

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

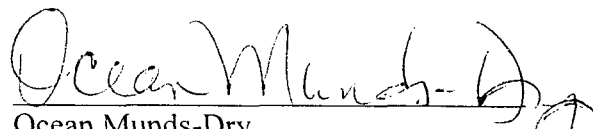
APPLICATION OF WILLIAM PRODUCTION
COMPANY, LLC FOR APPROVAL OF AN
EXCEPTION TO THE PROVISIONS OF RULE 19.15.16,
OR IN THE ALTERNATIVE, A SPECIAL RULE FOR
THE ROSA UNIT, THAT AUTHORIZES THE USE OF
THE POINT WHERE THE DIRECTIONAL WELLBORE
PENETRATES THE TOP OF THE PRODUCING INTERVAL
WITHIN THE POOL AS THE PENETRATION POINT FOR
THE DIRECTIONAL WELLS IN THE ROSA UNIT AREA,
SAN JUAN AND RIO ARriba COUNTIES, NEW MEXICO.

CASE NO. 14290

AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of WILLIAMS
PRODUCTION COMPANY, 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.



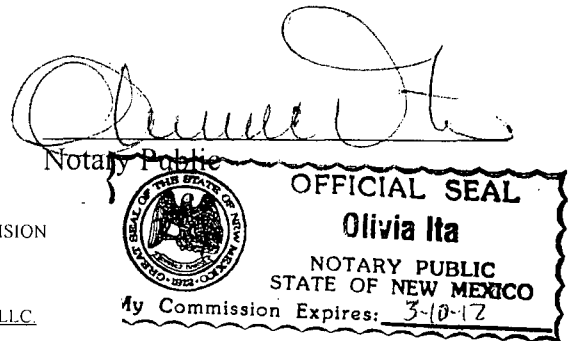
Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 14TH day of October 2009 by
Ocean Munds-Dry.

My Commission Expires:

3-10-12

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 14290 Exhibit No. 5
Submitted by:
WILLIAMS PRODUCTION COMPANY, LLC.
Hearing Date: October 15, 2009





William F. Carr
wcarr@hollandhart.com

February 17, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

AFFECTED INTEREST OWNERS

Re: Application of Williams Production Company, LLC for approval of an exception to the provisions of Rule 19.15.16, or in the alternative, a special rule for the Rosa Unit, that authorizes the use of the point where the directional wellbore penetrates the top of the producing interval within the pool as the penetration point for the directional wells in the Rosa Unit Area, San Juan and Rio Arriba Counties, New Mexico.


Ladies and Gentlemen:

This letter is to advise you that Williams Production Company, LLC has filed the enclosed application with the New Mexico Oil Conservation Division seeking an exception to the provisions of rule 19.15.16 to authorize the penetration point for directional wells in the Rosa Unit to be the point where the directional wellbore penetrates the top of the producing interval within the pool from which it is intended to produce, San Juan and Rio Arriba Counties, New Mexico.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on March 19, 2009. 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 19.15.4.13 to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must 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,


William F. Carr

Attorney for Williams Production Company

EXHIBIT A

APPLICATION OF WILLIAMS PRODUCTION COMPANY, LLC FOR APPROVAL OF AN EXCEPTION TO THE PROVISIONS OF RULE 19.15.16, OR IN THE ALTERNATIVE, A SPECIAL RULE FOR THE ROSA UNIT, THAT AUTHORIZES THE USE OF THE POINT WHERE THE DIRECTIONAL WELLBORE PENETRATES THE TOP OF THE PRODUCING INTERVAL WITHIN THE POOL AS THE PENETRATION POINT FOR THE DIRECTIONAL WELLS IN THE ROSA UNIT AREA, SAN JUAN AND RIO ARRIBA COUNTIES, NEW MEXICO.

NOTIFICATION LIST

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

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

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

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

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

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

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P.O. Box 1824
Ignacio, CO 81137-1824

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1116 E. 4th Avenue
Durango, CO 81301

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245 Commerce Green Blvd., Suite 280
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3605 Britt Street, NE
Albuquerque, NM 87111

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P.O. Box 1258
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Chamisa Land Co.
P.O. Box 30281 – Uptown Station
Albuquerque, NM 87190-0281

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Ashley Gould
475 S. New Hampshire Avenue
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New Mexico State Land Office
PO Box 1148
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Discovery I – Robert Leisen GP
12 W Ranch Trail
Morrison, CO 80465-9523

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14647 Ranchview Ter
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Estate of M.W. Hoover, Deceased
Liberty National Bank & Trust Co.
Executor
P.O. Box 1588
Tulsa, OK 74101-1588

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550 W Pabor Way
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Santa Fe, NM 87501

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Nancy Tonkin Cutter & Allen M Tonkin Jr
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C/O Little Oil & Gas Inc
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6729 Academy Road NE Ste D
Albuquerque, NM 872109

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Dallas, TX 75201

Henrietta Schultz, Trustee
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Dallas, TX 75201

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Albuquerque, NM 872109

Grayfore Partners LP
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Lubbock, TX 79499-8670

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

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Dallas, TX 75206-4079

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

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

Mary Frances Turner, Jr Trust
Attn: Barry L. Dominick
Tx1-2931
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317 Sidney Baker South #400
Kerrville, TX 78028

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

Forest Oil Corporation
Attn: Ken McPhee
707 17th Street
Denver, CO 80202

Ms. Victoria Webb
806 Cordova
Dallas, TX 75223

Henrietta E. Schultz, Trustee
500 North Akard, Suite 2940

Dallas, TX 75201

Sacramento Mun. Util.District
Attn: Thomas Ingwers
P. O. Box 15830
Sacramento, CA 95852-1830

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

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

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

Bureau of Land Management
Farmington Field Office
1235 La Plata Highway Suite A
Farmington, NM 87401

AFFIDAVIT OF PUBLICATION

Ad No. 61248

STATE OF NEW MEXICO County of San Juan:

BOB WALLER, being duly sworn says: That he is the CLASSIFIED MANAGER of THE DAILY TIMES, a daily newspaper of general circulation published in English at Farmington, said county and state, and that the hereto attached Legal Notice was published in a regular and entire issue of the said DAILY TIMES, a daily newspaper duly qualified for the purpose within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico for publication and appeared in the Internet at The Daily Times web site on the following day(s):

Wednesday, February 25, 2009

And the cost of the publication is \$247.17

ON 3/4/09 BOB WALLER appeared before me, whom I know personally to be the person who signed the above document.

Christine Sellers

My Commission Expires November 05, 2011

COPY OF PUBLICATION

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 March 19, 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 March 9, 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 descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE : 14290

Application of Williams Production Company, LLC for approval of an exception to the provisions of Rule 19.15.16, or in the alternative, a special rule for the Rosa Unit, that authorizes the use of the point where the directional wellbore penetrates the top of the producing interval within the pool as the penetration point for the directional wells in the Rosa Unit Area, San Juan and Rio Arriba Counties, New Mexico. Applicant seeks the approval of an exception to the provisions of rule 19.15.16 to authorize the penetration point for directional wells in the Rosa Unit to be the point where the directional wellbore penetrates the top of the producing interval within the pool from which it is intended to produce, San Juan and Rio Arriba Counties, New Mexico. The Rosa Unit Area is comprised of the following lands located in San Juan and Rio Arriba, Counties, New Mexico:

TOWNSHIP 31 NORTH, RANGE 4 WEST, NMPM

Sections 1 through 31: All

TOWNSHIP 31 NORTH, RANGE 5 WEST, NMPM

Sections 3 through 36: All

TOWNSHIP 31 NORTH, RANGE 6 WEST, NMPM

Sections 1 through 5: All

Sections 8-17: All

Sections 21 through 26: All

TOWNSHIP 32 NORTH, RANGE 6 WEST, NMPM

Sections 32 through 36: All

The requested authorization will permit the access of more of the producing formation with the directional/horizontal portion of the wellbore resulting in more efficient production of these reserves thereby preventing waste and protecting correlative rights. This area is located approximately 9 miles southeast of Arboles, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 17th day of February.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
Mark E. Fesmire, P.E., Director

Legal No. 61248 published in The Daily Times, Farmington, New Mexico on Wednesday February 25, 2009

Affidavit of Publication

State of New Mexico
County of Rio Arriba

I, Robert Trapp, being first duly sworn, declare and say I am the publisher of the Rio Grande SUN, a weekly newspaper published in the English language and having a general circulation in the County of Rio Arriba, State of New Mexico, and being a newspaper duly qualified to publish legal notices and advertisements under the provisions of Chapter 167 of the Session Laws of 1937. The publication, a copy of which is hereto attached, was published in said paper once each week for

1 consecutive weeks and on the same day of each week in the regular issue of the paper during the time of publication and the notice was published in the newspaper proper, and not in any supplement. The first publication being on the

26 day of February 2009
and the last publication on the 26 day of February 2009, payment for said advertisement has been duly made, or assessed as court costs. The undersigned has personal knowledge of the matters and things set forth in this affidavit.

Robert Trapp
Publisher

Subscribed and sworn to before me this 26th day of Feb. A.D. 2009

Maria G. Chavez
Maria G. Chavez/Notary Public
My commission expires 21 October 2012

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 March 18, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint 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, 1-800-859-1779 by March 9, 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 descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE: 14220

Application of Williams Production Company, LLC for approval of an exception to the provisions of Rule 19.15.16, or in the alternative, a special rule for the Rosa Unit, that authorizes the use of the point where the directional wellbore penetrates the top of the producing interval within the pool as the penetration point for the directional wells in the Rosa Unit Area, San Juan and Rio Arriba Counties, New Mexico. Applicant seeks the approval of an exception to the provisions of rule 19.15.16 to authorize the penetration point for directional wells in the Rosa Unit to be the point where the directional wellbore penetrates the top of the producing interval within the pool from which it is intended to produce, San Juan and Rio Arriba Counties, New Mexico. The Rosa Unit Area is comprised of the following lands located in San Juan and Rio Arriba Counties, New Mexico:

TOWNSHIP 31 NORTH
RANGE 4 WEST, NMPM

Sections 1 through 31: All
TOWNSHIP 31 NORTH
RANGE 5 WEST, NMPM

Sections 3 through 36: All
TOWNSHIP 31 NORTH
RANGE 6 WEST, NMPM

Sections 1 through 5: All
Sections 8-17: All

Sections 21 through 26: All
TOWNSHIP 32 NORTH
RANGE 6 WEST, NMPM

Sections 32 through 36: All

The requested authorization will permit the access of more of the producing formation with the directional/horizontal portion of the wellbore resulting in more efficient production of these reserves thereby preventing waste and protecting correlative rights. This area is located approximately 9 miles southeast of Arbores, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 17th day of February.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

Mark E. Fearnle, P.E., Director
(Published February 26, 2008).

er's Bill

time at 84.00

times at

Affidavit 5.00

Subtotal 89.00

Tax 6.90

Total 95.90

d at Rio Grande SUN

llanta

7006 0100 0005 0627 2569

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

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- 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

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

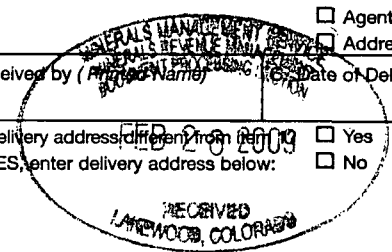
A. Signature ☒ Agent ☐ Addressee

B. Received by (Print Name) ☐ Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



7006 0100 0005 0627 2576

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2583

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

for instructions

Returned

7006 0100 0005 0627 3979

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

For delivery information visit our website at usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 3979

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

CHICAGO, ILL 60673
 MAR 02 2004
 JPMORGAN CHASE

7006 0100 0005 0627 2590

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

For delivery information visit our website at usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

BP America Production Company
 Attention: OOJ1
 P.O. Box 21868
 Tulsa, OK 74121

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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: OOJ1
 P.O. Box 21868
 Tulsa, OK 74121

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 2590

- 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

CHICAGO, ILL 60673
 FEB 27 2004
 usps

7006 0100 0005 0627 2606

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

For delivery information visit our website at usps.com

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

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

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 0100 0005 0627 2606

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
 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 0100 0005 0627 2613

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

For delivery information visit our website at

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

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

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

(Transfer from service label)

7006 0100 0005 0627 2613

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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website at

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

SENDER: COM

- 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)

7006 0100 0005 0627 2644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Heckman*☒ Agent☐ Addressee

B. Received by (Printed Name)

Barci Heckman

C. Date of Delivery

2/27/09

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

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.

4. Restricted Delivery? (Extra Fee)

☐ Yes
U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Co

For delivery information visit our website at

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Ben R. Howard
 11490 Audelia Road
 Dallas, TX 75243

A. Signature

X *Ben R. Howard*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ben R. Howard

C. Date of Delivery

2-26

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 0100 0005 0627 2651

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

SENDER: COMPLETE

- 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x [Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

T. HENDERSON

C. Date of Delivery

03/02/09

 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 0100 0005 0627 2651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Carl Dellinger
 3605 Britt Street, NE
 Albuquerque, NM 87111

- 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

A. Signature

x [Signature]

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-25-09

 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 0100 0005 0627 2668

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

Postage	\$ 2.02
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

or Instructions

7006 0100 0005 0627 2675

7006 0100 0005 0627 2682

U.S. Postal Service™

CERTIFIED MAIL™

(Domestic Mail Only; No Insurance)

For delivery information, visit our web site

Postage \$ 2.02

Certified Fee 2.70

Return Receipt Fee
(Endorsement Required) 2.20Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 6.92

Chamisa Land Co.
P.O. Box 30281 - Upt
Albuquerque, NM 871

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:

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 2682

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 web site

Postage \$ 2.02

Certified Fee 2.70

Return Receipt Fee
(Endorsement Required) 2.20Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 2.92

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

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:

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 2699

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[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



U.S. Postal Service™

CERTIFIED MAIL™

(Domestic Mail Only; No Insurance)

For delivery information, visit our web site

Postage \$ 2.02

Certified Fee 2.70

Return Receipt Fee
(Endorsement Required) 2.20Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 6.92

Christine V. Merchant
c/o David J. Sorenson
P.O. Box 1453
Roswell, NM 88202-1

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:

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

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 2705

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

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 0100 0005 0627 2712

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark
Here

Claudia Lundell Gilmer
 101 Oak Meadow
 Georgetown, TX 78628

for Instructions

7006 0100 0005 0627 2637

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark
Here

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

for Instructions

Returned

7006 0100 0005 0627 2743

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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:

Avelinda Mascarenas
 5 CR 6067 NBU 1005
 Farmington, NM 87401

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent ☐ Addressee
Avelinda Mascarenas

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 0100 0005 0627 2743

Avelinda Mascarenas
 5 CR 6067 NBU 1005
 Farmington, NM 87401

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

For delivery information visit our website

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

New Mexico State Land C
 PO Box 1148
 Santa Fe, NM 87504-114

SENDER: COM

- 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 Land Office
 PO Box 1148
 Santa Fe, NM 87504-1148

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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 4044

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

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

For delivery information visit our website

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

Discovery I – Robert Leisen GP
 12 W Ranch Trail
 Morrison, CO 80465-9523

- 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:

Discovery I – Robert Leisen GP
 12 W Ranch Trail
 Morrison, CO 80465-9523

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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 2750

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

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

For delivery information visit our website

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

- 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

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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 2767

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

7006 0100 0005 0627 3962

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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)

7006 0100 0005 0627 3962

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

Postmark
Here

For instructions

Returned

7006 0100 0005 0627 2798

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Faye Lopez Romero
 550 W Pabor Way
 Fruita, CO 81521-202

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 0100 0005 0627 2798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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
☐ 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 0100 0005 0627 2804

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Fred E. Turner
 4925 Greenville Ave # 8
 Dallas, TX 75206

- SENDER'S 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:
 Fred E. Turner
 4925 Greenville Ave # 852
 Dallas, TX 75206

ADDRESSEE'S SECTION ON DELIVERY

A. Signature
 X *Sherry Gidd* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 2/24

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 0100 0005 0627 2804

PS Form 3811, February 2004

Domestic Return Receipt

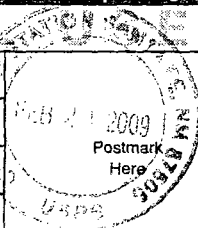
102595-02-M-1540

Returned

7006 0100 0005 0627 2811

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92



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

Instructions

7006 0100 0005 0627 2729

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Consuela Mascarenas Gooch
 1001 Tucker
 Farmington, NM 87401

- SENDER'S 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

ADDRESSEE'S SECTION ON DELIVERY

A. Signature
 X *Connie Gooch* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 Consuela Gooch 2-25-09

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 0100 0005 0627 2729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2736

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Cyrene L. Inman
 Bank of America NA Agent
 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

(Transfer from service label)

7006 0100 0005 0627 2736

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Daniel D. Lopez
 1608 Oakway Drive
 Baltimore, MD 21222

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 2835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2835

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Daniel D. Lopez
 1608 Oakway Drive
 Baltimore, MD 21222

7006 0100 0005 0627 2842

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

For delivery information visit our website at www.usps.com

Postage \$2.02
 Certified Fee \$2.70
 Return Receipt Fee (Endorsement Required) \$2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$6.92

Postmark Here

Debbie Moran
 3819 Latma Drive
 Houston, TX 77025-4120

for instructions

Returned

7006 0100 0005 0627 2859

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

For delivery information visit our website at www.usps.com

Postage \$2.02
 Certified Fee \$2.70
 Return Receipt Fee (Endorsement Required) \$2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$6.92

Se Douglas Cameron Mcleod
 518 17th Street, Suite 1
 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
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
ASPRONEKI ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 2-26-04

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

7006 0100 0005 0627 2866

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Elizabeth Jeanne Turner
 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

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X Robert Walling

☐ Agent☐ Addressee

B. Received by (Printed Name)

Robert Walling

C. Date of Delivery

2/27/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2866

7006 0100 0005 0627 2873

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

or 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:

 Florence Vallejos
 PO Box 702
 Ignacio, CO 8113

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7006 0100 0005 0627 2880

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Florence Vallejos
 PO Box 702
 Ignacio, CO 8113

A. Signature

X Elsie Enríquez

☐ Agent☐ Addressee

B. Received by (Printed Name)

Elsie Enríquez

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 2880

7006 0100 0005 0627 2897

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

For delivery information visit our website

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

Fred E. Turner LLC
 One Energy Square, Ste 8
 4925 Greenville Ave.
 Dallas, TX 75206-4079

SENDER

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the 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 0100 0005 0627 2897

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 X Sherry Gibbs ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 2/26
 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 0100 0005 0627 2903

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

For delivery information visit our website

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
 X RLP ☒ 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 0100 0005 0627 2828

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

For delivery information visit our website

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 X Cheryl Good ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 2/25/09
 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 0100 0005 0627 2828

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2927

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

SENDER'S COPY

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

A. Signature ☒ Agent ☐ Addressee
 X *J Glenn Turner Jr*
 B. Received by (Printed Name) *J Glenn Turner Jr* C. Date of Delivery *2/20/04*
 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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 2927

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

James Lopez
 2837 Pinnacle
 Colorado Springs, CO 80910

SENDER'S COPY

- 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 Lopez
 2837 Pinnacle
 Colorado Springs, CO 80910

A. Signature ☐ Agent ☐ Addressee
 X *James Lopez*
 B. Received by (Printed Name) *James Lopez* C. Date of Delivery *2/20/04*
 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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 2934

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)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

SENDER'S COPY

- 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

A. Signature ☐ Agent ☐ Addressee
 X *Bonnie Tiras*
 B. Received by (Printed Name) *Bonnie Tiras* C. Date of Delivery *2-20-04*
 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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 2941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 2934

7006 0100 0005 0627 2941

7006 0100 0005 0627 2958

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

John L Turner
 PMB 285
 317 S Sidney Baker Ste 40
 Kerrville, TX 78028

- 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

(Transfer from service label)

7006 0100 0005 0627 2958

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

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

- 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

(Transfer from service label)

7006 0100 0005 0627 2965

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

Jose L Candelaria
 PO Box 1754
 Arboles, CO 81121

- 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

(Transfer from service label)

7006 0100 0005 0627 2972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Bill Bull

C. Date of Delivery

2/27/09

 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

Beverly Selland

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Beverly Selland

C. Date of Delivery

3/2/09

 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

CERTIFIED MAIL™ REC
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Nelsa Hope

C. Date of Delivery

3-3-09

 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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.92

Postmark
Here

Julian Lopez
 130 Mulberry
 Fruita, CO 81521

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.92

SEN

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

THIS SECTION ON DELIVERY

A. Signature

X *Carolyn Barber* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

K. BARBER

C. Date of Delivery

2-26

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.92

Postmark
Here

HF Axtell & Freda Axtell
 101 Rio Vista Circle
 Durango CO 81301-4379

for instructions

Returned

Domestic Return Receipt

595-02-M-1540

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

For delivery information visit our web site

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

- 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 0100 0005 0627 3856

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 web site

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

Jerry J Andrew
 408 Longwoods Ln
 Houston, TX 77024

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

- 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.

Jerry J Andrew
 408 Longwoods Ln
 Houston, TX 77024

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3023

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 web site

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

- 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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3030

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 web site

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

- 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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3030

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent
☐ Addressee

C. Date of Delivery

☐ 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

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent
☐ Addressee

C. Date of Delivery

☐ 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

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent
☐ Addressee

C. Date of Delivery

☐ 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 0100 0005 0627 3047

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

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

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3047

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tracy Thompson ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Tracy Thompson

C. Date of Delivery

2/25/09
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: 5-TH-09

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™
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

JTV Ptrshp
 Tracy C Thompson Man
 PO Box 1713
 Roswell, NM 8820

- 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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3054

B. Received by (Printed Name)

Tracy Thompson

C. Date of Delivery

2/25/09
 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 0100 0005 0627 3054

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

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

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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3061

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B. Welsh ☐ Agent ☐ Addressee

B. Received by (Printed Name)

B. Welsh

C. Date of Delivery

3-6-09
 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 0100 0005 0627 3061

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3076

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

Postmark Here

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

PS Form 3800, October 2002 Instructions

7006 0100 0005 0627 3085

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

Postmark Here

To: Linda Lundell Lindsey
 PO Box 631565
 Nacogdoches, TX 75963

PS Form 3800, October 2002 Instructions

7006 0100 0005 0627 3009

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

Postmark Here

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

PS Form 3800, October 2002 Instructions

Returned

7006 0100 0005 0627 3108

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	6.92

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

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Manuel Lopez ☐ Agent
☐ Addressee

B. Received by (Printed Name)

MANUEL LOPEZ C. Date of Delivery 2-27-09

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 0100 0005 0627 3108

PS Form 3800, June 2002

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Postmark
 Here

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

PS

Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3115

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B. Welsh ☐ Agent
☐ Addressee

B. Received by (Printed Name)

B. Welsh C. Date of Delivery 3-6-09

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 0100 0005 0627 3122

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3122

7006 0100 0005 0627 3139

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total Postage & Fees \$ 6.92
 Nancy P Tonkin Rev Tr
 Nancy Tonkin Cutter &
 Allen M Tonkin Jr
 1524 Park Ave SW
 Albuquerque, NM 87104

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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3139

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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3146

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

(Transfer from service label)

7006 0100 0005 0627 3153

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy P Tonkin* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Tonkin Cutter

C. Date of Delivery

2/25/09

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

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 *Osprey Resources Inc.* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Osprey Resources Inc.

C. Date of Delivery

2/25/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Paul Jay Lewis* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Paul Jay Lewis

C. Date of Delivery

2/27/09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3146

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

Total
 Sen
 Sire or F
 City
 Osprey Resources Inc
 PO Box 56449
 Houston, TX 77256-

PS Form 3800, June 2002

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

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

PS Form 3800, June 2002

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

(Transfer from service label)

7006 0100 0005 0627 3153

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3160

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Pedro F Lopez
784 Arboles-Lopez Rd
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:

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

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Pedro F Lopez ☐ Agent ☐ Addressee

B. Received by (Printed Name)

PEDRO F. LOPEZ

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 0100 0005 0627 3160

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

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

D. Wright ☐ Agent ☐ Addressee

B. Received by (Printed Name)

FEB 26 2004

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 0100 0005 0627 3177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

or Instructions

7006 0100 0005 0627 3177

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

Postage	\$ 2.02
Certified Fee	3.17
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

or Instructions

7006 0100 0005 0627 3184

7006 0100 0005 0627 3092

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

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

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:

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

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 3092

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) *AN. TA DAVENPORT* 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 0100 0005 0627 3870

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

Mary Frances Turner, Jr Trust
 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 0100 0005 0627 3870

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) *WAME DANKIN* C. Date of Delivery *FEB 27 2009*
 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 0100 0005 0627 3207

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

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

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
 (Transfer from service label)

7006 0100 0005 0627 3207

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) *B. JAMES* C. Date of Delivery *2-26-09*
 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 0100 0005 0627 3214

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Susan Montoya	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Susan Montoya	C. Date of Delivery 2/25/09
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"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7006 0100 0005 0627 3214

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Patricia F Wise
 PO Box 157
 Patton, CA 92369-0

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 F Wise
 PO Box 157
 Patton, CA 92369-0157

COMPLETE THIS SECTION ON DELIVERY

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

Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3221

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3238

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Paul Lopez
 2828 B 4/10 Rd
 Grand Junction, CO 8150

SENDER

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

1. Article Addressed to:

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

A. Signature X Paul Lopez	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Paul Lopez	C. Date of Delivery FEB 26 2009
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"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3238

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

To: Peggy Mascarenas McWilliams
 PO Box 427
 Flora Vista, NM 87415

SENDER:

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

1. Article Addressed to:

Peggy Mascarenas McWilliams
 PO Box 427
 Flora Vista, NM 87415

A. Signature

[Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Daved McWilliams

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 0100 0005 0627 3245

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

To: PJC LP
 1409 S Sunset
 Roswell, NM 88201

SENDER:

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

1. Article Addressed to:

PJC LP
 1409 S Sunset
 Roswell, NM 88201

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

PJ Cooper

C. Date of Delivery

2-27-09

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 0100 0005 0627 3252

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

To: Ramseyer Community Tr
 Nancy Lanier Kobel Trust
 2415 S Hillcrest
 Camp Verde, AZ 86322

SENDER:

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

1. Article Addressed to:

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

A. Signature

[Signature]

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Nancy Kobel

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 0100 0005 0627 3269

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark
Here

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

For Instructions

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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
 (Transfer from service label)

7006 0100 0005 0627 3283

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-27-09

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

Naomi Lincoln

Naomi Lincoln

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Robert W Isham Est
 Eleanor Joy & R W Isham III Per
 PO Box 290
 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
 (Transfer from service label)

7006 0100 0005 0627 3290

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ACTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-2-09

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

Robert W Isham Est

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0100 0005 0627 3306

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Robert Walter Lundell
 2450 Fondren # 304
 Houston, TX 77063

SENDER: C

- 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 Walter Lundell
 2450 Fondren # 304
 Houston, TX 77063

A. Signature

x *Walt Lundell*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Walt Lundell

C. Date of Delivery

3-3-07

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3306

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)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

- 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:

ROGE630 757072015 1209 19 02/27/09
 NOTIFY SENDER OF NEW ADDRESS
 : ROGERS-GIBBARD TRUST
 PO BOX 624
 SULPHUR OK 73086-0624

A. Signature

x *Susan Rogers*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Susan B. Rogers

C. Date of Delivery

3-3-09

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3313

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)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Rose Mascarenas Carter
 PO Box 323
 Flora Vista, NM 87415

- 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 Mascarenas Carter
 PO Box 323
 Flora Vista, NM 87415

A. Signature

x *Rose Mascarenas Carter*
☒ Agent
☐ Addressee

B. Received by (Printed Name)

Rose Mascarenas Carter

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 0100 0005 0627 3320

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

7006 0100 0005 0627 3337

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.92

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) 7006 0100 0005 0627 3337

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 ☒ Cheryl Sommer ☐ Agent ☐ Addressee
B. Received by (Printed Name) Cheryl Sommer
C. Date of Delivery 2-27
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

7006 0100 0005 0627 3344

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.92

Stricker Petroleum Corp
Dover, DE 19901

Postmark Here

for Instructions

Returned

7006 0100 0005 0627 3351

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.92

Tab Riley Smith
PO Box 2267
Bellaire, TX 77402

Postmark Here

for Instructions

7006 0100 0005 0627 3450

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Postmark
Here *

Tina M Carpenter
 5211 Autumn Way
 Mchenry, IL 60050

For Instructions

Returned

7006 0100 0005 0627 3368

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Richard L Lopez
 1400 N 24th St
 Grand Junction, CO 81501-5

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:

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

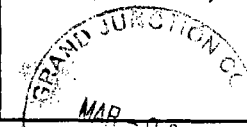
2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Richard Lopez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Richard Lopez 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 0100 0005 0627 3368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

- 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 Beamon III
 2603 Augusta Ste 1050
 Houston, TX 77057

2. Article Number
(Transfer from service label)

A. Signature
 X *M. Weber* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
M. Weber C. Date of Delivery
 3/2/09

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 0100 0005 0627 3375

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

7006 0100 0005 0627 3375

7006 0100 0005 0627 3382

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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 0100 0005 0627 3382

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
2-27-09

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 0100 0005 0627 3399

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Roger B Nielsen
1200 Danbury Dr
Mansfield, TX 76063

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 0100 0005 0627 3399

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Karin Nielsen* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
2/27/09

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 0100 0005 0627 3405

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Rose M Lopez Atencio
222 S Peach
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:
Rose M Lopez Atencio
222 S Peach
Fruita, CO 81521

2. Article Number
(Transfer from service label)

7006 0100 0005 0627 3405

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rose Atencio* ☐ Agent ☒ Addressee

B. Received by (Printed Name)
Rose Atencio

C. Date of Delivery
2/26/09

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 0100 0005 0627 3412

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 6.92

Sidney Moran
 18 Hudson Cir
 Houston, TX 77024-7254

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X K.A. F. elu Bille ☐ Agent ☐ Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery 2/28/09
 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 0100 0005 0627 3412

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0627 3429

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 6.92

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

- 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

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

2. Article Number (Transfer from service label) 7006 0100 0005 0627 3429

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0627 3436

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 6.92

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

Postmark Here

(for Instructions)

Returned

7006 0100 0005 0627 3443

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92
Tim L Dale C/O T Patrick Nacol 434 St Andrews Dr Belleair, FL 34616-1924	
Postmark Here	
for Instructions	

Returned

7006 0100 0005 0627 3542

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92
Tommy Mascarenas PO Box 616 Jamul, CA 91935-0616	

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 ☐ Agent
X Tommy Mascarenas Addressee

B. Received by (Printed Name) *Tom Mascarenas* C. Date of Delivery *3-7-09*

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 0100 0005 0627 3542

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3467

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92
Tony S Lopez PO Box 371154 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X Tony S Lopez Addressee

B. Received by (Printed Name) *Tony S Lopez* C. Date of Delivery *3/2*

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 0100 0005 0627 3467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3474

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Va Johnston Fam Tr
 Da Prewitt & Ma Chesser Co Trustees
 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>David H. Prewitt</i>	<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>David H. Prewitt</i>	C. Date of Delivery <i>3-4-09</i>
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"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3474

7006 0100 0005 0627 4051

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

For delivery information visit our web

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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:

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

A. Signature <i>Walter R. Gould</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>WALTER R. GOULD</i>	C. Date of Delivery <i>MAR - 2</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 4051

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3498

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

For delivery information visit our website at w

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 William Poleson
 620 Penrose Blvd
 Colorado Springs, CO 80906

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 Poleson
 620 Penrose Blvd
 Colorado Springs, CO 80906

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>William Poleson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery <i>2/26/09</i>
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"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3498

PS Form 3811, February 2004

Domestic Return Receipt

95-02-M-1540

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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:

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

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature M. Muller ☐ Agent ☐ Addressee
- B. Received by (Printed Name) M. Muller
- C. Date of Delivery 10/31/03
- 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 0100 0005 0627 3504

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)

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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:

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

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature M. Donato ☐ Agent ☐ Addressee
- B. Received by (Printed Name) M. Donato
- C. Date of Delivery 2-26-04
- 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™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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:

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)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Henry Gumz ☐ Agent ☐ Addressee
- B. Received by (Printed Name) HENRY GUMZ
- C. Date of Delivery 03-02-04
- 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 0100 0005 0627 3528

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3535

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3535

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Nigh* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

R. Nigh *2/26*

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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert Mascarenas* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Robert Mascarenas

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 0100 0005 0627 3634

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Robert Mascarenas
 Rd 3581 #13
 Flora Vista, NM 87415-9

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3559

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Trini Lopez Montoya
 5691 W 35th Ave Apt 1-A
 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)

7006 0100 0005 0627 3559

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Trini Lopez Montoya* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Trini Lopez Montoya *2/26/09*

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 0100 0005 0627 3566

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Viola Mascarenas Lucero
 PO Box 841
 Bloomfield, NM 87413

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)

7006 0100 0005 0627 3566

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Viola Mascarenas Lucero* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Viola Mascarenas Lucero C. Date of Delivery *2/25/09*

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 0100 0005 0627 3573

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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

Article Number

(Transfer from service label)

7006 0100 0005 0627 3573

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cheryl Good* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Cheryl Good C. Date of Delivery *2/25/09*

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 0100 0005 0627 3580

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3580

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *WWR Enterprises Inc* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

WWR Enterprises Inc C. Date of Delivery *2/25/09*

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-1549

7006 0100 0005 0627 3597

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

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Kleimor Energy LLC
 8451 E Oregon Pl
 Denver, CO 80231

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:

Kleimor Energy LLC
 8451 E Oregon Pl
 Denver, CO 80231

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jay Kleimor* ☐ 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 0100 0005 0627 3597

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)

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Swaffee* ☐ 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™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Claude I Hobson Rev Liv Tr
 Claude I Hobson Trustee
 1608 Washington Street
 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Claude I Hobson* ☐ 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 0100 0005 0627 3610

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3603

7006 0100 0005 0627 3610

7006 0100 0005 0627 3627

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

See Instructions

7006 0100 0005 0627 3733

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

See Reverse for Instructions

Returned

7006 0100 0005 0627 3641

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

 Robert E. Oade
 9665 Southern Belle
 Brookville, FL 34613

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert E. Oade*☐ 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 0100 0005 0627 3641

7006 0100 0005 0627 3658

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

For delivery information visit our website

 Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

 Victoria Webb
 806 Cordova
 Dallas, TX 75223
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:

 Victoria Webb
 806 Cordova
 Dallas, TX 75223

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3658

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

CLAY PENDING

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 0100 0005 0627 3663

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

For delivery information visit our website

 Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

7006 0100 0005 0627 3663

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

RECEIVED

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

MAIL CENTER

7006 0100 0005 0627 3672

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

For delivery information visit our website

 Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

- 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)

7006 0100 0005 0627 3672

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

E. Twinn J. Axtell

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

for Instructions

7006 0100 0005 0627 3689

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Eleside Enriquez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Eleside Enriquez

C. Date of Delivery
3/10/09

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 0100 0005 0627 3689

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3696

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lee A. Lopez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Lee A. Lopez

C. Date of Delivery
3/10/09

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 0100 0005 0627 3696

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3702

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

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

George Umbach
 PO Box 1588
 Tulsa, OK 74101

Postmark
 Here

for Instructions

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

Postmark
Here

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

for instructions

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Cheryl Good* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Cheryl Good* C. Date of Delivery *2/25/09*
 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 0100 0005 0627 3726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Cheryl Good* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Cheryl Good* C. Date of Delivery *2/25/09*
 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 0100 0005 0627 3771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

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

7006 0100 0005 0627 3740

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

For delivery information visit our website

Postage \$ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.92

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

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 0100 0005 0627 3740

7006 0100 0005 0627 3757

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

For delivery information visit our website

Postage \$ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.92

Schultz Management, Ltd.
500 N. Akard, Suite 294
Dallas, TX 75201

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- 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

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 0100 0005 0627 3757

7006 0100 0005 0627 3825

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

For delivery information visit our website

Postage \$ 2.02
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.92

Henrietta E. Schultz, Trustee
500 North Akard, Suite 2940
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

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 0100 0005 0627 3825

2. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3788

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Grayfore Partners LP
 PO Box 98670
 Lubbock, TX 79499-867
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:

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3788

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Delbert Coape*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Delbert Coape

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 0100 0005 0627 3795

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 VA Johnston Ltd
 PO Box 825
 Ralls, TX 79357
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 Ltd
 PO Box 825
 Ralls, TX 79357

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3795

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David A. Prewitt*
☒ Agent
☒ Addressee

B. Received by (Printed Name)

David A. Prewitt

C. Date of Delivery

3-4-09

 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-154

7006 0100 0005 0627 2774

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 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)

7006 0100 0005 0627 2774

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.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3801

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3811

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Tim Kios

C. Date of Delivery

FEB 27 2009

- 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

ONE SERVICE ONLY

7006 0100 0005 0627 3818

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Schultz Management, Ltd.
 500 N. Akard, Suite 2940
 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

7006 0100 0005 0627 3818

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

B. Kellerson

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 0100 0005 0627 3832

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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 0100 0005 0627 3832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Robert Wilburn

C. Date of Delivery

2/27/09

- 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 0100 0005 0627 3849

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 Fred E. Turner, LLC
 4925 Greenville Ave.,
 Dallas, TX 75206-407
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

 2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 3849

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature
 X *Sherry Gibbs* ☐ 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 0100 0005 0627 3016

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

 J Glenn Turner Jr LLC
 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

COMPLETE THIS SECTION ON DELIVERY
 A. Signature
 X *Glenn 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

U.S. Postal Service™
CERTIFIED MAIL™
 (Domestic Mail Only; No Insurance)
For delivery information visit our website at www.usps.com

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

 2. Article Number
 (Transfer from serv

7006 0100 0005 0627 3655

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY
 A. Signature
 X *Edwin S. Ryan* ☐ 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 0100 0005 0627 3191

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

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

PS Form 3800, June 2002

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3191

COMPLETE THIS SECTION ON DELIVERY

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

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 0100 0005 0627 3887

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

Mr. John Turner
 Pmb 285
 317 Sidney Baker South #40
 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 #40
 Kerrville, TX 78028

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3887

COMPLETE THIS SECTION ON DELIVERY

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

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

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3894

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 6.92

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

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)

7006 0100 0005 0627 3894

COMPLETE THIS SECTION ON DELIVERY

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

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

7006 0100 0005 0627 4013

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Forest Oil Corporation
 Attn: Ken McPhee
 707 17th Street
 Denver, CO 80202

SENDER: CONF

CERTIFIED MAIL™

ON DELIVERY

- 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 17th Street
 Denver, CO 80202

X J MANISCALFO ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/2/19

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 0100 0005 0627 4013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3917

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Ms. Victoria Webb
 806 Cordova
 Dallas, TX 75223

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. Victoria Webb
 806 Cordova
 Dallas, TX 75223

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3917

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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

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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3764

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0627 3764

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

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

7006 0100 0005 0627 3924

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

Postmark
 Here

Sacramento Municipal Utilities District
 Attn: Thomas Ingwers
 P.O. Box 15830
 Denver, CO 80217-5810

See Reverse for Instructions

Returned

7006 0100 0005 0627 4006

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

For delivery information visit our website at www.usps.com

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

SENDER: C

- 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 87499-4289

2. Article Number
 (Transfer from service label)

7006 0100 0005 0627 4006

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

Postage \$ 2.02
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 6.92

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

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

7006 0100 0005 0627 3948

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

A. Signature

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

B. Received by

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 0100 0005 0627 3955

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

For delivery information visit our website

Postage	\$ 2.02
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

New Mexico State Royalty
 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

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 3955

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susan Montoya*☒ Agent☐ Addressee

B. Received by (Printed Name)

Susan Montoya

C. Date of Delivery

2/25/01

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
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Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.92

Sent
 Street or P.O.
 City,
 Bureau of Land Management
 Farmington Field Office
 1235 La Plata Highway S
 Farmington, NM 87041

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:

Bureau of Land Management
 Farmington Field Office
 1235 La Plata Highway Suite A
 Farmington, NM 87041

2. Article Number

(Transfer from service label)

7006 0100 0005 0627 4037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

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 0100 0005 0627 4037