

**APPLICATION OF EDGE PETROLEUM OPERATING COMPANY, INC. TO EXPAND THE HORIZONTAL LIMITS OF THE LOVINGTON-UPPER PENNSYLVANIAN POOL, OR IN THE ALTERNATIVE FOR APPROVAL OF A NON-STANDARD OIL SPACING AND PRORATION UNIT AND AN UNORTHODOX OIL WELL LOCATION IN THE NORTHEAST LOVINGTON-UPPER PENNSYLVANIAN POOL, LEA COUNTY, NEW MEXICO.**

## AFFIDAVIT OF NOTICE

[illegible]

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Edge Petroleum Operating Company, Inc., and have personal knowledge of the matters stated herein.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the proper interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules.

James Bruce  
James Bruce

My Commission Expires: 3/14/09

Sharon Bunn  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 6A

1/8/09

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

November 26, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A


Ladies and gentlemen:

Enclosed is a copy of an application for pool expansion, *etc.*, filed with the New Mexico Oil Conservation Division by Edge Petroleum Operating Company, Inc., regarding the SW $\frac{1}{4}$ NW $\frac{1}{4}$  of Section 25, Township 16 South, Range 36 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 18, 2008, in Porter Hall at the Division's offices at 1220 South St. 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 contesting the matter at a later date. (The persons listed in Group I may be affected by both the non-standard unit and unorthodox location; the persons listed in Group II may be affected by the non-standard unit only; and the persons listed in Group III may be affected by the unorthodox location only.)

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, December 11, 2008. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the 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 need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Edge Petroleum Operating Company, Inc.

EXHIBIT



**EXHIBIT A**

Group I.

Trustee of the Amended and  
Restated Trust Agreement  
Dated June 17, 1999 (Anderson  
Carter, Trustor)  
c/o Anderson Carter, II  
P.O. Box 7190  
Ruidoso, NM 88355

Carter Family Minerals, LLC  
P.O. Box 328  
Ft. Sumner, NM 88119

Barry Coates Roberts and  
George L. Stieren, Trustees  
of the Coates Energy Trust  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Jenny Roberts  
Schimpff Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Catherine G.  
Roberts Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Barry Coates  
Roberts Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Lisa Stieren  
Hardeman Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the George L.  
Stieren Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Wendy Stieren  
Wirth Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Kelly Stieren  
Daniell Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

Trustee of the Amy E. Stieren  
Trust UTA 12/22/89  
P.O. Box 90569  
San Antonio, TX 78209

CRJ Resources, LLC  
P.O. Box 1090  
Roswell, NM 88202

LM Robinson, LLC  
Roswell, NM 88202  
P.O. Box 1090

Herring's Carter Minerals, LLC  
P.O. Box 2036  
Roswell, NM 88202

Marjory J. Dye Trust  
6331-86<sup>th</sup> Street  
Lubbock, TX 79424

Carter Legacy, LLC  
Katherine D. Payton, Manager  
5331 85<sup>th</sup> Street  
Lubbock, TX 79424

Brian Murphy-Dye  
6517 Louise Place, NE  
Albuquerque, NM 87109

Harry J. Schaefer, Trustee  
of the Mary E. Grisso Trust No. 1  
2601 NW Expressway, Suite 610 E  
Oklahoma City, OK 73112

Bank of America, Trustee  
(f/b/o Maggie Grisso, Pauline  
E. Martin, Wayne A. Grisso,  
And D.H. Grisso) the Grisso  
Family Trust  
P.O. Box 830308  
Dallas, TX 75283

Randy Geiselman (Sandra)  
2700 Racquet Club Drive  
Midland, TX 79705

Dorchester Minerals, LP  
3838 Oak Lawn Ave., Suite 300  
Dallas, TX 75219

Maecenas Minerals, LLP  
P.O. Box 176  
Abilene, TX 79604

Clarence L. Rash, Executor  
of Estate of Myrtle Lee Malone,  
1530 Warren Street  
San Fernando, CA 91340

Theodora P. Reed, Successor  
Trustee of the John  
W. Pilant and Jean H. Pilant  
Family Trust U/A 9/23/86  
6612 Painted Desert Drive  
Las Vegas, NV 89108-5718

Mercantile Trading Corp.  
2200 Ross Ave, Suite 4900  
Dallas, TX 75201

Edward Armstrong Elkan, Jr.  
c/o Dottie McLaughlin  
Wells Fargo Bank, N.A.  
Suite 760  
500 West Texas  
Midland, Texas 79701

Harold Alston Elkan (Nancy)  
3731 Shade Tree Terrace  
Portage, MI 79024-1036

The Long Trusts  
Larry Long, Trustee  
P.O. Box 3096  
Kilgore, TX 75663

Cathie Auvenshine aka  
Cathie McCown  
P.O. Box 658  
Dripping Springs, TX 78620

Kenneth G. Cone  
P.O. Box 11310  
Midland, TX 79702

Annis Robert, Trustee  
of the Vicki Jeanne Saari  
Special Needs Trust  
1230 S. 500 West, Apt. 11A  
Bountiful, UT 84010

Group II.

Elizabeth Staggs Huckabay,  
Co-Trustee of The Mary Kathryn  
Grisso Rev. Trust U/A 6/7/96  
4104 Ramsey Road  
Yukon, OK 73099

Black Stone Minerals Co, LP  
1001 Fannin, Suite 2020  
Houston, TX 77002-6709

Carl A. Schellinger (Gloria)  
P.O. Box 447  
Roswell, NM 88202

Branex Resources, Inc.  
P.O. Box 2990  
Ruidoso, NM 88355

EMG Oil Properties, Inc.  
1000 W. Fourth Street  
Roswell, NM 88201

First Presbyterian Church  
Foundation  
400 W. 3rd  
Roswell, NM 88202

PJC Limited Partnership  
P.O. Box 1713  
Roswell, NM 88202

S.P. Johnson, III and  
Barbara Jo Johnson,  
Co-Trustees of the S.P.  
Johnson and Barbara Jo  
Johnson Trust UTA 1/24/85  
P.O. Box 1641  
Roswell, NM 88202

James Reed McCrory  
P.O. Box 25764  
Albuquerque, NM 87125-0764

Western Commerce Bank, Trustee  
Of the W.T. Reed Trust  
P.O. Box 1627  
Lovington, NM 88260-1627

Billy Glenn Spradlin  
29 Rim Road  
Kilgore, TX 75662

Western Commerce Bank, as  
Agent for Klein Bank, Rita D.  
Schenck and William Carl  
Schenck Co-Trustees of  
Trust A-2, Trust B,  
Trust B-GST created under  
Kirby D. Schenck and Rita  
D. Schenck Rev. Trust d, 10/2/91  
P.O. Box 1627  
Lovington, NM 88260

Est. of Betty Sue Jones  
6834 W. Leawood Dr.  
Littleton, CO 80123

Arland Hamilton Bishop  
2142 Huntington Drive  
Grand Prairie, TX 75051

John Ray Bishop  
1404 Avenue H  
Lovington, NM 88260

Drew Edward Bishop  
624 32<sup>nd</sup> Road  
Clifton, CO 8152

Dale M. Sanders  
P.O. Box 83  
Las Cruces, NM 88004

Group III.

June D. Speight  
P.O. Drawer 1687  
Lovington, NM 88260

Betty K. Logan  
P.O. Box 1162  
Tryson, NC 28782-1162

James L. Dow  
4820 Cape Coral Street  
Dallas, TX 75287

Est. of John G. Byers  
c/o Barbara B. Van Tine, Executrix  
1098 Mill Ridge  
McClean, VA 22102

John G. Byers, Jr.  
105 Lick Meadow Road  
Bristol, TN 37620

Barbara B. Van Tine  
1098 Mill Ridge  
McLean, VA 22102-2145



# 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:

Randy Gelberman (Sandra)  
2700 Racquet Club Drive  
Midland, TX 79705

# COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
 Received by (Printed Name) R. Gelberman C. Date of Delivery 12-5  
 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 7008 0500 0001 4522 6590  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

# U.S. Postal Service<sup>TM</sup>

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OFFICIAL USE

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

Sent To  
 Harry J. Schaefer, Trustee  
 of the Mary E. Grisso Trust No. 1  
 2801 NW Expressway, Suite 610 E  
 Oklahoma City, OK 73112  
 Street, Apt. No.  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

# U.S. Postal Service<sup>TM</sup>

## CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To  
 Randy Gelberman (Sandra)  
 2700 Racquet Club Drive  
 Midland, TX 79705  
 Street, Apt. No.  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

# SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harry J. Schaefer, Trustee  
 of the Mary E. Grisso Trust No. 1  
 2801 NW Expressway, Suite 610 E  
 Oklahoma City, OK 73112

# COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Harry J. Schaefer C. Date of Delivery 12-5  
 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 7008 0500 0001 4522 6613  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	DEC 2 2008
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To  
Dale M. Sanders  
P.O. Box 83  
Las Cruces, NM 88004

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

6229 2254 7000 0050 8002

**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:

Macanute Minerals, LLP  
P.O. Box 178  
Auburn, TX 76004

2. Article Number:  
(Transfer from service label)

7008 0500 0001 4522 6576

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1

**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:

Dale M. Sanders  
P.O. Box 83  
Las Cruces, NM 88004

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

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

2. Article Number  
(Transfer from service label)

7008 0500 0001 4522 6729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1500

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Dale M. Sanders*

B. Received by (Printed Name)  
Dale M. Sanders

C. Date of Delivery  
12-4-08

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To  
Macanute Minerals, LLP  
P.O. Box 178  
Auburn, TX 76004

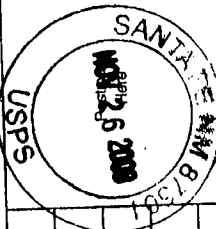
Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

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9259 2254 7000 0050 8002

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PS Form 3800, August 2006

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

Sent To  
 Western Commerce Bank, Trustee  
 Of the W.T. Reed Trust  
 P.O. Box 1627  
 Lovington, NM 88260-1627  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

2008 0500 0001 4522 6385

**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:

Western Commerce Bank, Trustee  
 Of the W.T. Reed Trust  
 P.O. Box 1627  
 Lovington, NM 88260-1627

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6385

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Theodore P. Reed* Agent

B. Received by (Printed Name) *Theodore P. Reed* Agent

C. Date of Delivery *NOV 18 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 ☐ No

**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:

Theodore P. Reed, Successor  
 Trustee of the John  
 W. Reed and Family Trust  
 Family Trust U/A 9/23/05  
 6612 Pleasant Desert Drive  
 Las Vegas, NV 89108-5718

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6552

PS Form 3811, February 2004

Domestic Return Receipt

95-02-M-1540

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**OFFICIAL USE**



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

Sent To  
 Theodore P. Reed, Successor  
 Trustee of the John  
 W. Reed and Family Trust  
 Family Trust U/A 9/23/05  
 6612 Pleasant Desert Drive  
 Las Vegas, NV 89108-5718  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

2008 0500 0001 4522 6552

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

Sent To  
 P.O. Limited Partnership  
 P.O. Box 1713  
 Roswell, NM 88202  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

P.O. Limited Partnership  
 P.O. Box 1713  
 Roswell, NM 88202

2. Article Number  
*(Transfer from service label)*

7008 0500 0001 4522 6415

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Tracy Thompson* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) *Tracy Thompson* C. Date of Delivery *12-2-08*  
 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

**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:

The Long Trusts  
 Larry Long, Trustee  
 P.O. Box 3086  
 Kigora, TX 75663

2. Article Number

*(Transfer from service label)*

7008 0500 0001 4522 6514

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

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

Sent To  
 The Long Trusts  
 Larry Long, Trustee  
 P.O. Box 3086  
 Kigora, TX 75663  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions

**U.S. Postal Service<sup>TM</sup>**  
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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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To  
 Trustee of the Amended and  
 Restated Trust Agreement  
 Dated June 17, 1999 (Anderson  
 Carter, Trustee)  
 c/o Anderson Carter, II  
 P.O. Box 7190  
 Rubidoux, NM 88355

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4522 6705

**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:

Trustee of the Amended and  
 Restated Trust Agreement  
 Dated June 17, 1999 (Anderson  
 Carter, Trustee)  
 c/o Anderson Carter, II  
 P.O. Box 7190  
 Rubidoux, NM 88355

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Tracy Thompson</i>	C. Date of Delivery <i>NOV 26 2008</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
 (Transfer from service label) 7008 0500 0001 4522 6705

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:

S.P. Johnson, III and  
 Barbara Jo Johnson,  
 Co-Trustees of the S.P.  
 Johnson and Barbara Jo  
 Johnson Trust UTA 124785  
 P.O. Box 1641  
 Roswell, NM 88202

2. Article Number  
 (Transfer from service label) 7008 0500 0001 4522 6408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

**OFFICIAL USE**

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

Sent To  
 S.P. Johnson, III and  
 Barbara Jo Johnson,  
 Co-Trustees of the S.P.  
 Johnson and Barbara Jo  
 Johnson Trust UTA 124785  
 P.O. Box 1641  
 Roswell, NM 88202

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4522 6408

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

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

Sent To  
John G. Byers, Jr.  
105 Lock Meadow Road  
Bridgeton, TN 37620  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

6229 2254 1000 0050 8002

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Dorchester Minerals, LP  
3838 Oak Lawn Ave., Suite 300  
Dallas, TX 75218

2. Article Number  
(Transfer from service label)  
7008 0500 0001 4522 6583

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
12-1-08  
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

6229 2254 1000 0050 8002

U.S. Postal Service<sup>TM</sup>  
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Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Sent To  
John G. Byers, Jr.  
105 Lock Meadow Road  
Bridgeton, TN 37620  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
John G. Byers, Jr.  
105 Lock Meadow Road  
Bridgeton, TN 37620

2. Article Number  
(Transfer from service label)  
7008 0500 0001 4522 6279

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
12-1-08  
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

6229 2254 1000 0050 8002

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

Sent To  
Dorchester Minerals, LP  
3838 Oak Lawn Ave., Suite 300  
Dallas, TX 75218

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Dorchester Minerals, LP  
3838 Oak Lawn Ave., Suite 300  
Dallas, TX 75218

2. Article Number  
(Transfer from service label)  
7008 0500 0001 4522 6583

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
12-1-08  
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

6229 2254 1000 0050 8002

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**OFFICIAL USE**

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

Sent To  
 Street, Apt. No.,  
 P.O. Box No.  
 City, State, ZIP+4

CRJ Resources, LLC  
 P.O. Box 1090  
 Roswell, NM 83202

PS Form 3800, August 2006 See Reverse for Instructions



5299 2254 1000 0050 8002

**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:

Carter Family Minerals, LLC  
 P.O. Box 328  
 Ft. Sumner, NM 88119

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6699

PS Form 3811, February 2004 Domestic Return Receipt

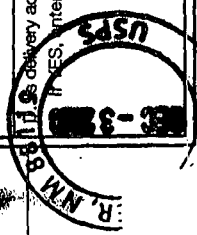
102595-02-M-1590

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Henry Carter*  
 B. Received by (Printed Name)  
 C. Date of Delivery

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ 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:

CRJ Resources, LLC  
 P.O. Box 1090  
 Roswell, NM 83202

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6675

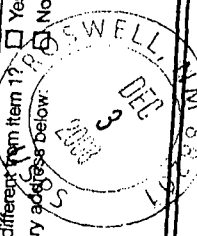
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1590

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Henry Carter*  
 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  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes



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

Sent To  
 Street, Apt. No.,  
 P.O. Box No.  
 City, State, ZIP+4

Carter Family Minerals, LLC  
 P.O. Box 328  
 Ft. Sumner, NM 88119

See Reverse for Instructions

PS Form 3800, August 2006

5299 2254 1000 0050 8002

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**OFFICIAL USE**

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

Sent To  
 Carter Legacy, LLC  
 Katherine D. Payton, Manager  
 5331 65<sup>th</sup> Street  
 Lubbock, TX 79424  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

2669 2254 1000 0050 8002

**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 Ray Bishop  
 1404 Avenue H  
 Lovington, NM 88260

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6330

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:

Carter Legacy, LLC  
 Katherine D. Payton, Manager  
 5331 65<sup>th</sup> Street  
 Lubbock, TX 79424

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Katherine D. Payton* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Katherine D. Payton* ☒ C. Date of Delivery *2-1-2008*

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 ☐ No

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

Sent To

John Ray Bishop  
 1404 Avenue H  
 Lovington, NM 88260  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

0669 2254 1000 0050 8002



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**OFFICIAL USE**

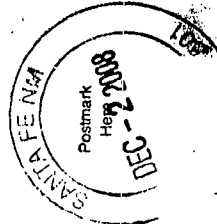
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees

Sent To Edward Armstrong Elkan, Jr.  
c/o Dottie McLaughlin  
Wells Fargo Bank, N.A.  
Suite 760  
Street, Apt. No.,  
or PO Box No. 500 West Texas  
City, State, ZIP+4 Midland, Texas 79701

PS Form 3800, August 2006

See Reverse for Instructions



2729 2254 7000 0050 8002

**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:

Edward Armstrong Elkan, Jr.  
c/o Dottie McLaughlin  
Wells Fargo Bank, N.A.  
Suite 760  
500 West Texas  
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6712

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:

Elizabeth Stages Hutchaby, Co-  
Trustee of The Mary Kathryn  
Grimes Rev. Trust U/A 8/7/86  
4104 Ramsey Road  
Yukon, OK 73088

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6477

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Elizabeth Stages Hutchaby
- B. Received by (Printed Name) Elizabeth Stages Hutchaby
- C. Date of Delivery 12-8-08
- 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

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**OFFICIAL USE**

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

Sent To Elizabeth Stages Hutchaby, Co-  
Trustee of The Mary Kathryn  
Grimes Rev. Trust U/A 8/7/86  
4104 Ramsey Road  
Yukon, OK 73088

PS Form 3800, August 2006

See Reverse for Instructions

2729 2254 7000 0050 8002

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Elizabeth Stages Hutchaby
- B. Received by (Printed Name) Elizabeth Stages Hutchaby
- C. Date of Delivery 12-8-08
- 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

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

**OFFICIAL USE**

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

Sent To  
 Street, Apt. No.,  
 or P.O. Box No.  
 City, State, ZIP+4

LM Robinson, LLC  
 Roswell, NM 86202  
 P.O. Box 1090

PS Form 3800, August 2005

See Reverse for Instructions

9999 2254 1000 0050 8002

**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:

Drew Edward Bishop  
 624 12th Street  
 Santa Fe, NM 87501  
 P.O. Box 63  
 Las Cruces, NM 88004

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6323

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:

LM Robinson, LLC  
 Roswell, NM 86202  
 P.O. Box 1090

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) *D. G. Lusk* C. Date of Delivery *12-3-08*

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)

7008 0500 0001 4522 6668

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) *DALE M. SANDERS* C. Date of Delivery *12/1/08*

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

7008 0500 0001 4522 6323

Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

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

Sent To  
 Street, Apt. No.,  
 or P.O. Box No.  
 City, State, ZIP+4

Drew Edward Bishop  
 624 12th Street  
 Santa Fe, NM 87501  
 P.O. Box 63  
 Las Cruces, NM 88004

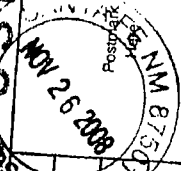
9999 2254 1000 0050 8002

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**OFFICIAL USE**



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

Sent To  
Est. of John G. Byers, deceased  
c/o Barbara B. Van Tine, Executrix  
1098 Mill Ridge  
McLean, VA 22102  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Est. of John G. Byers, deceased  
c/o Barbara B. Van Tine, Executrix  
1098 Mill Ridge  
McLean, VA 22102

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  
B. Received by *[Signature]* Printed Name *[Signature]*  
C. Date of Delivery *[Signature]*

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ 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:

Barbara B. Van Tine,  
1098 Mill Ridge  
McLean, VA 22102-2145

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

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

Sent To  
Barbara B. Van Tine,  
1098 Mill Ridge  
McLean, VA 22102-2145  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

## OFFICIAL USE

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

Sent To

Street, Apt. No.,  
or PO Box No. First Presbyterian Church  
Foundation  
City, State, Zip+4 400 W. 3rd  
Roosevel, NM 88202

PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4522 6422

### 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:

EMG Oil Properties, Inc.  
1000 W. Fourth Street  
Roosevel, NM 88201

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4522 6439

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:

First Presbyterian Church  
Foundation  
400 W. 3rd  
Roosevel, NM 88202

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 ☒ 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 ☐ No

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

## OFFICIAL USE

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

SANTA FE NM  
NOV 26 2008  
Postmark Here

Sent To

Street, Apt. No.,  
or PO Box No. EMG Oil Properties, Inc.  
1000 W. Fourth Street  
Roosevel, NM 88201  
City, State, Zip+4

PS Form 3800, August 2005

See Reverse for Instructions

7008 0500 0001 4522 6439

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

**OFFICIAL USE**

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

Postmark Here

Sent To

Barry Coates Roberts and  
George L. Sharen, Trustees  
of the Coates Energy Trust  
P.O. Box 90589  
San Antonio, TX 78209

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Barry Coates Roberts and  
George L. Sharen, Trustees  
of the Coates Energy Trust  
P.O. Box 90589  
San Antonio, TX 78209

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6682

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:

Black Stone Minerals Co. LP  
1001 Fannin, Suite 2020  
Houston, TX 77002-6708

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6460

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postmark Here

Sent To

Black Stone Minerals Co. LP  
1001 Fannin, Suite 2020  
Houston, TX 77002-6708

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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Postage \$	2008
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To  
 Bank of America, Trustee  
 (For Maggie Grasso, Pauline  
 E. Martin, Wayne A. Grasso,  
 And D.H. Grasso) the Grasso  
 Family Trust  
 P.O. Box 630308  
 Dallas, TX 75263

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6002

**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:

Bethy K. Logan, widow  
 P.O. Box 1162  
 Tryon, NC 28782-1162

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6309

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:

Bank of America, Trustee  
 (For Maggie Grasso, Pauline  
 E. Martin, Wayne A. Grasso,  
 And D.H. Grasso) the Grasso  
 Family Trust  
 P.O. Box 630308  
 Dallas, TX 75263

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6606

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>x Logan</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <b>DEC 01 2008</b>	C. Date of Delivery

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

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
--	---

**U.S. Postal Service<sup>TM</sup>**  
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To

Bethy K. Logan, widow  
 P.O. Box 1162  
 Tryon, NC 28782-1162

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6309

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**OFFICIAL USE**

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

Sent To  
 Drew Edward Bishop  
 624 32<sup>nd</sup> Road  
 Clifton, CO 8152

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6736

**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:

Marjory J. Dye Trust  
 5331 85<sup>th</sup> Street  
 Lubbock, TX 79424

2. Article Number (Transfer from service label)  
 7008 0500 0001 4522 6743

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Katherine D. Bishop

B. Received by (Printed Name)  
 Katherine D. Bishop

C. Date of Delivery  
 DEC 11 2006

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-M-1546

**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:

Drew Edward Bishop  
 624 32<sup>nd</sup> Road  
 Clifton, CO 8152

2. Article Number (Transfer from service label)  
 7008 0500 0001 4522 6736

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Drew Bishop

B. Received by (Printed Name)  
 Drew Bishop

C. Date of Delivery  
 DEC 11 2006

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-M-1540

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

Sent To  
 Marjory J. Dye Trust  
 5331 85<sup>th</sup> Street  
 Lubbock, TX 79424

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6743

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

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



Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 Herring's Center Minerals, LLC  
 P.O. Box 2039  
 Roswell, NM 88202

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Herring's Center Minerals, LLC  
 P.O. Box 2039  
 Roswell, NM 88202

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

7008 0500 0001 4522 6651

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:

Brian Murphy-Dye  
 6517 Louise Place, NE  
 Albuquerque, NM 87109

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7008 0500 0001 4522 6620

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) *ANU HERRING* C. Date of Delivery *12-1-08*  
 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

7008 0500 0001 4522 6651

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *28 08/09* 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

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

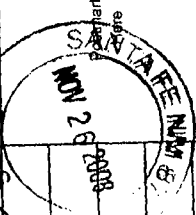
7008 0500 0001 4522 6620

102595-02-M-1540

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**OFFICIAL USE**

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



Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 Brian Murphy-Dye  
 6517 Louise Place, NE  
 Albuquerque, NM 87109

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

7008 0500 0001 4522 6651

Domestic Return Receipt

102595-02-M-1540

PS Form 3800, August 2006

See Reverse for Instructions



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**OFFICIAL USE**

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

Sent To  
 June D. Speight  
 P.O. Drawer 1887  
 Lovington, NM 88260  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



9129 2254 1000 0050 8002

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James L. Dow  
 4820 Cape Coral Street  
 Dallas, TX 75287

2. Article Number  
 (Transfer from service label)

7008 0500 0001 4522 6293

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:

June D. Speight  
 P.O. Drawer 1887  
 Lovington, NM 88260

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)

7008 0500 0001 4522 6316

PS Form 3811, February 2004

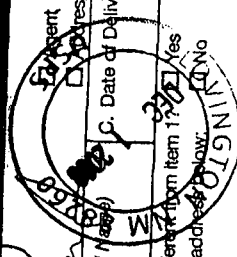
Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery

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



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**OFFICIAL USE**

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

Sent To

James L. Dow  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

6629 2254 1000 0050 8002

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

Sent To  
Western Commerce Bank, as Agent for Main Bank, Rita D. Schenck and William Carl Schenck Co-Trustees of Trust A-2, Trust B, Kirby D. Schenck and Rita D. Schenck Rev. Trust 10/29/1 P.O. Box 1027 Lovington, NM 88260  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Western Commerce Bank, as Agent for Main Bank, Rita D. Schenck and William Carl Schenck Co-Trustees of Trust A-2, Trust B, Kirby D. Schenck and Rita D. Schenck Rev. Trust 10/29/1 P.O. Box 1027 Lovington, NM 88260

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4522 6361

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:

Est. of Betty Sue Jones  
6834 W. Lakewood Dr.  
Liberton, CO 80123

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4522 6354

Domestic Return Receipt

102595-02-M-1540

### COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
Received by (Printed Name) ☐ Addressee  
B. Received by (Printed Name) ☒ Addressee  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ No  
If YES, enter delivery address below:  
6384

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

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

## OFFICIAL USE

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

Sent To

Est. of Betty Sue Jones  
6834 W. Lakewood Dr.  
Liberton, CO 80123  
City, State, ZIP+4

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4522 6361

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**



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

Sent To

James Reed McCarty  
 P.O. Box 25764  
 Albuquerque, NM 87125-0764  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Billy Glenn Spradlin  
 28 Elm Road  
 Kigone, TX 75802

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6378  
 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:

James Reed McCarty  
 P.O. Box 25764  
 Albuquerque, NM 87125-0764

2. Article Number

(Transfer from service label)

7008 0500 0001 4522 6392  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 JAMES REED MCCARTY 12-1-08  
 D. Is delivery address different from above? ☒ 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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 B. G. Spradlin 11/28/08  
 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

7008 0500 0001 4522 6378

Domestic Return Receipt

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

**OFFICIAL USE**



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

Sent To

Billy Glenn Spradlin  
 28 Elm Road  
 Kigone, TX 75802  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

**OFFICIAL USE**

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

Sent To Carl A. Schellinger (Gloria)

Street Apt. No. P.O. Box 447  
 Ruidoso, NM 88302

City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions



7000 0500 0001 4522 6453

**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:

Branex Resources, Inc.  
 P.O. Box 2990  
 Ruidoso, NM 88355

2. Article Number  
 (Transfer from service label)

7000 0500 0001 4522 6446

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 11/29/08  
 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

**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 A. Schellinger (Gloria)  
 P.O. Box 447  
 Ruidoso, NM 88302

2. Article Number  
 (Transfer from service label)

7000 0500 0001 4522 6453

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Carl Schellinger 12-1-08  
 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

7000 0500 0001 4522 6446

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

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

**OFFICIAL USE**

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



Sent To Branex Resources, Inc.  
 Street Apt. No. P.O. Box 2990  
 or PO Box No. Ruidoso, NM 88355  
 City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions

**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](http://www.usps.com)

**OFFICIAL USE**



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

Sent To  
 Edward Armstrong Elkan, Jr.  
 c/o AIF Harold Alston Elkan  
 3731 Shade Tree Terrace  
 Portage, MI 49824-1036  
 City, State, ZIP+4

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Cathie Auerbach aka  
 Cathie McDown  
 P.O. Box 658  
 Dripping Springs, TX 78620

2. Article Number

(Transfer from service label)

PS Form 3800, August 2006

7008 0500 0001 4522 6507

Domestic Return Receipt

102595-02-MF540

**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:

Edward Armstrong Elkan, Jr.  
 c/o AIF Harold Alston Elkan  
 3731 Shade Tree Terrace  
 Portage, MI 49824-1036

3. Service Type

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

2. Article Number

(Transfer from service label)

PS Form 3800, August 2006

7008 0500 0001 4522 6538

Domestic Return Receipt

102595-02-MF540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Cathie M. Down  
 B. Received by (Printed Name)  
 Cathie McDown  
 C. Date of Delivery  
 12/1  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type

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

7008 0500 0001 4522 6507

Domestic Return Receipt

102595-02-MF540

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

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

**OFFICIAL USE**

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

Sent To

Cathie Auerbach aka  
 Cathie McDown  
 P.O. Box 658  
 Dripping Springs, TX 78620

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4522 6507

**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:

Arland Hamilton Bishop  
2142 Huntington Drive  
Grand Prairie, TX 75051

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature *Arland Hamilton Bishop*
- Received by (Printed Name) *Arland Hamilton Bishop*
- Date of Delivery *12-23-08*
- Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.
- Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 6697 0500 0001 4530 1693

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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](http://www.usps.com)

**OFFICIAL USE**

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

Sent To  
Arland Hamilton Bishop  
2142 Huntington Drive  
Grand Prairie, TX 75051

PS Form 3800, August 2006

See Reverse for Instructions

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

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

**OFFICIAL USE**

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

Sent To  
Harold Nelson Elman (Nancy)  
3731 Shade Tree Terrace  
Portage, MI 49854-1038

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Harold Nelson Elman (Nancy)  
3731 Shade Tree Terrace  
Portage, MI 49854-1038

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- Signature *Harold Nelson Elman*
- Received by (Printed Name) *Harold Nelson Elman*
- Date of Delivery *11-29-08*
- Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

- 3. Service Type
- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.
- Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number 7008 0500 0001 4522 6521

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

7649 2254 7000 0050 8002

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

Sent To  
**Kenneth G. Core**  
**P.O. Box 11310**  
**Midland, TX 79702**  
 Street Apt. No.,  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Kenneth G. Core**  
**P.O. Box 11310**  
**Midland, TX 79702**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b> <i>K. Shapiro</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <b>SHAPIRO</b>	C. Date of Delivery <b>12/19</b>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

2. Article Number  
*(Transfer from service label)*  
**7008 0500 0001 4522 6491**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549

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

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

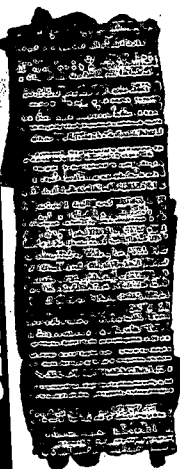
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: Annis Robert, Trustee of  
 The Vicki Jeanne Saari  
 Special Needs Trust  
 1230 S. 500 West, Apt. 11A  
 Bountiful, UT 84010  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6484

**CERTIFIED MAIL™**



James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

7008 0500 0001 4522 6484

1ST NOTICE  
 RETURN AND NOTICE

Annis Robert, Trustee of  
 The Vicki Jeanne Saari  
 Special Needs Trust  
 1230 S. 500 West, Apt. 11A  
 Bountiful, UT 84010

NIXIE

841 SE 1

01 12/19/08

RETURN TO SENDER  
 UNCLAIMED

BC: 87504105656 \*2136-03070-29-32

540-695614 06022



12.1



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](http://www.usps.com)

**OFFICIAL USE**

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



Sent To

Mercantile Trading Corp.  
2200 Rose Ave, Suite 4900  
Dallas, TX 75201  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

2008 0500 0001 4522 5445

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

Sent To  
 Clarence L. Rash, Executor  
 of Estate of Myrtle Lee Malone,  
 1530 Warren Street  
 San Fernando, CA 91340  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4

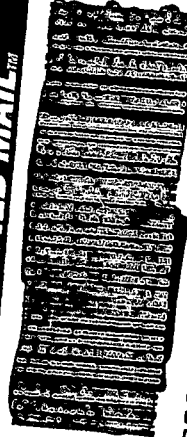
PS Form 3800, August 2006

See Reverse for Instructions



2008 0500 0001 4522 6569

**CERTIFIED MAIL™**



2008 0500 0001 4522 6569

1ST NOTICE  
 2ND NOTICE  
 RETURN

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

Clarence L. Rash, Executor  
 of Estate of Myrtle Lee Malone,  
 1530 Warren Street  
 San Fernando, CA 91340



ANK 2D 37

NIXIE

913 SC 1

NOT DELIVERABLE  
 RETURN TO SENDER  
 AS ADDRESSED  
 UNABLE TO FORWARD

913403989504@1056

BC: 87504105656

\*0268-00310-26-43

