## C. Date of Delivery

11-5-08

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1731

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

For delivery information visit our web site

**OFFICIAL**

Postage \$ 1.7  
 Certified Fee 2.76  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Sent  
 Street or P.O. Box  
 City  
 Carolyn Nielsen Sedberry  
 Little Oil & Gas Inc.  
 P.O. Box 1258  
 Farmington, NM 874

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Carolyn Nielsen Sedberry  
 Little Oil & Gas Inc. Agent  
 P.O. Box 1258  
 Farmington, NM 87499

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) [Signature] C. Date of Delivery 10/24/08  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1731

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1748

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

For delivery information visit our web site

**OFFICIAL**

Postage \$ 1.76  
 Certified Fee 2.76  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.72

Sent  
 Street or P.O. Box  
 City  
 Chamisa Land Co.  
 P.O. Box 30281 - Uptown Station  
 Albuquerque, NM 87190-0281

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Chamisa Land Co.  
 P.O. Box 30281 - Uptown Station  
 Albuquerque, NM 87190-0281

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) [Signature] C. Date of Delivery 10/24/08  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

7006 2760 0001 6393 1779

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

For delivery information visit our web site

**OFFICIAL**

Postage \$ 1.76  
 Certified Fee 2.76  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.72

Sent  
 Street or P.O. Box  
 City  
 Charlene S. Byers  
 579 S. Poplar Way  
 Denver, CO 80224

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Charlene S. Byers  
 579 S. Poplar Way  
 Denver, CO 80224

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) CHARLENE S BYERS C. Date of Delivery 10-27-08  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1779

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 1786

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .7

Certified Fee 2.7

Return Receipt Fee (Endorsement Required) 2.2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.6

Christine V. Merchant  
 c/o David J. Sorenson  
 P.O. Box 1453  
 Roswell, NM 88202

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Christine V. Merchant  
 c/o David J. Sorenson  
 P.O. Box 1453  
 Roswell, NM 88202-1453

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .7

Certified Fee 2.7

Return Receipt Fee (Endorsement Required) 2.2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.6

Claudia Lundell Gilmer  
 101 Oak Meadow  
 Georgetown, TX 78628

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

1. Article Addressed to:

Claudia Lundell Gilmer  
 101 Oak Meadow  
 Georgetown, TX 78628

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .7

Certified Fee 2.7

Return Receipt Fee (Endorsement Required) 2.2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.6

Consuela Mascarenas Gooch  
 1001 Tucker  
 Farmington, NM 87401

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Consuela Mascarenas Gooch  
 1001 Tucker  
 Farmington, NM 87401

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1809

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *David J. Sorenson* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *David J. Sorenson* C. Date of Delivery *10-30-08*

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

A. Signature *Claudia Gilmer* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Claudia Gilmer* C. Date of Delivery *10-29-08*

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

A. Signature *Perry Gooch* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Perry Gooch* C. Date of Delivery *10/24/08*

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

7006 2760 0001 6393 1809

7006 2760 0001 6393 1816

**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 \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.16

Sr. Cyrene L. Inman  
 Bank of America NA A  
 P.O. Box 840738  
 Dallas, TX 75284-0738

**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:

Cyrene L. Inman  
 Bank of America NA Agent  
 P.O. Box 840738  
 Dallas, TX 75284-0738

2. Article Number

7006 2760 0001 6393 1816

(Transfer from service lab)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery OCT 26 2008

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6393 1823

**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 \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Avelinda Mascarenas  
 5 CR 6067 NBU 1005  
 Farmington, NM 87401

Postmark Here

See for instructions

7006 2760 0001 6393 1830

**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 \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Sr. Discovery 1 – Robert Leisen GP  
 12 W Ranch Trail  
 Morrison, CO 80465-9523

Postmark Here

Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL™, R**  
*(Domestic Mail Only, No Insurance)*  
 For delivery information, visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Sent Dorothea J Caulfield  
 Street or PO Dorothea J Caulfield  
 City, State, ZIP+4® 14647 Ranchview Ter  
Chino Hills, CA 91709

**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:

Dorothea J Caulfield Tr  
 Dorothea J Caulfield Trustee  
 14647 Ranchview Ter  
 Chino Hills, CA 91709

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Corinne McLann ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Corinne McLann 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)

7006 2760 0001 6393 1847

**U.S. Postal Service**  
**CERTIFIED MAIL™, R**  
*(Domestic Mail Only, No Insurance)*  
 For delivery information, visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Sent Elesida Enriquez  
 Street or PO 1115 4th Ave.  
 City, State, ZIP+4® Durango, CO 81301

**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:

Elesida Enriquez  
 1115 4th Ave.  
 Durango, CO 81301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Elesida Enriquez ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Elesida Enriquez 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.

**U.S. Postal Service**  
**CERTIFIED MAIL™, R**  
*(Domestic Mail Only, No Insurance)*  
 For delivery information, visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Sent Estate Of M.W. Hoover, Dec  
 Street or PO Liberty National Bank Trust  
 City, State, ZIP+4® Executor  
P.O. Box 1588  
Tulsa, OK 74101-1588

**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:

Estate of M.W. Hoover, Deceased  
 Liberty National Bank & Trust Co.  
 Executor  
 P.O. Box 1588  
 Tulsa, OK 74101-1588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X [Signature] ☐ 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)

7006 2760 0001 6391 6578

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7006 2760 0001 6393 1762

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website at [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ .7  
 Certified Fee 2.  
 Return Receipt Fee (Endorsement Required) 2.  
 Restricted Delivery Fee (Endorsement Required) 5.

To: Faye Lopez Romero  
 550 W Pabor Way  
 Fruita, CO 81521

**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:

Faye Lopez Romero  
 550 W Pabor Way  
 Fruita, CO 81521-2025

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1762

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*Lori Aguirre*

B. Received by (Printed Name) *Lori Aguirre* C. Date of Delivery *10/28/2008*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6393 1878

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website at [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ .  
 Certified Fee 2.  
 Return Receipt Fee (Endorsement Required) 2.  
 Restricted Delivery Fee (Endorsement Required) 5.

Total Postage & Fees \$ 5.

To: Fred E. Turner  
 4925 Greenville Ave  
 Dallas, TX 75206

**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:

Fred E. Turner  
 4925 Greenville Ave # 852  
 Dallas, TX 75206

**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:

Gertrude Frances McDonald Estate  
 Sandra H Baca Personal Representative  
 PO Box 910  
 Durango CO 81301

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 1878

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*Fred E Turner*

B. Received by (Printed Name) *Fred E Turner* C. Date of Delivery *10/28*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
*Sandra H Baca*

B. Received by (Printed Name) *Sandra H Baca* C. Date of Delivery *10/27/2008*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6393 1878

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website at [usps.com](http://usps.com)

**OFFICIAL**

Postage \$ .  
 Certified Fee 2.  
 Return Receipt Fee (Endorsement Required) 2.  
 Restricted Delivery Fee (Endorsement Required) 5.

Total Postage & Fees \$ 5.

To: Gertrude Frances Mc  
 Sandra H Baca Perso  
 PO Box 910  
 Durango CO 81301



7006 2760 0001 6393 1885

Herbert R Briggs  
Reynolds Hix & Co PO  
6729 Academy Road, Su  
Albuquerque NM 8710

**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:

Herbert R Briggs  
Reynolds Hix & Co POA & Agent  
6729 Academy Road, Suite D  
Albuquerque NM 87109

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1885

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

Daniel D. Lopez  
1608 Oakway Drive  
Baltimore, MD 21222

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 1892

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Daniel D. Lopez  
1608 Oakway Drive  
Baltimore, MD 2122

Debbie Moran  
3819 Latma Drive  
Houston, TX 77025-4120

**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**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

7006 2760 0001 6393 1892

7006 2760 0001 6393 1908

7006 2760 0001 6393 2516

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

For delivery information visit our website.

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Douglas Cameron McLeod  
 518 17th Street, Suite 14  
 Denver Clb Bldg.  
 Denver, CO 80202
**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:

 Douglas Cameron McLeod  
 518 17th Street, Suite 1455  
 Denver Clb Bldg.  
 Denver, CO 80202

## 2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee

 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

7006 2760 0001 6393 2516

7006 2760 0001 6393 2523

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

For delivery information visit our website.

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Elizabeth Jeanne Turner Calloway  
 P.O. Box 191767  
 Dallas, TX 75219-1767
**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:

 Elizabeth Jeanne Turner Calloway  
 P.O. Box 191767  
 Dallas, TX 75219-1767

## 2. Article Number (Copy

7006 2760 0001 6393 2523

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee

 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 2530

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

For delivery information visit our website.

**OFFICIAL**

Postage	\$ .7
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.1

 Eula May Johnston Trust  
 Bank of America N.A.  
 Acct. 01/0066100  
 P.O. Box 840738  
 Dallas, TX 75284-0738

- 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:

 Eula May Johnston Trust  
 Bank of America N.A. Trustee  
 Acct. 01/0066100  
 P.O. Box 840738  
 Dallas, TX 75284-0738

## 2. Article Number (Copy from service

7006 2760 0001 6393 2530

C. Signature

☒ Agent  
☐ Addressee

 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service™**  
**CERTIFIED MAIL™, R**  
 (Domestic Mail Only, No Insurance)

For delivery information, visit our website.

**OFFICIAL**

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required) 5.11

Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

**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:

Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:

**X** Florence Vallejos ☐ 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

7006 2760 0001 6391 6608

**U.S. Postal Service™**  
**CERTIFIED MAIL™, R**  
 (Domestic Mail Only, No Insurance)

For delivery information, visit our website.

**OFFICIAL**

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required) 5.00

Total Postage & Fees \$ 5.00

Fred E. Turner, LLC  
 4925 Greenville Ave.,  
 Dallas, TX 75206-40

**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:

Fred E. Turner, LLC  
 4925 Greenville Ave., Suite 852  
 Dallas, TX 75206-4079

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:

**X** Fred E. Turner ☐ 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

7006 2760 0001 6393 2790

**U.S. Postal Service™**  
**CERTIFIED MAIL™, R**  
 (Domestic Mail Only, No Insurance)

For delivery information, visit our website.

**OFFICIAL**

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required) 5.11

Total Postage & Fees \$ 5.11

H LP  
 P.O. Box 2185  
 Santa Fe, NM 87504

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

H LP  
 P.O. Box 2185  
 Santa Fe, NM 87504

**X** H LP ☐ 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

7006 2760 0001 6393 2561

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Postmark  
Here

Sent HF Axtell & Freda Axtell  
Street or P.O. Box 101 Rio Vista Circle  
City, Durango CO 81301-4379

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 \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Sent J Glenn Turner Jr  
Street or P.O. Box 2 Turtle Creek Bend, Suite 1450  
City, 3838 Oak Lawn  
Dallas, TX 75219

**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:**

J Glenn Turner Jr  
2 Turtle Creek Bend, Suite 1450  
3838 Oak Lawn  
Dallas, TX 75219

**2. Article Number**

(Transfer from service label) --

7006 2760 0001 6393 2592

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
Kristen Falke 10-27-08

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

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

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

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Postmark  
Here

Sent James Lopez  
Street or P.O. Box 2837 Pinnacle  
City, Colorado Springs, CO 80910

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 2615



For delivery information visit our website

Postage \$ .7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required) 5.7  
 Total Postage & Fees 9.3

Sent  
 Street or P.O.  
 City, State, ZIP+4<sup>®</sup>  
 Jerry Tiras & Ethel  
 Tenants In Common  
 3388 Sage Rd # 150  
 Houston, TX 77056

## 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:

Jerry Tiras & Ethel Tiras  
 Tenants In Common  
 3388 Sage Rd # 1502  
 Houston, TX 77056

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6393 2615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 10-27-08  
 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

7006 2760 0001 6393 2622



For delivery information visit our website

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.76  
 Total Postage & Fees 9.42

Sent  
 Street or P.O.  
 City, State, ZIP+4<sup>®</sup>  
 John L Turner  
 PMB 285  
 317 S Sidney Baker Ste  
 Kerrville, TX 78028

## 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 L Turner  
 PMB 285  
 317 S Sidney Baker Ste 400  
 Kerrville, TX 78028

2. Article Number (Copy from service label)

7006 2760 0001 6393 2622

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Janice Gornley B. Date of Delivery 10/28/08  
 C. Signature [Signature] ☐ Agent ☒ Addressee  
 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

7006 2760 0001 6393 2639



For delivery information visit our website

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.66  
 Total Postage & Fees 9.32

Sent  
 Street or P.O.  
 City, State, ZIP+4<sup>®</sup>  
 John S McDonald  
 1550 Cherry St Apt  
 Wenatchee, WA 9

## 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 S McDonald  
 1550 Cherry St Apt 164  
 Wenatchee, WA 98801-0164

2. Article Number (Copy from service label)

7006 2760 0001 6393 2639

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 2646

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Sent To: Jose L Candelaria  
 Street or PO Box: PO Box 1754  
 City, State, ZIP: Arboles, CO 81121

PS Form

**U.S. Postal Service™**  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Sent To: Julian Lopez  
 Street or PO Box: 130 Mulberry  
 City, State, ZIP: Fruita, CO 81521

PS Form

7006 2760 0001 6393 2660

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Sent To: Kenneth H Barber  
 Street or PO Box: 39 Marland Rd  
 City, State, ZIP: Colorado Springs, CO

PS Form

## 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:

 Jose L Candelaria  
 PO Box 1754  
 Arboles, CO 81121

2. Article Number (Copy from service label)

7006 2760 0001 6393 2646

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- 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:

 Julian Lopez  
 130 Mulberry  
 Fruita, CO 81521

2. Article Number (Copy from service label)

7006 2760 0001 6393 2653

PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery  
 10-28-05
- C. Signature  
 X Jose L Candelaria ☐ Agent ☒ Addressee
- 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

C. Signature

- X ☐ Agent ☒ Addressee
- 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

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery  
 10/25
- C. Signature  
 X N. Barber ☐ Agent ☒ Addressee
- 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 (Copy from service label)

7006 2760 0001 6393 2660

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6393 2677

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ 7  
 Certified Fee 2  
 Return Receipt Fee (Endorsement Required) 2  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.6

Sent Lee Lopez  
 Street or P.O. Box 2041 College Cr  
 City Las Vegas, NV 89

**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:  
 Lee Lopez  
 2041 College Cr  
 Las Vegas, NV 89115

2.

PS

**COMPLETE THIS SECTION ON DELIVERY**

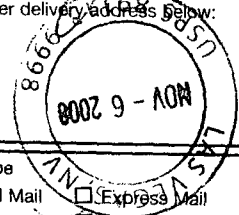
A. Received by (Please Print Clearly) Jessica Zamora B. Date of Delivery

C. Signature Jessica Zamora ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



7006 2760 0001 6393 2684

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ 2  
 Certified Fee 2  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.6

Sent J Glenn Turner Jr  
 Street or P.O. Box 3838 Oak Lawn St  
 City Dallas, TX 75219

- 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:  
 J Glenn Turner Jr LLC  
 3838 Oak Lawn Suite 1450  
 Dallas, TX 75219

2. Article Number (Copy from service label)

7006 2760 0001 6393 2684

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature Justin Fulke ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6393 2691

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ 7  
 Certified Fee 2  
 Return Receipt Fee (Endorsement Required) 2  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.6

Sent Jerry J Andrew  
 Street or P.O. Box 408 Longwoods Ln  
 City Houston, TX 77024

**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:  
 Jerry J Andrew  
 408 Longwoods Ln  
 Houston, TX 77024

2. Article Number (Copy from service label)

7006 2760 0001 6393 2691

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) J. Andrew B. Date of Delivery 10/27/08

C. Signature J. Andrew ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



7006 2760 0001 6393 2707

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insured Mail Allowed)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$  
Certified Fee 2.  
Return Receipt Fee (Endorsement Required) 2.  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.

Sent to: John A Mascarenas  
Street or PO: 8801 N 104th Ave  
City: Peoria, AZ 85303

PS Form 3811, July 1999

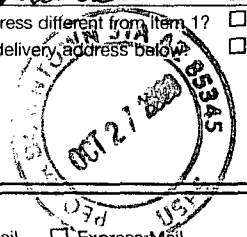
**SENDER: COMPLETE THIS SECTION**

- 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 A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Irene Mascarenas  
B. Date of Delivery 10/27/08  
C. Signature [Signature]  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No  
E. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
F. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number (Copy from service label) 7006 2760 0001 6393 2707

7006 2760 0001 6393 2578

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insured Mail Allowed)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$  
Certified Fee 0.  
Return Receipt Fee (Endorsement Required) 0.  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 0.

Sent to: Johnson Tr Uad  
Street or PO: Sp Johnson III & Barbara Jo Johnson Co Trustees  
City: P.O. Box 1641 Roswell, NM 88202

PS Form 3811, July 1999

**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:  
  
Johnson Tr Uad 1/24/85  
Sp Johnson III & Barbara Jo Johnson Co Trustees  
P.O. Box 1641  
Roswell, NM 88202

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)  
B. Date of Delivery  
C. Signature [Signature]  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No  
E. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
F. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7006 2760 0001 6393 2578

7006 2760 0001 6391 3218

**U.S. Postal Service**  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insured Mail Allowed)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$ 0.76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.16

Sent to: JTV Ptrshp  
Street or PO: Tracy C Thompson Managing Partner  
City: PO Box 1713 Roswell, NM 8820

PS Form 3811, February 2004

- 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:  
  
JTV Ptrshp  
Tracy C Thompson Managing Partner  
PO Box 1713  
Roswell, NM 8820

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

E. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
F. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3218



7006 2760 0001 6391 3201

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only)  
 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 \$

Kellie M Kross  
 C/O David J So  
 PO Box 1453  
 Roswell, NM

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Kellie M Kross  
 C/O David J Sorenson  
 PO Box 1453  
 Roswell, NM 88202-1453

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *David J. Sorenson* ☒ Agent ☐ Addressee

B. Received by (Printed Name)  
 David J. Sorenson

C. Date of Delivery  
 10-30-08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 3201

7006 2760 0001 6393 1915

**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 \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Laplane/Johnson Fam Tr  
 Joel S Johnson & Peggy L Laplane Co  
 Trustees  
 7275 S Sundown Cir  
 Littleton, CO 80120

Postmark Here

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 5663

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

**OFFICIAL USE**

Postage \$ .71  
 Certified Fee 2.71  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.62

Linda Lundell Lind  
 PO Box 631565  
 Nacogdoches, TX

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Linda Lundell Lindsey  
 PO Box 631565  
 Nacogdoches, TX 75963

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Michael D. Spradley* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 Michael D. Spradley

C. Date of Delivery  
 10-30-08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 5663

9595 1669 1000 0001 6391 5656

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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Postmark Here

Marcia Berger  
C/O Petroleum Asset Mgmt LLC  
PO Box 745  
Hobbs, NM 88241

6495 1669 1000 0001 6391 5649

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

Postage	\$ .7
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.6

Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK 99515-3708

**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:

Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK 99515-3708

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) MANUEL R LOPEZ

B. Date of Delivery

C. Signature \*Manuel R Lopez

☐ Agent  
☐ Addressee

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

7006 2760 0001 6391 5649

2395 1669 1000 0001 6391 5632

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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Postmark Here

Marie Gould  
475 S New Hampshire Ave  
Los Angeles, CA 90020

*Returned*

7006 2760 0001 6391 5625

U.S. Postal Service™  
**CERTIFIED MAIL™ REG**  
 (Domestic Mail Only, No Insurance Coverage)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16

Matthew N Sorenson  
 PO Box 1453  
 Roswell, NM 88202-1453

**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:

Matthew N Sorenson  
 PO Box 1453  
 Roswell, NM 88202-1453

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Matthew N Sorenson B. Date of Delivery 10-27-08  
 C. Signature Matthew N Sorenson ☐ Agent ☐ Addressee  
 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 (Copy from service label)

7006 2760 0001 6391 5625

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service™  
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Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16  
 Total Postage & Fees 8.82  
 Nancy P Tonkin Rev Tr  
 Nancy Tonkin Cutter &  
 Allen M Tonkin Jr  
 1524 Park Ave SW  
 Albuquerque, NM 87104

Postmark  
Here

U.S. Postal Service™  
**CERTIFIED MAIL™ REG**  
 (Domestic Mail Only, No Insurance Coverage)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16

Osprey Resources Inc.  
 PO Box 56449  
 Houston, TX 77256-6449

**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:

Osprey Resources Inc.  
 PO Box 56449  
 Houston, TX 77256-6449

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Osprey Resources Inc. B. Date of Delivery 10-27-08  
 C. Signature X ☐ Agent ☐ Addressee  
 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 (Copy from service label)

7006 2760 0001 6391 6653

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6391 5625

7006 2760 0001 6391 6653

7006 2760 0001 6391 6646

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Se  
 Si  
 or  
 Ci  
 Paul Jay Lewis  
 309 W 43rd St Ste 1  
 Sioux Falls, SD 57
**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:

 Paul Jay Lewis  
 309 W 43rd St Ste 105  
 Sioux Falls, SD 57105-6805

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**
 A. Received by (Please Print Clearly)  
 B. Date of Delivery  
 10-27-08

 C. Signature  
 X *Kathy Nak*
☐ Agent  
☐ Addressee

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

 3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance Coverage Provided)
For delivery information, visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Postmark  
Here
 Se  
 Si  
 or  
 Ci  
 Pedro F Lopez  
 784 Arboles-Lopez Rd  
 Ignacio, CO 81137

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6391 6639

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Se  
 Si  
 or  
 Ci  
 Pennies From Heaven LLC  
 Bank Of America Agent  
 PO Box 840738  
 Dallas, TX 75283-0308
**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:

 Pennies From Heaven LLC  
 Bank Of America Agent  
 PO Box 840738  
 Dallas, TX 75283-0308

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**
 A. Received by (Please Print Clearly)  
 B. Date of Delivery  
 OCT 25 2008

 C. Signature  
 X *Eric Robinson*
☐ Agent  
☐ Addressee

 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

7006 2760 0001 6391 6622

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7006 2760 0001 6391 3386

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Send to:  
 Pure Resources LP  
 PO Box 910552  
 Dallas, TX 75391-0552

*Returned*

7006 2760 0001 6391 3379

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Send to:  
 Mary Frances Turner Jr  
 Chase Bank Of Texas  
 C/O JP Morgan Chase Bank NA  
 PO Box 99084  
 Fort Worth, TX 76199-0084

**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:  
 Mary Frances Turner Jr Tr 6743  
 Chase Bank Of Texas  
 C/O JP Morgan Chase Bank NA  
 PO Box 99084  
 Fort Worth, TX 76199-0084

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature *[Signature]* ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 3362

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

Postage	\$ .7
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.6</b>

Send to:  
 Moran Oil Enterprises  
 PO Box 1295  
 Seminole, OK 748

**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:  
 Moran Oil Enterprises  
 PO Box 1295  
 Seminole, OK 74818-1295

2. Article Number (Copy from service label) \_\_\_\_\_

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *B. Jones* B. Date of Delivery **OCT 27 2008**

C. Signature *B. Jones* ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 3355

**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:

New Mexico State Royalty  
310 Old Santa Fe Trl  
Santa Fe, NM 87501

New Mexico State Royalty  
310 Old Santa Fe Trl  
Santa Fe, NM 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent  
☐ Addressee

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 (Copy from service label)

7006 2760 0001 6391 3355

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0802

7006 2760 0001 6391 3346

Patricia F Wise  
PO Box 157  
Patton, CA 92369-0157

7006 2760 0001 6391 3331

Paul Lopez  
2828 B 4/10 Rd  
Grand Junction, CO 81503-2185

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**OFFICIAL**

Postage \$ 2.7  
 Certified Fee 2.0  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 To: 5.7

Sent 1  
 Street or PO Peggy Mascarenas McWilliams  
 City PO Box 427  
Flora Vista, NM 87415

**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:

Peggy Mascarenas McWilliams  
 PO Box 427  
 Flora Vista, NM 87415

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) P. McWilliams B. Date of Delivery 10-29-08  
 C. Signature [Signature] ☐ Agent ☒ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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 (Copy from service label)

7006 2760 0001 6391 3324

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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**OFFICIAL**

Postage \$ .7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total 5.7

Sent 1  
 Street or PO PJC LP  
 City 1409 S Sunset  
Roswell, NM 88

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:

PJC LP  
 1409 S Sunset  
 Roswell, NM 88201

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 10-25-08

C. Signature [Signature] ☐ Agent ☒ Addressee  
 D. Is delivery address different from item 1? ☒ Yes ☐ No  
 If YES, enter delivery address below:

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 (Copy from service label)

7006 2760 0001 6391 3317

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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 (Domestic Mail Only, No Insurance)

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

**OFFICIAL**

Postage \$ 2.7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.7

Sent 1  
 Street or PO Ramseyer Community Trust  
 City Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

- 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:

Ramseyer Community Trust  
 Nancy Lanier Kobel Trustee  
 2415 S Hillcrest  
 Camp Verde, AZ 86322

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery [Blank]  
 C. Signature [Signature] ☐ Agent ☒ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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 (Copy from service label)

7006 2760 0001 6391 3300

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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**OFFICIAL**

Postage \$ 2.7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.7

Sent 1  
 Street or PO Ramseyer Community Trust  
 City Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

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

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required) 5.16  
Total F

Postmark  
Here

Sent To Ramseyr Liv Tr  
Bruce & Kay Ramseyer Trustee  
Street, or PO E 11741 Colony Dr.  
City, St. Santa Ana, CA 92705

**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 \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required) 5.16  
Total F

To RL Zinn Et Al Ltd  
Sen C/O Zinn Petroleum Co  
Street or F 3400 Bissonnet St # 25  
City Houston, TX 77005-2

**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:

RL Zinn Et Al Ltd  
C/O Zinn Petroleum Co  
3400 Bissonnet St # 250  
Houston, TX 77005-2155

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Naomi Lincoln  
X Naomi Lincoln ☐ Agent  
☐ Addressee

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

7006 2760 0001 6391 2594

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required) 5.16  
Total F

To Robert W Isham Est  
Sen Eleanor Joy & R W Isham I  
Street or F PO Box 290  
City Gordon, NE 69343

**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 W Isham Est  
Eleanor Joy & R W Isham III Pers Rep  
PO Box 290  
Gordon, NE 69343

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X ☐ Agent  
☐ Addressee

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

7006 2760 0001 6391 2600

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-3952



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Walt Lundell ☐ Agent ☒ Addressee  
B. Received by (Printed Name) Walt Lundell C. Date of Delivery 10-28-08  
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

7006 2760 0001 6391 6493

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

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Rose Mascarenas Carter  
PO Box 323  
Flora Vista, NM 87415

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Rose Mascarenas Carter  
PO Box 323  
Flora Vista, NM 87415

2. Article Number  
(Transfer from service label)

7001 1140 0002 9559 9670

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Rose Carter ☐ Agent ☒ Addressee  
B. Received by (Printed Name) Flora Vista C. Date of Delivery OCT 28 2008  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type - 87A  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Rogers-Gibbard Tr  
Susan Rogers Eveland  
3630 River Oaks Ct  
Tyler, TX 75707-1658

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
Rogers-Gibbard Tr  
Susan Rogers Eveland Trustee  
3630 River Oaks Ct  
Tyler, TX 75707-1658

2. Article Number  
(Transfer from service label)

7001 1140 0002 9559 9687

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Susan Eveland ☐ Agent ☒ Addressee  
B. Received by (Printed Name) Susan Eveland C. Date of Delivery 10/27/08  
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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

7001 1140 0002 9559 9663

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance)

**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.

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Steven Kent Lust  
1314 6th Ave Sw  
Aberdeen, SD 57401

**1. Article Addressed to:**

Steven Kent Lust  
1314 6th Ave Sw  
Aberdeen, SD 57401

**2. Article Number**

(Transfer from service label)

7001 1140 0002 9559 9663

**COMPLETE THIS SECTION ON DELIVERY**
**A. Signature**

X Ivan Bretsch ☐ Agent ☐ Addressee

**B. Received by (Printed Name)**

Ivan Bretsch **C. Date of Delivery** 10-28

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

**3. Service Type**

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

7001 1140 0002 9559 9656

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

 Postmark  
Here

Stricker Petroleum Corp  
Dover, DE 19901

Instructions

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

7001 1140 0002 9559 9649

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

 Postmark  
Here

Se Tab Riley Smith  
PO Box 2267  
Bellaire, TX 77402

Instructions

*Returned*

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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

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

1. Article Addressed to:

Tina M Carpenter  
 5211 Autumn Way  
 Mchenry, IL 60050

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Tina M Carpenter

C. Date of Delivery  
 10/31/08

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)

7001 1140 0002 9559 9632

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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

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

1. Article Addressed to:

Richard L Lopez  
 1400 N 24th St  
 Grand Junction, CO 81501-5680

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Richard L Lopez

C. Date of Delivery  
 10/29/08

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)

7001 1140 0002 9559 9625

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL**

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

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

1. Article Addressed to:

Robert E Beamon III  
 2603 Augusta Ste 1050  
 Houston, TX 77057

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 M. Warner

C. Date of Delivery  
 10/29/08

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)

7006 2760 0001 6391 6486

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 6479

**U.S. Postal Service**  
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For delivery information visit our web

OFFICIAL

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage &amp; Fees \$ 5.66

Robert W Umbach Cancer F  
 Wells Fargo Bank Na Agen  
 PO Box 5383  
 Denver, CO 80217

Sent 1

Street or PO

City, S

PS Form

## 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 W Umbach Cancer Foundation Inc  
 Wells Fargo Bank Na Agent  
 PO Box 5383  
 Denver, CO 80217

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6391 6479

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x JASON MAHAN

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

10-27-08

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6391 6462

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

For delivery information visit our

OFFICIAL

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage &amp; Fees \$ 5.66

Roger B Nielsen  
 1200 Danbury Dr  
 Mansfield, TX 76

Sent 1

Street or PO

City, S

PS Form

## 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:

Roger B Nielsen  
 1200 Danbury Dr  
 Mansfield, TX 76063

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6391 6462

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x R.B. Nielsen

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

11-3-08

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6391 6455

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

For delivery information visit our

OFFICIAL

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage &amp; Fees \$ 5.66

Rose M Lopez Atencio  
 222 S Peach  
 Fruita, CO 81521

Sent 1

Street or PO

City, S

PS Form

## 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:

Rose M Lopez Atencio  
 222 S Peach  
 Fruita, CO 81521

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6391 6455

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

x Rose Atencio

☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

10/27/08

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

8449 1669 1000 6391 6448

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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For delivery information visit our website at www.usps.com

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent To  
Sidney Moran  
18 Hudson Cir  
Houston, TX 77024-72

Street, Apt or PO Box  
City, State

PS Form

**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:

Sidney Moran  
18 Hudson Cir  
Houston, TX 77024-7254

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 6448

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Sidney Moran* ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-11-1

7006 2760 0001 6391 6431

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)  
For delivery information visit our website at www.usps.com

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent To  
Stevens Partners LP  
C/O Walter J Melendres Esq  
1069 Encantado Dr  
Santa Fe, NM 87501

Street, Apt or PO Box  
City, State

PS

**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:

Stevens Partners LP  
C/O Walter J Melendres Esq  
1069 Encantado Dr  
Santa Fe, NM 87501

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 6431

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Walter J Melendres* ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6431

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

T Patrick Nacol  
611 Druid Rd E Ste 711  
Clearwater, FL 33756-3931

Postmark Here

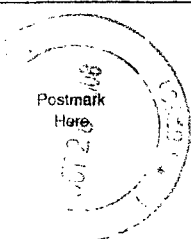
Instructions

7006 2760 0001 6393 2882

**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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66



Tommy Mascarenas  
 P.O. Box 616  
 Jamul, CA 91935-0616

for instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Tom Mascarenas ☐ Agent ☒ Addressee

B. Received by (Printed Name) TOM Mascarenas C. Date of Delivery 10-31-08

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

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)

PS Form 3811, February 2004

7006 2760 0001 6391 6400

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 6417

**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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.16</b>

Sent **Tim L Dale**  
 Street or PO **C/O T Patrick Nacol**  
 City **434 St Andrews Dr**  
**Belleair, FL 34616-1924**

PS Form 3811, February 2004



7006 2760 0001 6391 6394

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Sent **Tony S Lopez**  
 Street or PO **PO Box 371154**  
 City **Denver, CO 80237**

**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:  
**Tony S Lopez**  
**PO Box 371154**  
**Denver, CO 80237**

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X Tony S Lopez** ☐ Agent ☒ Addressee

B. Received by (Printed Name) **X Lopez** C. Date of Delivery **10/28/08**

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

7006 2760 0001 6391 6394

7006 2760 0001 6391 3287

**U.S. Postal Service™**  
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Postage	\$ .71
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.61</b>

Sent **Va Johnston Fam Tr**  
 Street or PO **Da Prewitt & Ma Chesser Co Trustees**  
 City **PO Box 825**  
**Ralls, TX 79357-0825**

**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:  
**Va Johnston Fam Tr**  
**Da Prewitt & Ma Chesser Co Trustees**  
**PO Box 825**  
**Ralls, TX 79357-0825**

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **David H. Prewitt** ☒ Agent ☒ Addressee

B. Received by (Printed Name) **David H. Prewitt** C. Date of Delivery **10/28/08**

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

7006 2760 0001 6391 3287



7006 2760 0001 6391 3270

**U.S. Postal Service™  
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OFFICIAL

Postage \$ .1

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5

Sent 1 Walter R Gould

Street or PO PO Box 903

City, State, ZIP+4® Espanola, NM

PS Form

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Walter R Gould  
PO Box 903  
Espanola, NM 87532-0903

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6391 3270

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Walter R Gould*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

WALTER R GOULD

## 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

7006 2760 0001 6391 3263

**U.S. Postal Service™  
CERTIFIED MAIL™**

(Domestic Mail Only, No Insurance)

For delivery information visit us at [usps.com](http://usps.com)

OFFICIAL

Postage \$ .1

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5

Sent 1 William Poleson

Street or PO 620 Penrose Blvd

City, State, ZIP+4® Colorado Springs

PS Form

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

William Poleson  
620 Penrose Blvd  
Colorado Springs, CO 80906

## 2. Article Number

7006 2760 0001 6391 3263

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *William Poleson*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

WILLIAM POLESON

## 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

7006 2760 0001 6391 3256

**U.S. Postal Service™  
CERTIFIED MAIL™**

(Domestic Mail Only, No Insurance)

For delivery information visit us at [usps.com](http://usps.com)

OFFICIAL

Postage \$ .1

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5

Sent 1 Energen Resources Corp

Street or PO 605 Richard Arrington Jr Blvd N

City, State, ZIP+4® Birmingham, AL

PS Form

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35203-2707

## 2. Article Number

(Transfer from service label)

7006 2760 0001 6391 3256

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *M. Muller*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

M. Muller

## 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



7006 2760 0001 6391 3249

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**Postage \$ 1.70Certified Fee 2.70Return Receipt Fee (Endorsement Required) 2.00Restricted Delivery Fee (Endorsement Required) 5.10Total F 11.50

Sent To Jasmine Moran Children's

Museum Foundation Inc

PO Box 1828

Seminole, OK 74818-1828

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jasmine Moran Children's  
Museum Foundation Inc  
PO Box 1828  
Seminole, OK 74818-1828

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 3249

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Marci Donaho☐ Agent☐ Addressee

B. Received by (Printed Name)

Marci Donaho

C. Date of Delivery

OCT 29 2008D. 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

7006 2760 0001 6391 3225

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**Postage \$ 1.70Certified Fee 2.70Return Receipt Fee (Endorsement Required) 2.00Restricted Delivery Fee (Endorsement Required) 5.10Total Postage & Fees \$ 11.50

Sent To Gumz Fam Tr Dtd

Henry F Gumz &amp; Margaret Gumz Co

Trustees

674 Via Mendoza Unit D

Laguna Woods, CA 92637

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Gumz Fam Tr Dtd 10/31/03  
Henry F Gumz & Margaret Gumz Co  
Trustees  
674 Via Mendoza Unit D  
Laguna Woods, CA 92637

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 3225

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Henry Gumz☐ Agent☒ Addressee

B. Received by (Printed Name)

HENRY GUMZ

C. Date of Delivery

10-25-08D. 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
**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 \$ 1.76Certified Fee 2.70Return Receipt Fee (Endorsement Required) 2.20Restricted Delivery Fee (Endorsement Required) 5.00Total Postage & Fees \$ 11.66

Sent To Gifford H. Nigh &amp; Margaret Nigh

202 FM 2578 Rm 45

Terrell, TX 75160

PS Form 3811, February 2004

Postmark  
Here*Returned*

7006 2760 0001 6391 2556

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only)  
 For delivery information visit **OFFICIAL**

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

Robert Mascarenas  
 Rd 3581 #13  
 Flora Vista, NM

**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 Mascarenas  
 Rd 3581 #13  
 Flora Vista, NM 87415-9603

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Robert Mascarenas* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 Robert Mascarenas

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

7006 2760 0001 6391 2556

7006 2760 0001 6391 2549

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No In)  
 For delivery information visit **OFFICIAL**

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

Trini Lopez Montoya  
 5691 W 35th Ave Apt  
 Denver, CO 80212

**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:  
 Trini Lopez Montoya  
 5691 W 35th Ave Apt 1-A  
 Denver, CO 80212

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Trini Lopez Montoya* ☐ 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

7006 2760 0001 6391 2549

7006 2760 0001 6391 2532

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No In)  
 For delivery information visit **OFFICIAL**

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

Viola Mascarenas  
 PO Box 841  
 Bloomfield, NM

**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:  
 Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87413

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Viola M. Lucero* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 Viola M. Lucero

C. Date of Delivery  
 10/25/08

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

7006 2760 0001 6391 2532

7006 2760 0001 6391 2525

**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 C Briggs  
Reynolds Hix & Co Poa & Agent  
6729 Academy Rd Ste D  
Albuquerque, NM 87109

William C Briggs  
Reynolds Hix & Co  
6729 Academy Rd  
Albuquerque, NM

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
*x Cheryl Good* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Cheryl Good* C. Date of Delivery *01/24/04*
- 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:

WWR Enterprises Inc  
C/O Petroleum Asset Mgmt Llc  
PO Box 745  
Hobbs, NM 88241

WWR Enterprises  
C/O Petroleum As  
PO Box 745  
Hobbs, NM 88241

2. Article Number  
(Transfer from service label)

**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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 3409

Kleimor Energy LIC  
8451 E Oregon Pl  
Denver, CO 80231

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

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

CEEFAM LLC  
C/O Little Oil & Gas Inc  
PO Box 1258  
Farmington, NM 87499

**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:

CEEFAM LLC  
C/O Little Oil & Gas Inc  
PO Box 1258  
Farmington, NM 87499

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Cheri White* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Cheri White* 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

7006 2760 0001 6391 3393

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Se Claude I Hobson Rev Liv Tr  
Str Claude I Hobson Trustee  
or 1608 Washington Street  
Cit Bellevue, NE 68005

**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:

Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

2. Article Number

7001 1140 0002 9560 0000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *C. I. Hobson* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *C. I. Hobson* C. Date of Delivery *10-28-08*

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

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

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Se Isabel Gonzales TR  
Str Bank of Oklahoma NA  
or Acct 50594-9  
Cit P.O. Box 1588  
Tulsa, OK 74101

**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:

Isabel Gonzales TR  
Bank of Oklahoma NA Agent  
Acct 50594-9  
P.O. Box 1588  
Tulsa, OK 74101

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Isabel Gonzales* ☐ 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

7001 1140 0002 9559 9441

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

7001 1140 0002 9559 9458

Postage	\$ .76	Postmark Here
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.20	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.66	

Sen: Nigh Rev Tr Agmt dtd 8/3/89  
Robert D. Nigh Trustee  
Street or P.O. Box: 7080 Dean Road  
City: Indianapolis, IN 46220

PS Form 3811, February 2004

*Returned*

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

7001 1140 0002 9559 9465

Postage	\$ .76	Postmark Here
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.20	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.66	

Sen: Robert E. Oade  
Street or P.O. Box: 9665 Southern Belle  
City: Brookville, FL 34613

PS Form 3811, February 2004

**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 E. Oade  
9665 Southern Belle Dr.  
Brookville, FL 34613-4280

2. Article Number  
(Transfer from service label)

7001 1140 0002 9559 9465

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: *R. Oade* ☐ Agent ☐ Addressee
- B. Received by (Printed Name): *R. Oade* 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

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**

7006 2760 0001 6393 2776

Postage	\$ .76	Postmark Here
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.20	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.66	

Sen: Ms. Victoria Webb  
Street or P.O. Box: 806 Cordova  
City: Dallas, TX 75223

PS Form 3811, February 2004

7001 1140 0002 9559 9489

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Ser. **XTO Energy, Inc.**  
Attn: Edwin S. Ryan, Jr.  
810 Houston St., Ste 20  
Fort Worth, TX 76102

PSR

**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:

**XTO Energy, Inc.**  
Attn: Edwin S. Ryan, Jr.  
810 Houston St., Ste 2000  
Fort Worth, TX 76102-6298

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Edwin S. Ryan, Jr.* ☐ 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

7001 1140 0002 9559 9489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7001 1140 0002 9559 9496

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

To **Freda O Axtell Rev T**  
Se. **PO Box 801**  
Str. or **Durango, CO 81302**  
Cit.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

**Elesida Enriquez**  
1115 4th Ave  
Durango, CO 81301

**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:

**Freda O Axtell Rev Tr**  
**PO Box 801**  
**Durango, CO 81302**

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Freda O Axtell* ☐ 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

7001 1140 0002 9559 9496

7006 2760 0001 6391 6615

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

**Elesida Enriquez**  
1115 4th Ave  
Durango, CO 81301

**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:

**Elesida Enriquez**  
1115 4th Ave  
Durango, CO 81301

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Elesida Enriquez* ☐ 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

7006 2760 0001 6391 6615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 2547

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

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sr  
or  
City  
PS  
Florence Vallejos  
PO Box 702  
Ignacio, CO 8113

**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:

Florence Vallejos  
PO Box 702  
Ignacio, CO 8113

2. Article Number (Copy from s

7006 2760 0001 6393 2547

PS Form 3811, July 1999

Domestic Return Receipt

102595-01

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Florence Vallejos* B. Date of Delivery

C. Signature *[Signature]* ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 6592

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

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sr  
or  
City  
PS  
Lee A. Lopez  
PO Box 621660  
Las Vegas, NV 89162-1

**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:

Lee A. Lopez  
PO Box 621660  
Las Vegas, NV 89162-1660

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 6592

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Patricia McArthur* C. Date of Delivery *10-3-98*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6391 6585

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

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent  
Street or P.O.  
City  
George Umbach  
PO Box 1588  
Tulsa, OK 74101

- 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:

George Umbach  
PO Box 1588  
Tulsa, OK 74101

2. Article Number

(Transfer from service label)

7006-2760-0001-6391-6585

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

X *[Signature]* ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



**U.S. Postal Service**  
**CERTIFIED MAIL, RETURN RECEIPT**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16

To  
 JRB Investments LLC  
 c/o Reynolds Hix & CO PA  
 6729 Academy Road NE S  
 Albuquerque, NM 872109

**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:  
 JRB Investments LLC  
 c/o Reynolds Hix & CO PA  
 6729 Academy Road NE Ste D  
 Albuquerque, NM 872109

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Cheryl Good ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Cheryl Good C. Date of Delivery 10/2/10  
 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

7006 2760 0001 6391 6561  
 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL, RETURN RECEIPT**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16  
 Total Postage & Fees \$ 10.82

To  
 RHB Investments LLC  
 c/o Reynolds Hix & CO PA  
 6729 Academy Road NE S  
 Albuquerque, NM 872109

**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:  
 RHB Investments LLC  
 c/o Reynolds Hix & CO PA  
 6729 Academy Road NE Ste D  
 Albuquerque, NM 872109

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Cheryl Good ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Cheryl Good C. Date of Delivery 10/2/10  
 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

7006 2760 0001 6391 6554

**U.S. Postal Service**  
**CERTIFIED MAIL, RETURN RECEIPT**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16  
 Total Postage & Fees \$ 10.82

To  
 Patricia P. Schieffer Trust  
 Bank of America, N.A.  
 Attn: Jeff Anderson  
 P.O. Box 2546  
 Fort Worth, TX 76113

**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:  
 Patricia P. Schieffer Trust,  
 Bank of America, N.A. Agt  
 Attn: Jeff Anderson  
 P.O. Box 2546  
 Fort Worth, TX 76113

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Jeff Anderson ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Jeff Anderson C. Date of Delivery 10/2/10  
 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

7006 2760 0001 6391 6547  
 Domestic Return Receipt 102595-02-M-1540



7006 2760 0001 6391 6530

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>5.66</b>

Sent **Schultz Management**  
 Street or P.O. **500 N. Akard, Suite**  
 City **Dallas, TX 75201**

**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:

Schultz Management, Ltd.  
 500 N. Akard, Suite 2940  
 Dallas, TX 75201

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*☐ 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

7006 2760 0001 6391 6530

7006 2760 0001 6393 2837

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>5.66</b>

Sent **Henrietta E. Schultz**  
 Street or P.O. **500 North Akard**  
 City **Dallas, TX 75201**

**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:

Henrietta E. Schultz, Trustee  
 500 North Akard, Suite 2940  
 Dallas, TX 75201

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

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

7006 2760 0001 6393 2837

7006 2760 0001 6391 6509

**U.S. Postal Service**  
**CERTIFIED MAIL**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>5.66</b>

Sent **WCB Investments**  
 Street or P.O. **c/o Reynolds Hix & CO PA**  
 City **6729 Academy Road NE Ste D**  
**Albuquerque, NM 872109**

**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:

WCB Investments  
 c/o Reynolds Hix & CO PA  
 6729 Academy Road NE Ste D  
 Albuquerque, NM 872109

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *[Signature]*☒ 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

7006 2760 0001 6391 6509

7006 2760 0001 6391 6516

**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**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Sen. Grayfore Partners LP  
 PO Box 98670  
 Lubbock, TX 79499-8670

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Grayfore Partners LP  
 PO Box 98670  
 Lubbock, TX 79499-8670

2. Article Number (Transfer from service label)  
 7006 2760 0001 6391 6516

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Delbert Cooper* ☐ Agent ☒ Addressee

B. Received by (Printed Name)  
 Delbert Cooper

C. Date of Delivery  
 10/20/08

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1541

7006 2760 0001 6393 2714

**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**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

VA Johnston Ltd  
 PO Box 825  
 Ralls, TX 79357

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 VA Johnston Ltd  
 PO Box 825  
 Ralls, TX 79357

2. Article Number (Transfer from service label)  
 7006 2760 0001 6393 2714

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *David A. Trewitt* ☐ Agent ☒ Addressee

B. Received by (Printed Name)  
 David A. Trewitt

C. Date of Delivery  
 10/20/08

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 2721

**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	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

BP America Production Co.  
 Attn: John Larson, W11 Rom 19.158  
 501 Westlake Boulevard  
 Houston, TX 77079-3092

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 BP America Production Co.  
 Attn: John Larson, W11 Rom 19.158  
 501 Westlake Boulevard  
 Houston, TX 77079-3092

2. Article Number (Transfer from service label)  
 7006 2760 0001 6393 2721

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *John Larson* ☐ Agent ☒ Addressee

B. Received by (Printed Name)  
 John Larson

C. Date of Delivery  
 10/20/08

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 2738

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

For delivery information, visit our website.

**OFFICIAL**

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.16

 Ms. Elizabeth T. Calloway  
 P.O. Box 191767  
 Dallas, TX 75219-1767
**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:

 Ms. Elizabeth T. Calloway  
 P.O. Box 191767  
 Dallas, TX 75219-1767

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 2738

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information, visit our website.

**OFFICIAL**

Postage	\$ 1.7
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.16

 J. Glenn Turner, Jr. L  
 3838 Oak Lawn  
 Suite 1450  
 Dallas, TX 75219
**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:

 J. Glenn Turner, Jr. LLC  
 3838 Oak Lawn  
 Suite 1450  
 Dallas, TX 75219

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 2745

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Robert Wilburn

☐ Agent☐ Addressee

B. Received by (Printed Name)

Robert Wilburn

C. Date of Delivery

10/29/03

 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

7006 2760 0001 6393 2745

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

For delivery information, visit our website.

**OFFICIAL**

Postage	\$ 1.7
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.16

 Mary Frances Turner, Jr  
 Attn: Barry L. Dominick  
 TX1-2931  
 PO Box 660197  
 Dallas, TX 75266-0197
**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:

 Mary Frances Turner, Jr Trust  
 Attn: Barry L. Dominick  
 TX1-2931  
 PO Box 660197  
 Dallas, TX 75266-0197

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 2752

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X KWAME DAMKUMA

☐ Agent☐ Addressee

B. Received by (Printed Name)

KWAME DAMKUMA

C. Date of Delivery

OCT 27 2003

 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

7006 2760 0001 6393 2752

7006 2760 0001 6393 2769

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

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

To: Patricia P. Schieffer Trust,  
 Bank of America, N.A. Agt  
 Attn: Jeff Anderson  
 P.O. Box 2546  
 Fort Worth, TX 76113-2546

PS Form 3811, February 2004

**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:  
 Patricia P. Schieffer Trust,  
 Bank of America, N.A. Agt  
 Attn: Jeff Anderson  
 P.O. Box 2546  
 Fort Worth, TX 76113-2546

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ 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

7006 2760 0001 6393 2769

7001 1140 0002 9559 9472

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

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

To: Victoria Webb  
 806 Cordova  
 Dallas, TX 75223

Postmark Here

Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Schultz Management, Ltd.  
 500 N. Akard, Suite 2940  
 Dallas, TX 75201

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ 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

7006 2760 0001 6393 2783

7006 2760 0001 6393 2554



Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.66</b>

Fred E. Turner LLC  
One Energy Square, Ste  
4925 Greenville Ave.  
Dallas, TX 75206-4079

## 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:

Fred E. Turner LLC  
One Energy Square, Ste 852  
4925 Greenville Ave.  
Dallas, TX 75206-4079

2. Article Number  
(Transfer from service label)

7006 2760 0001 6393 2554

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Fred E. Turner*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

FRED E. TURNER

## C. Date of Delivery

10/28

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6393 2813



Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.66</b>

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #  
Kerrville, TX 78028

## 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:

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #400  
Kerrville, TX 78028

## 2. Article Number

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Bill Bull*

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

Bill Bull

## C. Date of Delivery

10/28/08

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6393 2806



Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.66</b>

XTO Energy, Inc.  
Attn: Edwin S. Ryan,  
810 Houston Street, S  
Fort Worth, TX 7610

## 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:

XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston Street, Ste 2000  
Fort Worth, TX 76102-6298

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Edwin S. Ryan*

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

Edwin S. Ryan

## C. Date of Delivery

10/27/2008

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0001 6393 2806

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6393 2820

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Forest Oil Corporation  
 Attn: Ken McPhee  
 707 17<sup>th</sup> Street  
 Denver, CO 80202
**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:

 Forest Oil Corporation  
 Attn: Ken McPhee  
 707 17<sup>th</sup> Street  
 Denver, CO 80202

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 2820

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *J. Manis* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/27/08

 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

6259 1569 1000 6391 6523

**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Henrietta Schultz, Trustee  
 500 North Akard, Suite 2940  
 Dallas, TX 75201

- 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:

 Henrietta Schultz, Trustee  
 500 North Akard, Suite 2940  
 Dallas, TX 75201

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 6523

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

 X *H. Patterson* ☐ 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
**U.S. Postal Service™**  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only, No Insurance Coverage)

For delivery information visit our website at

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

 Sacramento Municipal Util  
 Attn: Thomas Ingwers  
 P.O. Box 15830  
 Sacramento, CA 95852
**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:

 Sacramento Municipal Utilities District  
 Attn: Thomas Ingwers  
 P.O. Box 15830  
 Sacramento, CA 95852

2. Article Number

(Transfer from service label)

7006 2760 0001 6393 2844

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *T. Ingwers* ☐ 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



7006 2760 0001 6393 0901

**U.S. Postal Service**  
**CERTIFIED MAIL™ RE**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL MAIL**

Postage \$ 2.76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16

Minerals Management Service  
 P.O. Box 5810  
 Denver, CO 80217-5810

**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:  
 Minerals Management Service  
 P.O. Box 5810  
 Denver, CO 80217-5810

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) RECEIVED C. Date of Delivery OCT 24 2000  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 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) 7006 2760 0001 6393 0901

7006 2760 0001 6393 2868

**U.S. Postal Service**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL MAIL**

Postage \$ .7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required) 5.1

New Mexico State  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87501

**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:  
 New Mexico State Royalty  
 310 Old Santa Fe Trail  
 Santa Fe, NM 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Dee-Money C. Date of Delivery 10/24/08  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 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) 7006 2760 0001 6393 2868

7006 2760 0001 6393 2875

**U.S. Postal Service**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL MAIL**

Postage \$ .7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required) 5.1

Conocophillips Company  
 Attn: Chief Landman  
 San Juan/Rockies  
 P.O. Box 4289  
 Farmington, NM 87499-4289

**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:  
 Conocophillips Company  
 Attn: Chief Landman  
 San Juan/Rockies  
 P.O. Box 4289  
 Farmington, NM 87499-4289

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) Judith Dee C. Date of Delivery 10/24/08  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 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) 7006 2760 0001 6393 2875