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Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

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BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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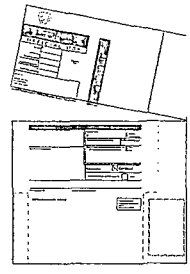
7110 6605 9590 0011 9310

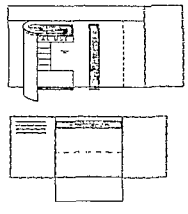
BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

Batch #: 2183
Article #: 71106605959000119310
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9310

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

1. Article Addressed to:

BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9310

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Phillip Lawson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Phillip Lawson | C. Date of Delivery 9-2-10

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

1. Article Addressed to:

BALLARD E SPENCER TRUST INC
PO BOX AA
ARTESIA, NM 88211-7526

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119310
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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City, State, Zip+4

BARBARA A BRYANT 2003 GRANTOR TRUST
143 POP CASTLE ROAD
WHITE STONE, VA 22578
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0011 9327

BARBARA A BRYANT 2003 GRANTOR TRUST
143 POP CASTLE ROAD
WHITE STONE, VA 22578

Batch #: 2183
Article #: 71106605959000119327
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9327

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

1. Article Addressed to:

BARBARA A BRYANT 2003 GRANTOR TRUST
143 POP CASTLE ROAD
WHITE STONE, VA 22578

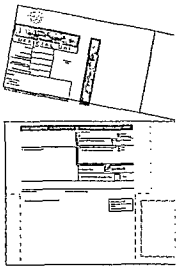
3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

1 SEPARATE AT PERFORATION



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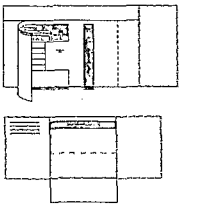

2. Article Number

7110 6605 9590 0011 9327

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara A Bryant ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-8-10

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

1. Article Addressed to:

BARBARA A BRYANT 2003 GRANTOR TRUST
143 POP CASTLE ROAD
WHITE STONE, VA 22578

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

3 LIFT HERE

Batch #: 2183
Article #: 71106605959000119327
Date/Time: 8/31/2010 9:48:16 AM
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Internal File #:
Internal Code #:

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7110 6605 9590 0011 9341

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

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City, State, Zip+4

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0011 9341

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582

Batch #: 2183
Article #: 71106605959000119341
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0011 9341

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

1. Article Addressed to:

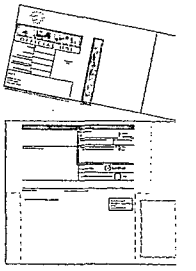
BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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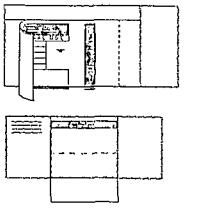

2. Article Number

7110 6605 9590 0011 9341

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara J Evans ☐ Agent ☐ Addressee

B. Received by (Printed Name) Barbara Evans | C. Date of Delivery 9-07-2010

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

1. Article Addressed to:

BARBARA EVANS
PO BOX 582
PALACIOS, TX 77465-0582

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119341
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9334

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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BARBARA ANN HAMILTON
6602 GRIST MILL ST
SAN ANTONIO, TX 78238
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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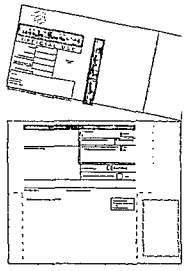
7110 6605 9590 0011 9334

BARBARA ANN HAMILTON
6602 GRIST MILL ST
SAN ANTONIO, TX 78238

Batch #: 2183
Article #: 71106605959000119334
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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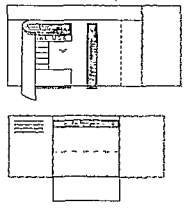

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9334

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

1. Article Addressed to:

BARBARA ANN HAMILTON
6602 GRIST MILL ST
SAN ANTONIO, TX 78238

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9334

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 9/4/10

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

1. Article Addressed to:

BARBARA ANN HAMILTON
6602 GRIST MILL ST
SAN ANTONIO, TX 78238

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119334
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9358

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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City, State, Zip+4

BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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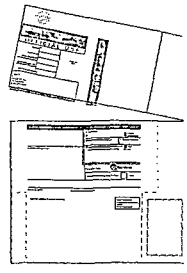
7110 6605 9590 0011 9358

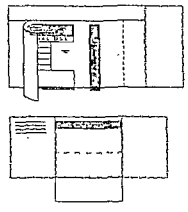
BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301

Batch #: 2183
Article #: 71106605959000119358
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9358

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

1. Article Addressed to:

BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9358

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara J Conn ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9/4/10

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

1. Article Addressed to:

BARBARA J CONN
135 RIVERVIEW DRIVE
DENVER, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2183
Article #: 71106605959000119358
Date/Time: 8/31/2010 9:48:16 AM
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File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9365

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
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7110 6605 9590 0011 9365

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

Batch #: 2183
Article #: 71106605959000119365
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0011 9365

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

1. Article Addressed to:

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

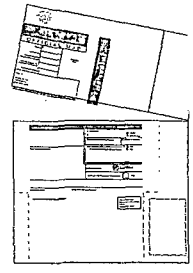
3. Service Type ☒ Certified

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

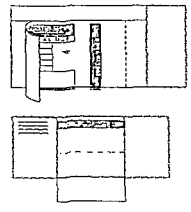
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number
7110 6605 9590 0011 9365

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna Mae Wall ☐ 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

1. Article Addressed to:

BARBARA JOHNSON
10240 BOYLES RD
GENTRY, AR 72734

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

GENTRY AR
SEP 07 2010
72734

Batch #: 2183
Article #: 71106605959000119365
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9389

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106
9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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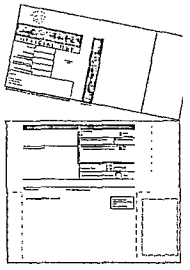
7110 6605 9590 0011 9389

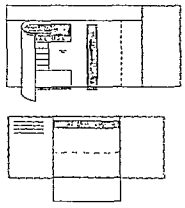
BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106

Batch #: 2183
Article #: 71106605959000119389
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0011 9389

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

1. Article Addressed to:

BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9389

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Brown ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) S. Brown | C. Date of Delivery 9/2/10

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

1. Article Addressed to:

BARBARA N KOONS TRUST
1514 LAS LOMAS NE
ALBUQUERQUE, NM 87106

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

Batch #: 2183
Article #: 71106605959000119389
Date/Time: 8/31/2010 9:48:16 AM
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File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9372

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BARBARA LEIGH FARAH
Street, Apt. No.; or PO Box No.
PO BOX 420837
City, State, Zip+4
HOUSTON, TX 77242-0837
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0011 9372

BARBARA LEIGH FARAH
PO BOX 420837
HOUSTON, TX 77242-0837

Batch #: 2183
Article #: 71106605959000119372
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-6, Rev. 01/07

2. Article Number

7110 6605 9590 0011 9372

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

1. Article Addressed to:

BARBARA LEIGH FARAH
PO BOX 420837
HOUSTON, TX 77242-0837

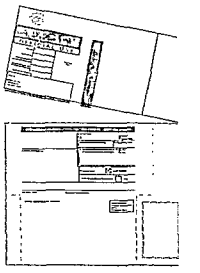
3. Service Type ☒ Certified

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

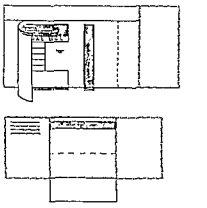
Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9372

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X F Faul ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) F, F FARAH | C. Date of Delivery 9-8-10

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

1. Article Addressed to:

BARBARA LEIGH FARAH
PO BOX 420837
HOUSTON, TX 77242-0837

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

Batch #: 2183
Article #: 71106605959000119372
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9396

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BARBARA REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469
9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9396

BARBARA REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469

Batch #: 2183
Article #: 71106605959000119396
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0011 9396

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

1. Article Addressed to:

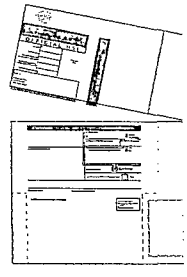
BARBARA REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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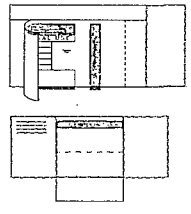

2. Article Number

7110 6605 9590 0011 9396

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Reese Dinges ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) BARBARA REESE DINGES | C. Date of Delivery 9-9-10

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

SEP - 9 2010

1. Article Addressed to:

BARBARA REESE DINGES
508 IRONWOOD FOREST DR
RICHMOND, TX 77469

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119396
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0011 9419

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To: BARRON U KIDD
Street, Apt. No.; or PO Box No.: TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
City, State, Zip+4: DALLAS, TX 75219-4508
9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7110 6605 9590 0011 9419

BARRON U KIDD
TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
DALLAS, TX 75219-4508

Batch #: 2183
Article #: 71106605959000119419
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9419

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

1. Article Addressed to:

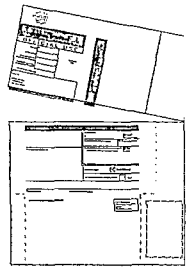
BARRON U KIDD
TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
DALLAS, TX 75219-4508

3. Service Type ☒ Certified

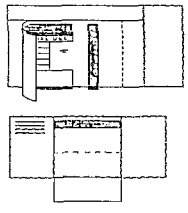
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9419

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lori D. Tox ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery
3 Sep. 10

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

1. Article Addressed to:

BARRON U KIDD
TWO TURTLE CREEK VILLAGE
3838 OAK LAWN SUITE 725
DALLAS, TX 75219-4508

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119419
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9402

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BARD FAMILY TRUST U/A/D 7/25/49
135 S LASALLE ST STE 2320
CHICAGO, IL 60603-4108
91110

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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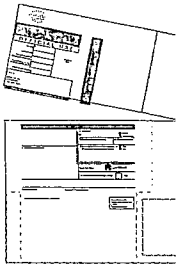
7110 6605 9590 0011 9402

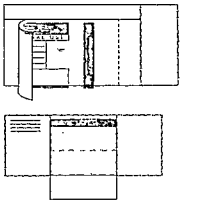
BARD FAMILY TRUST U/A/D 7/25/49
135 S LASALLE ST STE 2320
CHICAGO, IL 60603-4108

Batch #: 2183
Article #: 71106605959000119402
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0011 9402

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

1. Article Addressed to:

BARD FAMILY TRUST U/A/D 7/25/49
135 S LASALLE ST STE 2320
CHICAGO, IL 60603-4108

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

P

2. Article Number

7110 6605 9590 0011 9402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E. FERNANDEZ ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 91310

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

1. Article Addressed to:

BARD FAMILY TRUST U/A/D 7/25/49
135 S LASALLE ST STE 2320
CHICAGO, IL 60603-4108

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119402
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3248

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: BB ROYALTY
C/O CHARLES W BROWN
Street, Apt. No.; or PO Box No.: PO BOX 587
City, State, Zip+4: MARLOW, OK 73055

PS Form 3800, August 2006 — See Reverse for Instructions

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

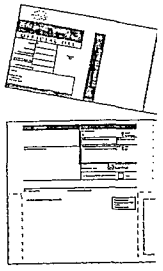
CERTIFIED MAIL™

7110 6605 9590 0013 3248

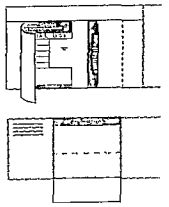
BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

Batch #: 2272
Article #: 71106605959000133248
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3248

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

1. Article Addressed to:

BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

3. Service Type ☒ Certified

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

PS Form 3811

2. Article Number

Signature & Date: 9-20-10
Received by & Date: CARMEN TIDWELL
7110 6605 9590 0013 3248

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ ~~Agent~~ ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery
Lynne Bates | 9/17/10

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

1. Article Addressed to:

BB ROYALTY
C/O CHARLES W BROWN
PO BOX 587
MARLOW, OK 73055

3. Service Type ☒ Certified

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

Batch #: 2272
Article #: 71106605959000133248
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0011 9303

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
B WYNNE WOOLLEY JR TR UWO L P WOOL
Street, Apt. No.; or PO Box No.
PO BOX 3847
City, State, ZIP+4
SUNRIVER, OR 97707
9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

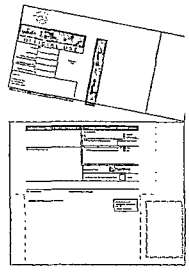
CERTIFIED MAIL™

7110 6605 9590 0011 9303

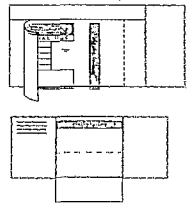
B WYNNE WOOLLEY JR TR UWO L P WOOLL
PO BOX 3847
SUNRIVER, OR 97707

Batch #: 2183
Article #: 71106605959000119303
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9303

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

1. Article Addressed to:

B WYNNE WOOLLEY JR TR UWO L P WOOLL
PO BOX 3847
SUNRIVER, OR 97707

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary J Woolley ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) MARY J WOOLLEY | C. Date of Delivery 9/9/10

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

1. Article Addressed to:

B WYNNE WOOLLEY JR TR UWO L P WOOLL
PO BOX 3847
SUNRIVER, OR 97707

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119303
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0011 9426

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To: BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
Street, Apt. No.; or PO Box No.: 6401 JEFFERSON NE
City, State, Zip+4: ALBUQUERQUE, NM 87109
9-1-10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

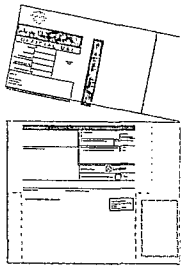
CERTIFIED MAIL

7110 6605 9590 0011 9426

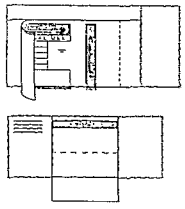
BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Batch #: 2183
Article #: 71106605959000119426
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9426

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

1. Article Addressed to:

BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9426

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Celina DeAguero ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Celina DeAguero | C. Date of Delivery 9-2-10

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

1. Article Addressed to:

BEATRICE G RODRIQUEZ FAMILY LLC
C/O REDW STANLEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119426
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9433

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BEERS FAMILY TR DTD AUGUST 21 2008
Street, Apt. No.; or PO Box No.
20579 MISSIONARY RIDGE
City, State, Zip+4
WALNUT, CA 91789-3529
9-1-10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9433

BEERS FAMILY TR DTD AUGUST 21 2008
20579 MISSIONARY RIDGE
WALNUT, CA 91789-3529

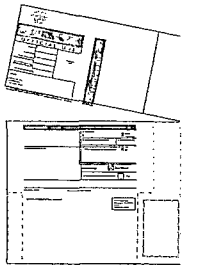
Batch #: 2183
Article #: 71106605959000119433
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

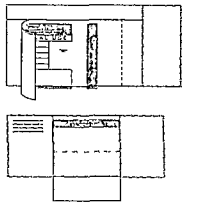
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9433	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) / C. Date of Delivery
BEERS FAMILY TR DTD AUGUST 21 2008 20579 MISSIONARY RIDGE WALNUT, CA 91789-3529	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9433	A. Signature X JN Beers ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) JN Beers / C. Date of Delivery 9-3-10
BEERS FAMILY TR DTD AUGUST 21 2008 20579 MISSIONARY RIDGE WALNUT, CA 91789-3529	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119433
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 — Domestic Return Receipt

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7110 6605 9590 0011 9457

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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

BEN R HOWARD
11490 AUDELIA RD APT 215
DALLAS, TX 75243-9014
9-1-10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7110 6605 9590 0011 9457

BEN R HOWARD
11490 AUDELIA RD APT 215
DALLAS, TX 75243-9014

Batch #: 2183
Article #: 71106605959000119457
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-3800 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9457

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

1. Article Addressed to:

BEN R HOWARD
11490 AUDELIA RD APT 215
DALLAS, TX 75243-9014

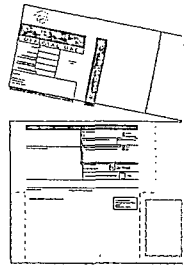
3. Service Type ☒ Certified

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

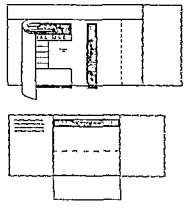
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9457

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nazario Alcorta ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Nazario Alcorta | C. Date of Delivery

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

1. Article Addressed to:

BEN R HOWARD
11490 AUDELIA RD APT 215
DALLAS, TX 75243-9014

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 9 2010

Batch #: 2183
Article #: 71106605959000119457
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0011 9440

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902
9-1-10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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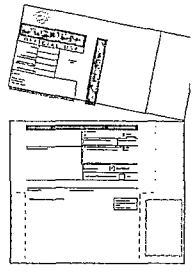
7110 6605 9590 0011 9440

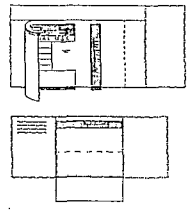
BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902

Batch #: 2183
Article #: 71106605959000119440
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9440

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

1. Article Addressed to:

BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9440

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gloria Scott ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) GLORIA SCOTT | C. Date of Delivery 9-03-10

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

1. Article Addressed to:

BEN HOWELL LANGFORD
C/O EDI FINANCIAL INC
814 E WYOMING AVE
EL PASO, TX 79902

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119440
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To

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

City, State, Zip+4

BEN R HOWELL TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

9-1-10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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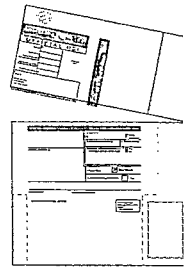
7110 6605 9590 0011 9464

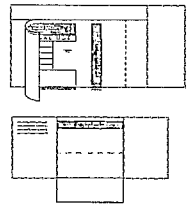
BEN R HOWELL TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2183
Article #: 71106605959000119464
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0011 9464

1. Article Addressed to:

BEN R HOWELL TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

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

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

Code: Allocation Project - D.Howell

PS Form 3811 [illegible]

2. Article Number

7110 6605 9590 0011 9464

1. Article Addressed to:

BEN R HOWELL TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

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

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119464
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9471

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214
9110

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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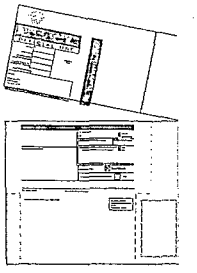
BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214

Batch #: 2183
Article #: 71106605959000119471
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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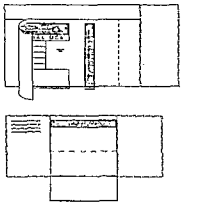

Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0011 9471

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

1. Article Addressed to:

BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9471

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) BEN BRACK SR | C. Date of Delivery 9/3

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

1. Article Addressed to:

BENJAMIN J & SUSAN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521-1214

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119471
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9488

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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

BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003
9-1-10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9488

BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003

Batch #: 2183
Article #: 71106605959000119488
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9488

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

1. Article Addressed to:

BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003

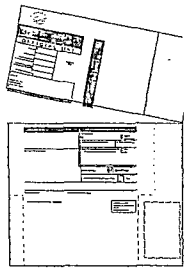
3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

1 SEPARATE AT PERFORATION



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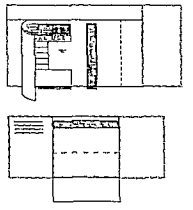

2. Article Number

7110 6605 9590 0011 9488

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) 9-7-2010 | C. Date of Delivery

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

1. Article Addressed to:

BENJAMIN JAMES GARDNER TR NOV 28 20
PO BOX 3108
LAS CRUCES, NM 88003

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119488
Date/Time: 8/31/2010 9:48:16 AM
Code: Allocation Project - D.Howell
Code2:
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Internal Code #:

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7110 6605 9590 0011 9495

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521
9-1-10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE CERTIFICATE OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 9495

BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521

Batch #: 2183
Article #: 71106605959000119495
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9495

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

1. Article Addressed to:

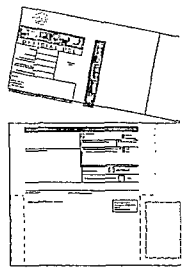
BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521

3. Service Type ☒ Certified

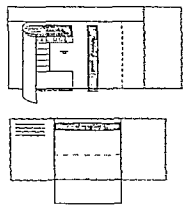
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) BEN BRACK | C. Date of Delivery 9/3

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

1. Article Addressed to:

BENJAMIN JOHN BRACK
3004 MARION STREET
FORT COLLINS, CO 80521

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2183
Article #: 71106605959000119495
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0011 9501

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
Street, Apt. No.; or PO Box No.
227 BELLEVUE WAY NE #198
City, State, Zip+4
BELLEVUE, WA 98004
9-1-10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

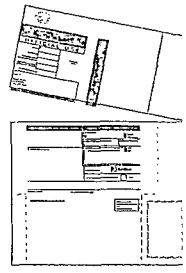
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 9501

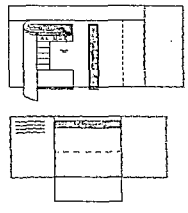
BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004

Batch #: 2183
Article #: 71106605959000119501
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number
7110 6605 9590 0011 9501

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

1. Article Addressed to:

BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0011 9501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (*Printed Name*) D Roberts | C. Date of Delivery 9/9/10

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

1. Article Addressed to:

BENNETT FAMILY TRUST
RICHARD & LELA BENNETT TRUSTEES
227 BELLEVUE WAY NE #198
BELLEVUE, WA 98004

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2183
Article #: 71106605959000119501
Date/Time: 8/31/2010 9:48:17 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0011 9518

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098

9-110

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

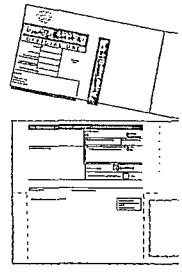
CERTIFIED MAIL

7110 6605 9590 0011 9518

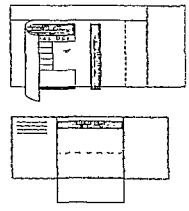
BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098

Batch #: 2187
Article #: 71106605959000119518
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



2. Article Number

7110 6605 9590 0011 9518

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

1. Article Addressed to:

BERIN EARL RILEY
1712 W MAIN, APT 6
HOUSTON, TX 77098

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD rev. 01/07

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2187
Article #: 71106605959000119518
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0011 9525

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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

BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

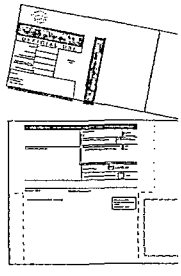
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 9525

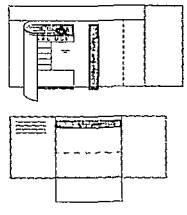
BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2187
Article #: 71106605959000119525
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9525

1. Article Addressed to:

BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

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

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

2. Article Number

7110 6605 9590 0011 9525

1. Article Addressed to:

BESSIE L WHELAN TR
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mason Brent ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Mason Brent | C. Date of Delivery

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

3. Service Type ☒ Certified

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

MAIN OFFICE STA OMAHA NE SEP - 1 USPS

MAIN OFFICE STA OMAHA NE SEP - 1 USPS

Batch #: 2187
Article #: 71106605959000119525
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

MAILED FROM ZIP CODE 87402

Phillips

RECEIVED
SEP 13 A.M.
BY

ANK

BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

NIXIE 2238 1 15 09/08/10

RETURN TO SENDER
ATTEMPTED-NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER

APPROVED

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

7110 6605 9590 0011 9532

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

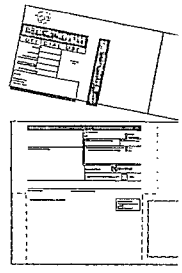
CERTIFIED MAIL™

7110 6605 9590 0011 9532

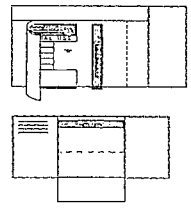
BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

Batch #: 2187
Article #: 71106605959000119532
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9532

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

1. Article Addressed to:

BETH DADDIO
410 20TH STREET
SIOUX CITY, IA 51104

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2187
Article #: 71106605959000119532
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0011 9549

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

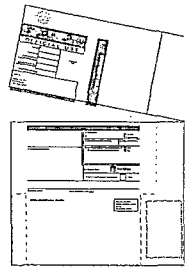
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 9549

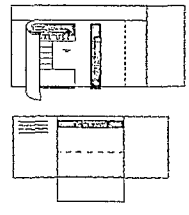
BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

Batch #: 2187
Article #: 71106605959000119549
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9549

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

1. Article Addressed to:

BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9549

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betsy H Bryant ☐ Agent ☐ Addressee

B. Received by (Printed Name) Betsy Bryant C. Date of Delivery 9/3/10

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

1. Article Addressed to:

BETSY H BRYANT
2201 BROOKHOLLOW DR
ABILENE, TX 79605-5507

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2187
Article #: 71106605959000119549
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0011 9556

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4
BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

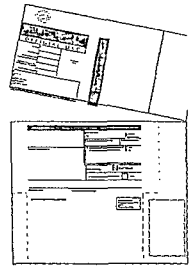
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 9556

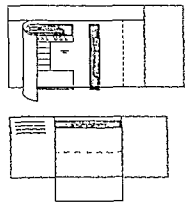
BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

Batch #: 2187
Article #: 71106605959000119556
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0011 9556

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

1. Article Addressed to:

BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9556

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tammy Beard ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) TAMMY BEARD | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

BETTY ADKINS
PO BOX 218
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119556
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

PROVED

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

7110 6605 9590 0013 2746

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To
BETTY LANIER FANKHAUSER
LANIER FAM MNRL CTRL AG MA076
Street, Apt. No.; or PO Box No.
PO BOX 1600
City, State, ZIP+4
SAN ANTONIO, TX 78296

PS Form 3800, August 2006 See Reverse for Instructions

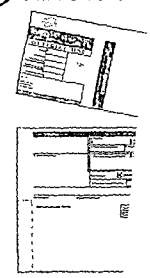
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 2746

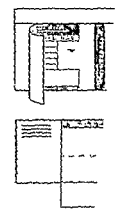
BETTY LANIER FANKHAUSER
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

Batch #: 2269
Article #: 71106605959000132746
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETUF



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0013 2746

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

1. Article Addressed to:

BETTY LANIER FANKHAUSER
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 2746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Martinez ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) M MARTINEZ C. Date of Delivery SEP 21 2010

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

1. Article Addressed to:

BETTY LANIER FANKHAUSER
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

3. Service Type ☒ Certified

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

Batch #: 2269
Article #: 71106605959000132746
Date/Time: 9/14/2010 2:59:26 PM
Code:

PS Form 3811 **Domestic Return Receipt**

3 LIFT

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

7110 6605 9590 0011 9563

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BETTY L LONG LVG TRUST UAD SEPT 5 2
Street, Apt. No.; or PO Box No.
1419 SUMMIT VIEW LN
City, State, Zip+4
CEDAR RAPIDS, IA 52403
9-1-10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

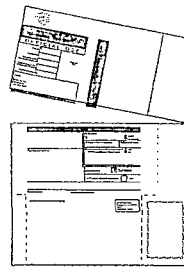
CERTIFIED MAIL™

7110 6605 9590 0011 9563

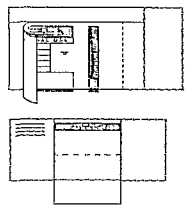
BETTY L LONG LVG TRUST UAD SEPT 5 2
1419 SUMMIT VIEW LN
CEDAR RAPIDS, IA 52403

Batch #: 2187
Article #: 71106605959000119563
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9563

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

1. Article Addressed to:

BETTY L LONG LVG TRUST UAD SEPT 5 2
1419 SUMMIT VIEW LN
CEDAR RAPIDS, IA 52403

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9563

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent ☒ Addressee

B. Received by (*Printed Name*) Janet Reasoner C. Date of Delivery 9-4-10

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

1. Article Addressed to:

BETTY L LONG LVG TRUST UAD SEPT 5 2
1419 SUMMIT VIEW LN
CEDAR RAPIDS, IA 52403

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119563
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

San Juan Business U
PO Box 4289
Farmington NM 87499-4289

CERTIFIED MAIL™

UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM

ConocoPhillips

7110 6605 9590 0011 9570

BETTY R DAVIS
PO BOX 871
MIDLAND, TX 79702

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0011 9587

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BETTY S PETTUS LIFE ESTATE
PO BOX 419
BLANCO, NM 87412-0419

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
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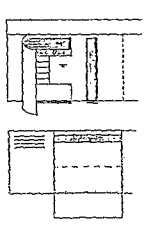
7110 6605 9590 0011 9587

BETTY S PETTUS LIFE ESTATE
PO BOX 419
BLANCO, NM 87412-0419

Batch #: 2187
Article #: 71106605959000119587
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECEIPT FROM BAC PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9587

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

1. Article Addressed to:

BETTY S PETTUS LIFE ESTATE
PO BOX 419
BLANCO, NM 87412-0419

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9587

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty S Pettus ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

BETTY S PETTUS LIFE ESTATE
PO BOX 419
BLANCO, NM 87412-0419

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

SEP 29 2010

87412

Batch #: 2187
Article #: 71106605959000119587
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:

3 LIFT HER

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0011 9594

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0011 9594

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

Batch #: 2187
Article #: 71106605959000119594
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0011 9594

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

1. Article Addressed to:

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

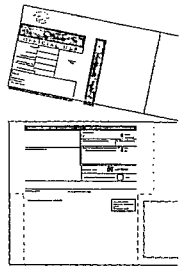
3. Service Type ☒ Certified

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

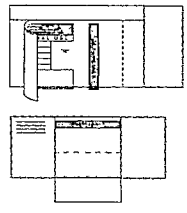
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9594

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julia Stigler ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Julia Stigler | C. Date of Delivery

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

1. Article Addressed to:

BETTY T JOHNSTON MARITAL TRUST
245 COMMERCE GREEN BLVD, STE 280
SUGAR LAND, TX 77478

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2187
Article #: 71106605959000119594
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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U.S. Postal Service™
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7110 6605 9590 0011 9600

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BETTY WEST STEDMAN
PO BOX 1349
HOUSTON, TX 77251-1349

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

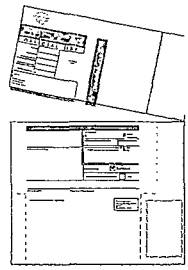
CERTIFIED MAIL™

7110 6605 9590 0011 9600

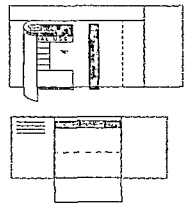
BETTY WEST STEDMAN
PO BOX 1349
HOUSTON, TX 77251-1349

Batch #: 2187
Article #: 71106605959000119600
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9600

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

1. Article Addressed to:

BETTY WEST STEDMAN
PO BOX 1349
HOUSTON, TX 77251-1349

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9600

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 07 2010

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

1. Article Addressed to:

BETTY WEST STEDMAN
PO BOX 1349
HOUSTON, TX 77251-1349

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119600
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3255

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: BEVERLY A CORBETT BAKER
Street, Apt. No.; or PO Box No.: 13901 E SARATOGA PL
City, State, Zip+4: AURORA, CO 80015

PS Form 3800, August 2006 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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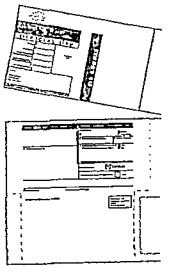
7110 6605 9590 0013 3255

BEVERLY A CORBETT BAKER
13901 E SARATOGA PL

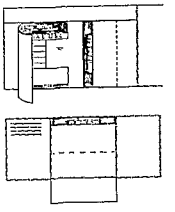
AURORA, CO 80015

Batch #: 2272
Article #: 71106605959000133255
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3255

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

1. Article Addressed to:

BEVERLY A CORBETT BAKER
13901 E SARATOGA PL

AURORA, CO 80015

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3255

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dean Baker ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Dean Baker | C. Date of Delivery 9-17-10

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

1. Article Addressed to:

BEVERLY A CORBETT BAKER
13901 E SARATOGA PL

AURORA, CO 80015

3. Service Type ☒ Certified

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

Batch #: 2272
Article #: 71106605959000133255
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 2753

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: BEVERLY KISER
Street, Apt. No.; or PO Box No.: 145 N ALMONT DR APT 102
City, State, Zip+4: WEST HOLLYWOOD, CA 90048-2920

PS Form 3800, August 2006 — See Reverse for Instructions

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

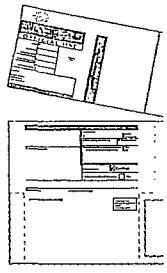
CERTIFIED MAIL™

7110 6605 9590 0013 2753

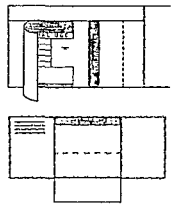
BEVERLY KISER
145 N ALMONT DR APT 102
WEST HOLLYWOOD, CA 90048-2920

Batch #: 2269
Article #: 71106605959000132753
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



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.

2. Article Number
7110 6605 9590 0013 2753

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

1. Article Addressed to:

BEVERLY KISER
145 N ALMONT DR APT 102

WEST HOLLYWOOD, CA 90048-2920

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 Rev. 01/07

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2269
Article #: 71106605959000132753
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0011 9617

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

91110

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

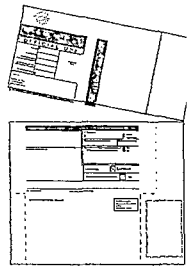
CERTIFIED MAIL™

7110 6605 9590 0011 9617

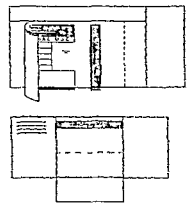
BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

Batch #: 2187
Article #: 71106605959000119617
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0011 9617

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

1. Article Addressed to:

BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9617

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Dan Moreno | C. Date of Delivery SEP 08 2010

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

1. Article Addressed to:

BHCH MINERAL LTD
P O BOX 1817
SAN ANTONIO, TX 78296-1817

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119617
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0011 9624

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BIG LAKE FISHING LLC
17430 CAMPBELL RD, STE 111
DALLAS, TX 75252-5297

9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

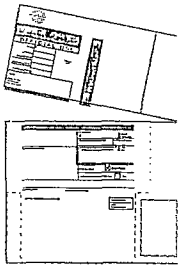
CERTIFIED MAIL™

7110 6605 9590 0011 9624

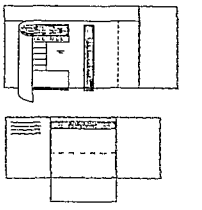
BIG LAKE FISHING LLC
17430 CAMPBELL RD, STE 111
DALLAS, TX 75252-5297

Batch #: 2187
Article #: 71106605959000119624
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0011 9624	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: BIG LAKE FISHING LLC 17430 CAMPBELL RD, STE 111 DALLAS, TX 75252-5297	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
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Reorder Form LCD rev. 01/07

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2187
Article #: 71106605959000119624
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0011 9631

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BIG SNOWY EXPLORATION LIMITED
Street, Apt. No.; 1050 17TH STREET SUITE 1800
or PO Box No.
City, State, Zip+4 DENVER, CO 80265
9-1-10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9631

BIG SNOWY EXPLORATION LIMITED
1050 17TH STREET SUITE 1800
DENVER, CO 80265

Batch #: 2187
Article #: 71106605959000119631
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9631

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

1. Article Addressed to:

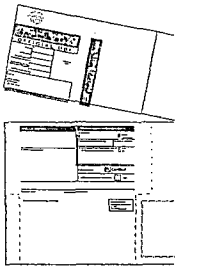
BIG SNOWY EXPLORATION LIMITED
1050 17TH STREET SUITE 1800
DENVER, CO 80265

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORMATION



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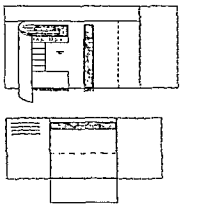

2. Article Number

7110 6605 9590 0011 9631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Ter-Orey C. Date of Delivery SEP 03 2010

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

1. Article Addressed to:

BIG SNOWY EXPLORATION LIMITED
1050 17TH STREET SUITE 1800
DENVER, CO 80265

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119631
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0011 9648

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BILL LANE & JANICE LANE
Street, Apt. No.; or PO Box No.
PO BOX 32
City, State, Zip+4
AMERY, WI 54001
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

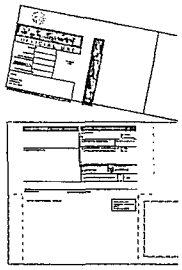
CERTIFIED MAIL™

7110 6605 9590 0011 9648

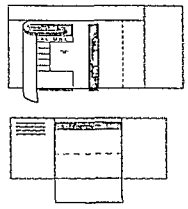
BILL LANE & JANICE LANE
PO BOX 32
AMERY, WI 54001

Batch #: 2187
Article #: 71106605959000119648
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number
7110 6605 9590 0011 9648

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

1. Article Addressed to:

BILL LANE & JANICE LANE
PO BOX 32
AMERY, WI 54001

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0011 9648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janice M. Lane ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Janice M. Lane C. Date of Delivery
SEP 2 2010

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

1. Article Addressed to:

BILL LANE & JANICE LANE
PO BOX 32
AMERY, WI 54001

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119648
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9662

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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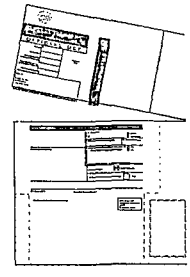
7110 6605 9590 0011 9662

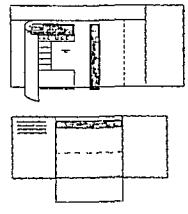
BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

Batch #: 2187
Article #: 71106605959000119662
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0011 9662

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

1. Article Addressed to:

BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9662

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C.M. Richardson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-3-10

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

1. Article Addressed to:

BLACK DAHLIA LLC
C/O PETER R CLUTE
4300 S DAHLIA ST
CHERRY HILLS VILLAGE, CO 80113-6101

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119662
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0011 9679

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BLACK RIVER ROYALTIES LLC
621 17TH ST, SUITE 945
DENVER, CO 80293

91110

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0011 9679

BLACK RIVER ROYALTIES LLC
621 17TH ST, SUITE 945
DENVER, CO 80293

Batch #: 2187
Article #: 71106605959000119679
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0011 9679

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

1. Article Addressed to:

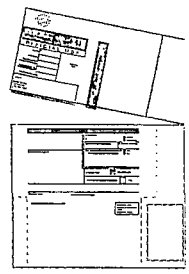
BLACK RIVER ROYALTIES LLC
621 17TH ST, SUITE 945
DENVER, CO 80293

3. Service Type ☒ Certified

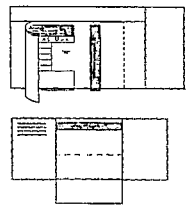
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9679

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) GARY JENNAN | C. Date of Delivery

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

1. Article Addressed to:

BLACK RIVER ROYALTIES LLC
621 17TH ST, SUITE 945
DENVER, CO 80293

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2187
Article #: 71106605959000119679
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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U.S. Postal Service™
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7110 6605 9590 0011 9655

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BILLIE W SCHAUMBERG REV LVG TR
1272 CANYON RD
SANTA FE, NM 87501-6189

9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
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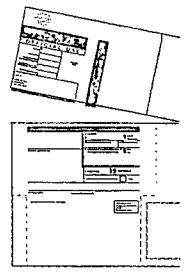
7110 6605 9590 0011 9655

BILLIE W SCHAUMBERG REV LVG TR
1272 CANYON RD
SANTA FE, NM 87501-6189

Batch #: 2187
Article #: 71106605959000119655
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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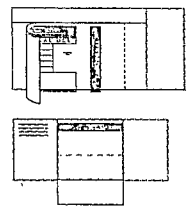

Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0011 9655

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

1. Article Addressed to:

BILLIE W SCHAUMBERG REV LVG TR
1272 CANYON RD
SANTA FE, NM 87501-6189

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9655

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Billie W Schaumberg ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
Billie W Schaumberg 9-3-10

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

SANTA FE SEP

1. Article Addressed to:

BILLIE W SCHAUMBERG REV LVG TR
1272 CANYON RD
SANTA FE, NM 87501-6189

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2187
Article #: 71106605959000119655
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9686

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
BLANCETT LAND & CATTLE LLC
Street, Apt. No.; or PO Box No.
271 RD 3000
City, State, Zip+4
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9686

BLANCETT LAND & CATTLE LLC
271 RD 3000
AZTEC, NM 87410

Batch #: 2187
Article #: 71106605959000119686
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0011 9686

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

1. Article Addressed to:

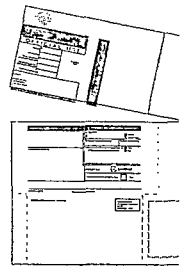
BLANCETT LAND & CATTLE LLC
271 RD 3000
AZTEC, NM 87410

3. Service Type ☒ Certified

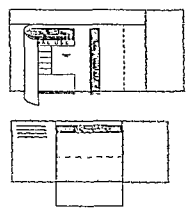
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9686

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nerrie Dennett ☑ 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

1. Article Addressed to:

BLANCETT LAND & CATTLE LLC
271 RD 3000
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 03 2010
87410

Batch #: 2187
Article #: 71106605959000119686
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0011 9693

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
BOBBY DALE SMITH
Street, Apt. No.; or PO Box No. 603 HARDIN ST
City, State, Zip+4 BEDFORD, IA 50833
9/1/10

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9693

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

Batch #: 2187
Article #: 71106605959000119693
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-[illegible] rev. 01/07

2. Article Number
7110 6605 9590 0011 9693

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

1. Article Addressed to:

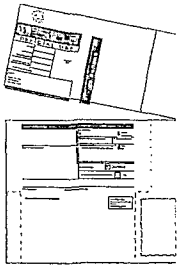
BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

3. Service Type ☒ Certified

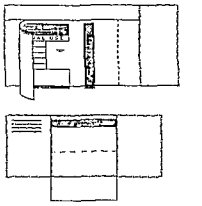
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number
7110 6605 9590 0011 9693

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobby Smith ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Bobby Smith | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

BOBBY DALE SMITH
603 HARDIN ST
BEDFORD, IA 50833

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119693
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3262

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
Street, Apt. No.; or PO Box No.: 213 SUMMIT DR
City, State, Zip+4: WIMBERLY, TX 78676

PS Form 3800, August 2006 — See Reverse for Instructions

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

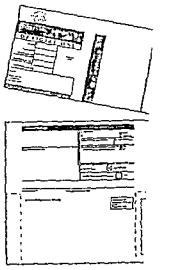
CERTIFIED MAIL™

7110 6605 9590 0013 3262

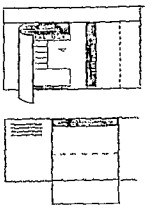
BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
213 SUMMIT DR
WIMBERLY, TX 78676

Batch #: 2272
Article #: 71106605959000133262
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TOI ENVELOPE TO THE R OF THE RETURN ADI



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 3262

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

1. Article Addressed to:

BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
213 SUMMIT DR

WIMBERLY, TX 78676

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3262

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

1. Article Addressed to:

BOBBYE JO IRBY SUPPLEMENTAL NEEDS T
213 SUMMIT DR

WIMBERLY, TX 78676

3. Service Type ☒ Certified

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

Batch #: 2272
Article #: 71106605959000133262
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0011 9709

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

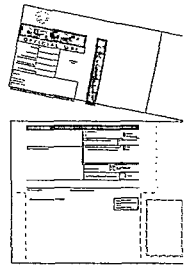
CERTIFIED MAIL™

7110 6605 9590 0011 9709

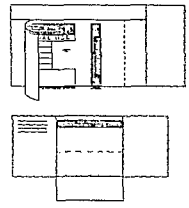
BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

Batch #: 2187
Article #: 71106605959000119709
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9709

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

1. Article Addressed to:

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9709

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-3-10

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

1. Article Addressed to:

BOFB LTD
2104 WINTER SUNDAY WAY
ARLINGTON, TX 76012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2187
Article #: 71106605959000119709
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9716

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; PO Box No.
City, State, Zip+4

BOLDRICK FAMILY PROPERTIES LP
C/O BOLDRICK MGMNT CO LLC
PO BOX 10648
MIDLAND, TX 79702

9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7110 6605 9590 0011 9716

BOLDRICK FAMILY PROPERTIES LP
C/O BOLDRICK MGMNT CO LLC
PO BOX 10648
MIDLAND, TX 79702

Batch #: 2187
Article #: 71106605959000119716
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9716

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

1. Article Addressed to:

BOLDRICK FAMILY PROPERTIES LP
C/O BOLDRICK MGMNT CO LLC
PO BOX 10648
MIDLAND, TX 79702

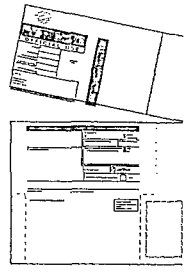
3. Service Type ☒ Certified

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

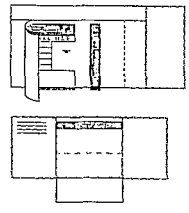
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9716

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Loree Ward ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Loree Ward | C. Date of Delivery 9.8.10

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

1. Article Addressed to:

BOLDRICK FAMILY PROPERTIES LP
C/O BOLDRICK MGMNT CO LLC
PO BOX 10648
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2187
Article #: 71106605959000119716
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9723

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4 91110

BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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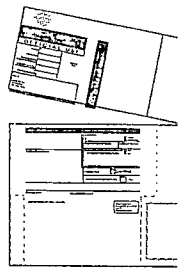
7110 6605 9590 0011 9723

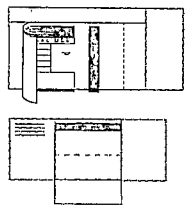
BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

Batch #: 2187
Article #: 71106605959000119723
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9723

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

1. Article Addressed to:

BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0011 9723

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Daddy C. Date of Delivery 9-4-10

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

1. Article Addressed to:

BONANZA CREEK MINERALS LLC
2321 CANDELARIA NW
ALBUQUERQUE, NM 87107

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119723
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3279

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: BONE SPRINGS LLC
Street, Apt. No.; or PO Box No.: 4024 NAZARENE DR
City, State, Zip+4: CARROLLTON, TX 75010

PS Form 3800, August 2006 — See Reverse for Instructions

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

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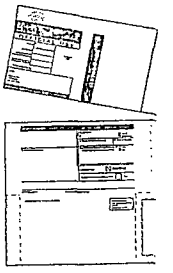
7110 6605 9590 0013 3279

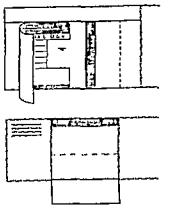
BONE SPRINGS LLC
4024 NAZARENE DR
CARROLLTON, TX 75010

Batch #: 2272
Article #: 71106605959000133279
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3279

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

1. Article Addressed to:

BONE SPRINGS LLC
4024 NAZARENE DR

CARROLLTON, TX 75010

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3279

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (*Printed Name*) Carlton | C. Date of Delivery 9-17-10

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

1. Article Addressed to:

BONE SPRINGS LLC
4024 NAZARENE DR

CARROLLTON, TX 75010

3. Service Type ☒ Certified

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

Batch #: 2272
Article #: 71106605959000133279
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0011 9730

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022
9/11/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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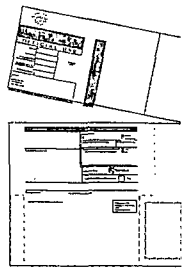
7110 6605 9590 0011 9730

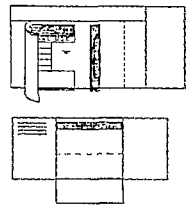
BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

Batch #: 2187
Article #: 71106605959000119730
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9730

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

1. Article Addressed to:

BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

2. Article Number

7110 6605 9590 0011 9730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kent R. Bourquin ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Kent R. Bourquin | C. Date of Delivery 9-9

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

1. Article Addressed to:

BOURQUIN FAMILY TRUST
13645 PASEO DEL ROBLE CT
LOS ALTOS HILLS, CA 94022

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2187
Article #: 71106605959000119730
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9747

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To: BP AMERICA PRODUCTION COMPANY
ATTN: CRAIG CARLEY
Street, Apt. No.; or PO Box No.: 501 WESTLAKE PARK BLVD
City, State, Zip+4: HOUSTON, TX 77079-2699

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0011 9747

BP AMERICA PRODUCTION COMPANY
ATTN: CRAIG CARLEY
501 WESTLAKE PARK BLVD
HOUSTON, TX 77079-2699

Batch #: 2187
Article #: 71106605959000119747
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0011 9747

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

1. Article Addressed to:

BP AMERICA PRODUCTION COMPANY
ATTN: CRAIG CARLEY
501 WESTLAKE PARK BLVD
HOUSTON, TX 77079-2699

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

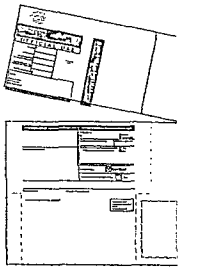
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD rev. 01/07

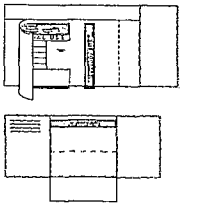
UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2187
Article #: 71106605959000119747
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9754

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BRADFORD TUCKER
301 SAGE RD #3
HOUSTON, TX 77056-1421

911/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9754

BRADFORD TUCKER
301 SAGE RD #3
HOUSTON, TX 77056-1421

Batch #: 2187
Article #: 71106605959000119754
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9754

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

1. Article Addressed to:

BRADFORD TUCKER
301 SAGE RD #3
HOUSTON, TX 77056-1421

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

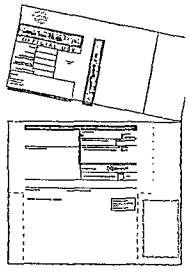
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

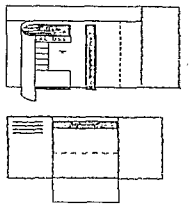
UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2187
Article #: 71106605959000119754
Date/Time: 8/31/2010 10:07:11 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9761

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0011 9761

BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2187
Article #: 71106605959000119761
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9761

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

1. Article Addressed to:

BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

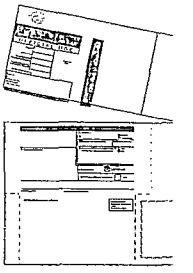
3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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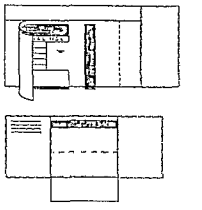

2. Article Number

7110 6605 9590 0011 9761

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Brian Dickey* ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-3-10

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

1. Article Addressed to:

BRIAN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119761
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0011 9778

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0011 9778

BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

Batch #: 2187
Article #: 71106605959000119778
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9778

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

1. Article Addressed to:

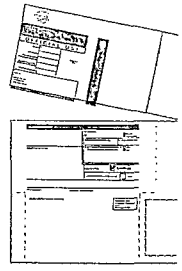
BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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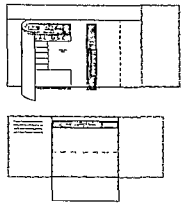

PS Form 3811

2. Article Number

7110 6605 9590 0011 9778

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brian A Gibson ☐ 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

1. Article Addressed to:

BRIAN DOWNING GIBSON
60 B ARROYO HONDO TRL
SANTA FE, NM 87508

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119778
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

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7110 6605 9590 0011 9785

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012
9/1/10

Form 3800, August 2006 PSN 7530-02-000-9047 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0011 9785

BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012

Batch #: 2187
Article #: 71106605959000119785
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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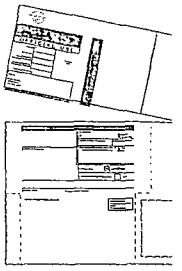

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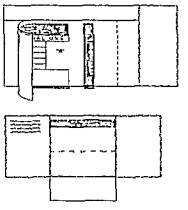

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0011 9785

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

1. Article Addressed to:

BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

2. Article Number

7110 6605 9590 0011 9785

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brianna Crowley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Brianna Crowley | C. Date of Delivery

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

1. Article Addressed to:

BRIANNA CROWLEY
10762 E EXPOSITION AVE, APT. 137
AURORA, CO 80012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2187
Article #: 71106605959000119785
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0011 9792

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063
9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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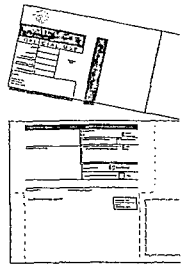
7110 6605 9590 0011 9792

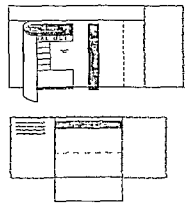
BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

Batch #: 2187
Article #: 71106605959000119792
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD - rev. 01/07

2. Article Number

7110 6605 9590 0011 9792

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

1. Article Addressed to:

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

2. Article Number

7110 6605 9590 0011 9792

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Drew Fridley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) ROSE FRIDLEY | C. Date of Delivery

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

9-4-10

1. Article Addressed to:

BRUCE FRIDLEY
7922 BEVERLY HILL
HOUSTON, TX 77063

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 — Domestic Return Receipt

Batch #: 2187
Article #: 71106605959000119792
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0011 9808

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To: BRUCE P SHAW TRUST UAD JUNE 8 1972
Street, Apt. No.; or PO Box No.: THOMASVILLE ROUTE
City, State, Zip+4: HC 3 BOX 60 B
BIRCH TREE, MO 65438

9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

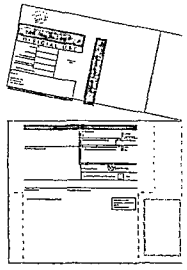
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0011 9808

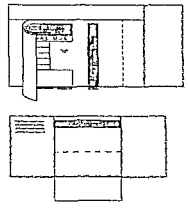
BRUCE P SHAW TRUST UAD JUNE 8 1972
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2187
Article #: 71106605959000119808
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9808

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

1. Article Addressed to:

BRUCE P SHAW TRUST UAD JUNE 8 1972
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0011 9808

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-4-10

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

1. Article Addressed to:

BRUCE P SHAW TRUST UAD JUNE 8 1972
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2187
Article #: 71106605959000119808
Date/Time: 8/31/2010 10:07:12 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0011 9815

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202
9/1/10

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0011 9815

BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202

Batch #: 2188
Article #: 71106605959000119815
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9815

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

1. Article Addressed to:

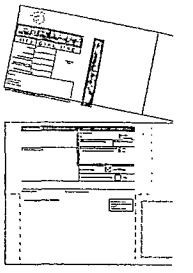
BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202

3. Service Type ☒ Certified

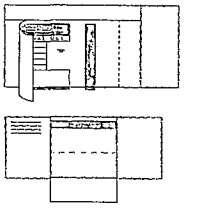
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0011 9815

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marsha Ross ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) M Ross | C. Date of Delivery 9/8

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

1. Article Addressed to:

BRYAN E JENKS
5799 BROADMOOR, STE 400
MISSION, KS 66202

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000119815
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0011 9822

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010
9/1/10

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0011 9822

BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010

Batch #: 2188
Article #: 71106605959000119822
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-6 Rev. 01/07

2. Article Number
7110 6605 9590 0011 9822

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

1. Article Addressed to:

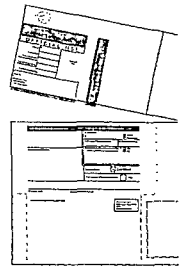
BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010

3. Service Type ☒ Certified

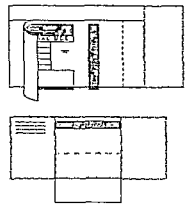
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number
7110 6605 9590 0011 9822

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) NE Chappell | C. Date of Delivery

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

1. Article Addressed to:

BUDDIE GENE CHAPPELL / TRUST B
PO BOX 71579
PHOENIX, AZ 85050-1010

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000119822
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
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Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0011 9839

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

BURDOCK LTD CO
PO BOX 90428
ALBUQUERQUE, NM 87199-0428

9/1/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

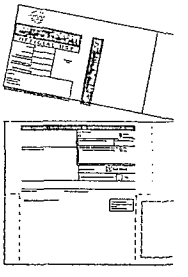
CERTIFIED MAIL™

7110 6605 9590 0011 9839

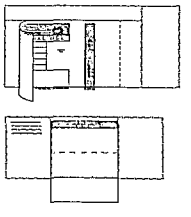
BURDOCK LTD CO
PO BOX 90428
ALBUQUERQUE, NM 87199-0428

Batch #: 2188
Article #: 71106605959000119839
Date/Time: 8/31/2010 10:26:53 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0011 9839

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

1. Article Addressed to:

BURDOCK LTD CO
PO BOX 90428
ALBUQUERQUE, NM 87199-0428

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0011 9839

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David J. Haney ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) DAVID J. HANEY C. Date of Delivery

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

1. Article Addressed to:

BURDOCK LTD CO
PO BOX 90428
ALBUQUERQUE, NM 87199-0428

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2188
Article #: 71106605959000119839
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3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**