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7110 6605 9590 0013 2869

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

ent To **E TAIT MELDRAM REV TR DTD 12/01/04**
PO BOX 580
Street, Apt. No.;
r PO Box No.
City, State, Zip+4
WEAVERVILLE, NC 28787-0580

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2869

E TAIT MELDRAM REV TR DTD 12/01/04
PO BOX 580

WEAVERVILLE, NC 28787-0580

Batch #: 2269
Article #: 711066059590000132869
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 2869	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ 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
1. Article Addressed to: E TAIT MELDRAM REV TR DTD 12/01/04 PO BOX 580 WEAVERVILLE, NC 28787-0580	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

Batch #: 2269
Article #: 711066059590000132869
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

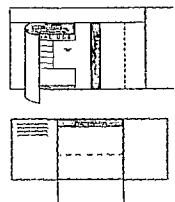
3

LIFT HERE

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





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7110 6605 9590 0012 1252

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

1. Article Addressed to:

E HUNTER STONE II TR
PO BOX 460929
DENVER, CO 80246

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1252

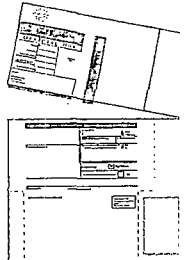
E HUNTER STONE II TR
PO BOX 460929
DENVER, CO 80246

Batch #: 2189
Article #: 71106605959000121252
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

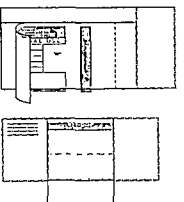
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1252	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
E HUNTER STONE II TR PO BOX 460929 DENVER, CO 80246	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 0012 1252	A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>CANICE HARNAK</i> <i>9/12/2010</i>
E HUNTER STONE II TR PO BOX 460929 DENVER, CO 80246	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121252
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
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7110 6605 9590 0012 1269

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

Deliver To
E TRAVERS MITCHELL
PO BOX 153
TELLURIDE, CO 81435

Form 3811, August 2006 PSN 7510-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell

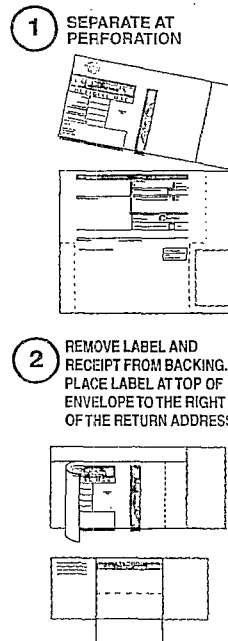


7110 6605 9590 0012 1269

E TRAVERS MITCHELL
PO BOX 153
TELLURIDE, CO 81435

Batch #: 2189
Article #: 71106605959000121269
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07



Batch #: 2189
Article #: 71106605959000121269
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 1269	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
1. Article Addressed to: E TRAVERS MITCHELL PO BOX 153 TELLURIDE, CO 81435 Code: Allocation Project - D.Howell	

2. Article Number 7110 6605 9590 0012 1269	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Travers Mitchell</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>TRAVERS MITCHELL</i> C. Date of Delivery <i>9/16/10</i> 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
1. Article Addressed to: E TRAVERS MITCHELL PO BOX 153 TELLURIDE, CO 81435 Code: Allocation Project - D.Howell	



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7110 6605 9590 0012 1276

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To
E. HUNTER STONE II TRUST
PO BOX 460929
DENVER, CO 80246

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



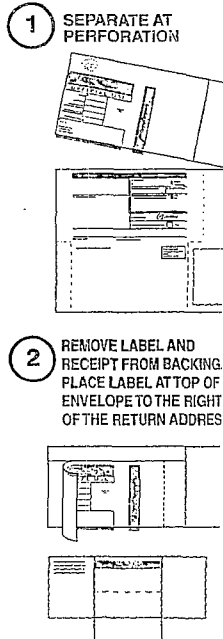
7110 6605 9590 0012 1276

E. HUNTER STONE II TRUST
PO BOX 460929
DENVER, CO 80246

Batch #: 2189
Article #: 71106605959000121276
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1276	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
E. HUNTER STONE II TRUST PO BOX 460929 DENVER, CO 80246	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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1276	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery JANICE HENNAK 9/13/2010
E. HUNTER STONE II TRUST PO BOX 460929 DENVER, CO 80246	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 #: 2189
Article #: 71106605959000121276
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1283

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Ant To
reet, Apt. No.,
PO Box No.
y, State, Zip+4

EDGAR CLAY GRIFFIN JR
1 STEVE FUQUA PL
MISSOURI CITY, TX 77459

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



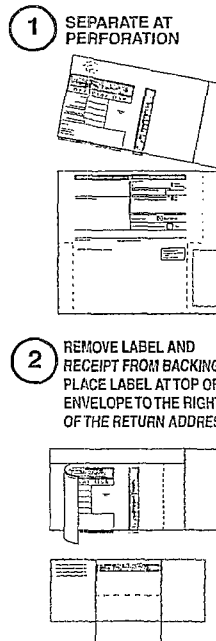
7110 6605 9590 0012 1283

EDGAR CLAY GRIFFIN JR
1 STEVE FUQUA PL
MISSOURI CITY, TX 77459

Batch #: 2189
Article #: 71106605959000121283
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814 Rev. 01/07

2: Article Number 7110 6605 9590 0012 1283	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
1. Article Addressed to: EDGAR CLAY GRIFFIN JR 1 STEVE FUQUA PL MISSOURI CITY, TX 77459 Code: Allocation Project - D.Howell	



2: Article Number 7110 6605 9590 0012 1283	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Edgar C. Griffin Jr</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Edgar C. Griffin Jr</i> C. Date of Delivery <i>9/11/2010</i> 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
1. Article Addressed to: EDGAR CLAY GRIFFIN JR 1 STEVE FUQUA PL MISSOURI CITY, TX 77459 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121283
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3439

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

ent To
reet, Apt. No.;
r PO Box No.
ity, State, Zip+4

EDGAR JOHN LAYLAND
102 HUTCHINSON DR

SMYRNA, TN 37167

Form 3800, August 2006 See Reverse for Instructions



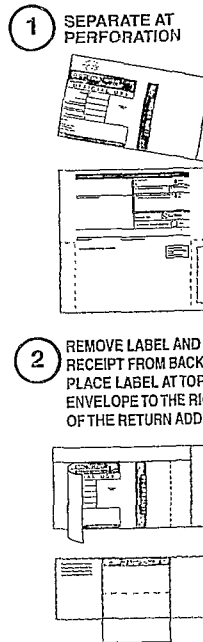
7110 6605 9590 0013 3439

EDGAR JOHN LAYLAND
102 HUTCHINSON DR
SMYRNA, TN 37167

Batch #: 2272
Article #: 71106605959000133439
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

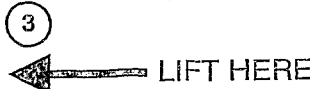
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3439	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDGAR JOHN LAYLAND 102 HUTCHINSON DR SMYRNA, TN 37167	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3439	A. Signature X <i>Edgar J Layland</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-18-10
EDGAR JOHN LAYLAND 102 HUTCHINSON DR SMYRNA, TN 37167	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

Batch #: 2272
Article #: 71106605959000133439
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 1290

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
EDMUND M. LONGCOPE
400 W. HOPKINS, SUITE 101
SAN MARCOS, TX 78666

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1290

EDMUND M. LONGCOPE
400 W. HOPKINS, SUITE 101
SAN MARCOS, TX 78666

Batch #: 2189
Article #: 71106605959000121290
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1290	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDMUND M. LONGCOPE 400 W. HOPKINS, SUITE 101 SAN MARCOS, TX 78666	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

UNITED STATES POSTAL SERVICE

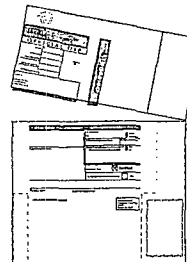


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Postage & Fees Paid
USPS
Permit No. G-10

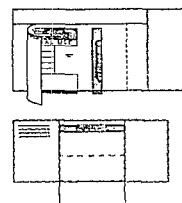
Lisa Hunter, Land Department
SJBUC ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2189
Article #: 71106605959000121290
Date/Time: 8/31/2010 10:48:42 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



3



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

Deliver to:
EDNA MORRELL LIVING TRUST
P O BOX 5383
DENVER, CO 80217

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



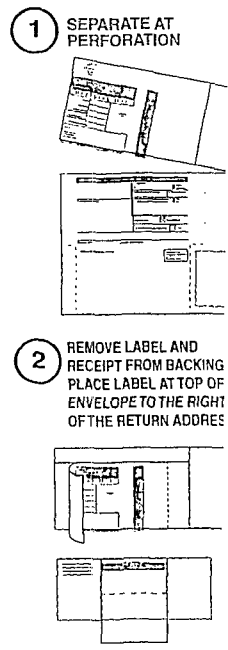
7110 6605 9590 0012 1306

EDNA MORRELL LIVING TRUST
P O BOX 5383
DENVER, CO 80217

Batch #: 2189
Article #: 71106605959000121306
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 1306	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
1. Article Addressed to: EDNA MORRELL LIVING TRUST P O BOX 5383 DENVER, CO 80217 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1306	COMPLETE THIS SECTION ON DELIVERY A. Signature X Matthew Macdonald ☐ Agent ☐ Addressee B. Received by (Printed Name) Matthew Macdonald 9-7-10 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
1. Article Addressed to: EDNA MORRELL LIVING TRUST P O BOX 5383 DENVER, CO 80217 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121306
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1320

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

nt To
Edward Calvin
2380 Forest St
Denver, CO 80207-3261

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1320

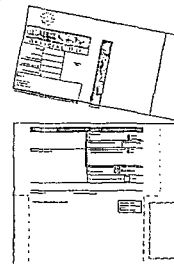
EDWARD CALVIN
2380 FOREST ST
DENVER, CO 80207-3261

Batch #: 2189
Article #: 71106605959000121320
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

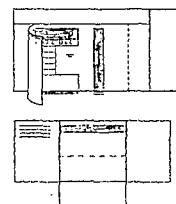
Reorder Form LCD-811B Rev. 01/07

2. Article Number 7110 6605 9590 0012 1320	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
1. Article Addressed to: EDWARD CALVIN 2380 FOREST ST DENVER, CO 80207-3261 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 0012 1320	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
1. Article Addressed to: EDWARD CALVIN 2380 FOREST ST DENVER, CO 80207-3261 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121320
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Philips

7110 6605 9590 0012 1313



EDWARD C. TATUM TRUST
TERRELL D. PALMER TRUSTEE
18 WEST 6TH STREET SUITE 066
MUSKA, OK 74119

INS. ADD
Art /unk
Q



MAILED FROM ZIP CODE 87402



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CERTIFIED MAILTM RECEIPT
Postage & Fees Only, No Insurance Coverage Provided
For more information, visit our website at www.usps.com

7110 6605 9590 0012 1313

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Post To
Edward C Tatum Trust
Terrell D Palmer Trustee
15 West 6th Street, Suite 066
Tulsa, OK 74119

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1313

EDWARD C TATUM TRUST
TERRELL D PALMER TRUSTEE
15 WEST 6TH STREET, SUITE 066
TULSA, OK 74119

Batch #: 2189
Article #: 71106605959000121313
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1313	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)
EDWARD C TATUM TRUST TERRELL D PALMER TRUSTEE 15 WEST 6TH STREET, SUITE 066 TULSA, OK 74119	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

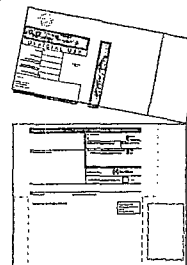
UNITED STATES POSTAL SERVICE



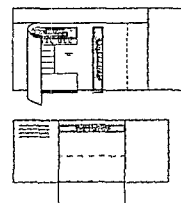
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

1 SEPARATE AT PERFORATION



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



Batch #: 2189
Article #: 71106605959000121313
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIST HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 1337

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

Post To
Edward Charles Baumann
2410 Briarbrook
Houston, TX 77042

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1337

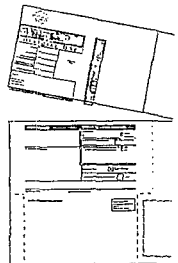
EDWARD CHARLES BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Batch #: 2189
Article #: 71106605959000121337
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

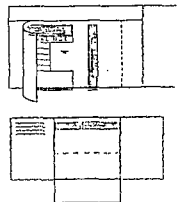
Reorder Form LCD-811 Rev. 01/07

2. Article Number 7110 6605 9590 0012 1337	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
1. Article Addressed to: EDWARD CHARLES BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042	
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 0012 1337	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-9-10 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
1. Article Addressed to: EDWARD CHARLES BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121337
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1344

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Deliver To
EDWARD ISERN JR
515 W 5TH
ELLINWOOD, KS 67526

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



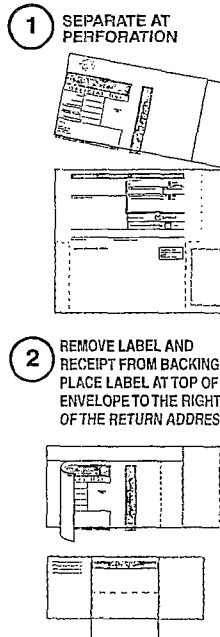
7110 6605 9590 0012 1344

EDWARD ISERN JR
515 W 5TH
ELLINWOOD, KS 67526

Batch #: 2189
Article #: 71106605959000121344
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 1344	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
1. Article Addressed to: EDWARD ISERN JR 515 W 5TH ELLINWOOD, KS 67526	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1344	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
1. Article Addressed to: EDWARD ISERN JR 515 W 5TH ELLINWOOD, KS 67526	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121344
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3446

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

ent To
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

EDWARD LAYLAND MYATT JR
1903 NEVADA
DENTON, TX 76209

Form 3800, August 2006 See Reverse for Instructions



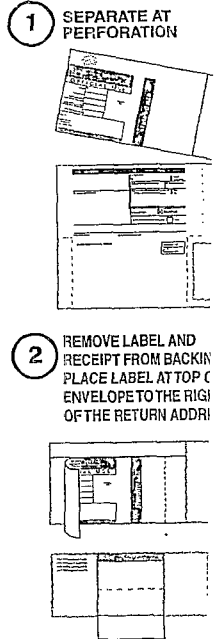
7110 6605 9590 0013 3446

EDWARD LAYLAND MYATT JR
1903 NEVADA
DENTON, TX 76209

Batch #: 2272
Article #: 71106605959000133446
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3446	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EDWARD LAYLAND MYATT JR 1903 NEVADA DENTON, TX 76209	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3446	A. Signature X <i>E. Myatt</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>E. Myatt</i>	C. Date of Delivery <i>9-17-10</i>
EDWARD LAYLAND MYATT JR 1903 NEVADA DENTON, TX 76209	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes



Batch #: 2272
Article #: 71106605959000133446
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1351

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

EDWARD L RYERSON JR TRUST
ATTN SUSAN CHIAPPISI
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 2138

At To

Set, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1351

EDWARD L RYERSON JR TRUST
ATTN SUSAN CHIAPPISI
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 2138

Batch #: 2189
Article #: 71106605959000121351
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number
7110 6605 9590 0012 1351

1. Article Addressed to:

EDWARD L RYERSON JR TRUST
ATTN SUSAN CHIAPPISI
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 2138

COMPLETE THIS SECTION ON DELIVERY

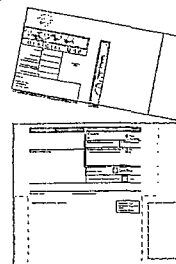
A. Signature ☐ Agent
X ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

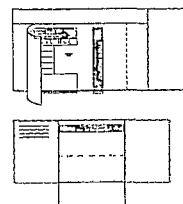
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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 0012 1351

1. Article Addressed to:

EDWARD L RYERSON JR TRUST
ATTN SUSAN CHIAPPISI
1336 MASSACHUSETTS AVE
CAMBRIDGE, MA 2138

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ 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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121351
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1368

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (separate Payment Required)		\$2.30	
Restricted Delivery Fee (separate Payment Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

To
Edward R Atwill Estate
PO BOX 1551
TUBAC, AZ 85646

Form 3800, August 2008, 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

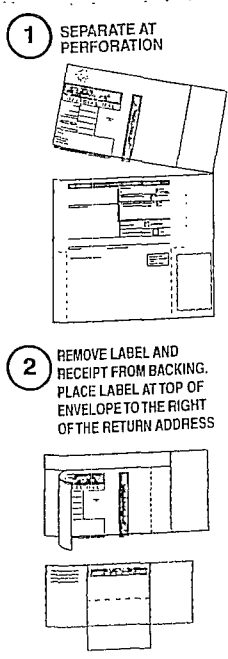
7110 6605 9590 0012 1368

EDWARD R ATWILL ESTATE
PO BOX 1551
TUBAC, AZ 85646

Batch #: 2189
Article #: 71106605959000121368
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1368	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDWARD R ATWILL ESTATE PO BOX 1551 TUBAC, AZ 85646	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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1368	A. Signature X <i>Edward R Atwill</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDWARD R ATWILL ESTATE PO BOX 1551 TUBAC, AZ 85646	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 #: 2189
Article #: 71106605959000121368
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1375

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

Delivered To
Edward Winterer &
289 Oceanview Ave
Del Mar, CA 92014-3321

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1375

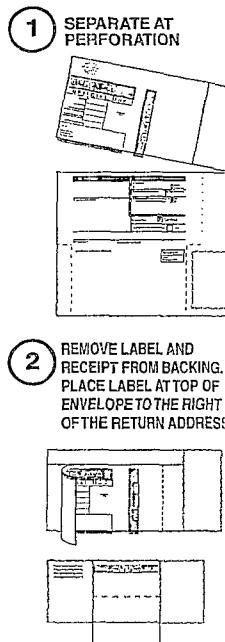
EDWARD WINTERER &
289 OCEANVIEW AVE
DEL MAR, CA 92014-3321

Batch #: 2189
Article #: 71106605959000121375
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1375	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDWARD WINTERER & 289 OCEANVIEW AVE DEL MAR, CA 92014-3321	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1375	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EDWARD WINTERER & 289 OCEANVIEW AVE DEL MAR, CA 92014-3321	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 #: 2189
Article #: 71106605959000121375
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

ConocoPhillips

7110 6605 9590 0012 1382

UNCLAIMED

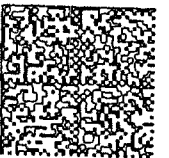
EILEEN MEDINA GARRIDO
3363 E EVANS DR
PHOENIX, AZ 85032

SEP 04 2001

SEP 10 2001

✓
✓
9-4

22



UNITED STATES
02 1R
0006557
MAILED F



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7110 6605 9590 0012 1399

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Delivered To
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4
ELAINE LYONS
21422 GANTON DR
KATY, TX 77450
Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1399

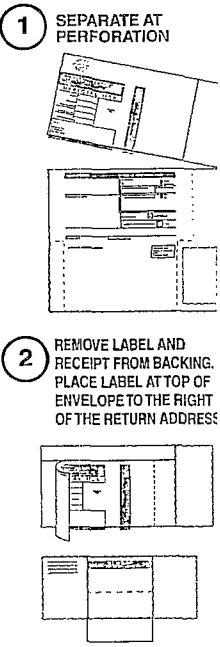
ELAINE LYONS
21422 GANTON DR
KATY, TX 77450

Batch #: 2189
Article #: 71106605959000121399
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R Rev. 01/07

2. Article Number 7110 6605 9590 0012 1399	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



2. Article Number 7110 6605 9590 0012 1399	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Elaine Lyons</i> ☐ 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121399
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1405

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

At To
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

ELEANOR G HAND
1875 GORDON MANOR NE
ATLANTA, GA 30307

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1405

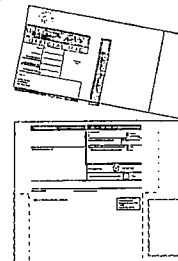
ELEANOR G HAND
1875 GORDON MANOR NE
ATLANTA, GA 30307

Batch #: 2189
Article #: 71106605959000121405
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

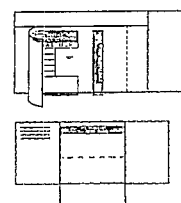
Reorder Form LCD-814B rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1405	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR G HAND 1875 GORDON MANOR NE ATLANTA, GA 30307	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 0012 1405	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR G HAND 1875 GORDON MANOR NE ATLANTA, GA 30307	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121405
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2876

Postage	\$		Postmark Here
	\$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	

ent To
street, Apt. No.,
PO Box No.
ity, State, Zip+4

ELEANOR G TRUJILLO
2114 E MT DANIELS DR
ELLENSBURG, WA 98926

Form 3800, August 2005, See Reverse for Instructions



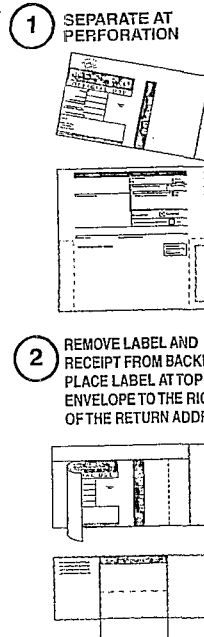
7110 6605 9590 0013 2876

ELEANOR G TRUJILLO
2114 E MT DANIELS DR

ELLENSBURG, WA 98926

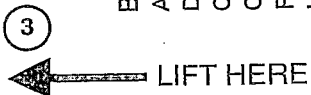
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Article #: 71106605959000132876
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2876	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR G TRUJILLO 2114 E MT DANIELS DR ELLENSBURG, WA 98926	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2876	A. Signature X <i>Eleanor G Trujillo</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR G TRUJILLO 2114 E MT DANIELS DR ELLENSBURG, WA 98926	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

Batch #: 2269
Article #: 71106605959000132876
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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For more information visit our website at www.usps.com

7110 6605 9590 0012 1412

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (separate payment Required)	\$2.30	
Restricted Delivery Fee (separate payment Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

To
ELEANOR I DUNNE FAMILY TR
1401 N WESTERN AVE
LAKE FOREST, IL 60045

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



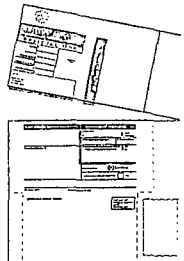
7110 6605 9590 0012 1412

ELEANOR I DUNNE FAMILY TR
1401 N WESTERN AVE
LAKE FOREST, IL 60045

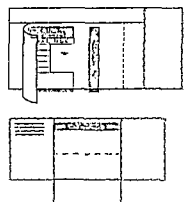
Batch #: 2189
Article #: 71106605959000121412
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

1 SEPARATE AT PERFORATION



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



Batch #: 2189
Article #: 71106605959000121412
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1412	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR I DUNNE FAMILY TR 1401 N WESTERN AVE LAKE FOREST, IL 60045	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1412	A. Signature X <i>RECEIVED</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELEANOR I DUNNE FAMILY TR 1401 N WESTERN AVE LAKE FOREST, IL 60045	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



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For information visit www.usps.com

7110 6605 9590 0012 1429

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

nt To
et, Apt. No.;
PO Box No.
y, State, Zip+4

ELIZABETH BLACK MONTGOMERY
2308 MIMOSA
HOUSTON, TX 77019

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



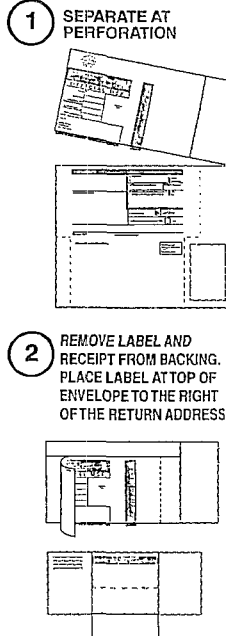
7110 6605 9590 0012 1429

ELIZABETH BLACK MONTGOMERY
2308 MIMOSA
HOUSTON, TX 77019

Batch #: 2189
Article #: 71106605959000121429
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1429	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH BLACK MONTGOMERY 2308 MIMOSA HOUSTON, TX 77019	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1429	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/8/10
ELIZABETH BLACK MONTGOMERY 2308 MIMOSA HOUSTON, TX 77019	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121429
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1443

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ELIZABETH H LUND ROYALTY TRUST
BARBARA LUND TRUSTEE
10939 ALADDIN DR
DALLAS, TX 75229

Postage To
Post Office, Apt. No.,
Post Office Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1443

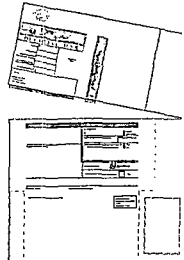
ELIZABETH H LUND ROYALTY TRUST
BARBARA LUND TRUSTEE
10939 ALADDIN DR
DALLAS, TX 75229

Batch #: 2189
Article #: 71106605959000121443
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

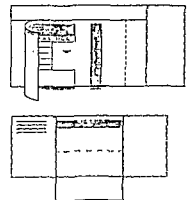
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1443	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ELIZABETH H LUND ROYALTY TRUST BARBARA LUND TRUSTEE 10939 ALADDIN DR DALLAS, TX 75229	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 0012 1443	A. Signature X <i>Barbara Lund</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Barbara Lund</i>	C. Date of Delivery <i>9/3/10</i>
ELIZABETH H LUND ROYALTY TRUST BARBARA LUND TRUSTEE 10939 ALADDIN DR DALLAS, TX 75229	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 #: 2189
Article #: 71106605959000121443
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1436	
Postage \$	\$1.05
Certified Fee	\$2.80
Return Receipt Fee (Postage Required)	\$2.30
Restricted Delivery Fee (Postage Required)	\$0.00
Total Postage & Fees \$	\$6.15

Deliver To
Elizabeth Goodwin Reese
7800 Nairn
Houston, TX 77074

Postmark Here

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



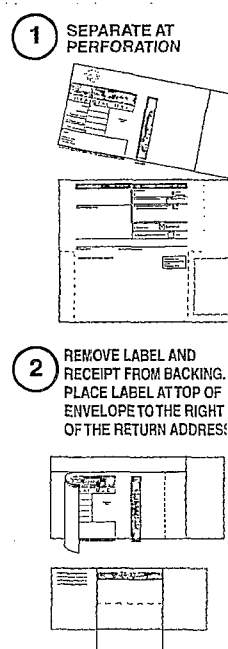
7110 6605 9590 0012 1436

ELIZABETH GOODWIN REESE
7800 NAIRN
HOUSTON, TX 77074

Batch #: 2189
Article #: 71106605959000121436
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1436	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
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2. Article Number 7110 6605 9590 0012 1436	COMPLETE THIS SECTION ON DELIVERY A. Signature X Mrs. Reese ☒ 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
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Batch #: 2189
Article #: 71106605959000121436
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1450

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

At To
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

ELIZABETH H WHITE FAMILY TRUST
P O BOX 780099
DALLAS, TX 75378-0099

Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1450

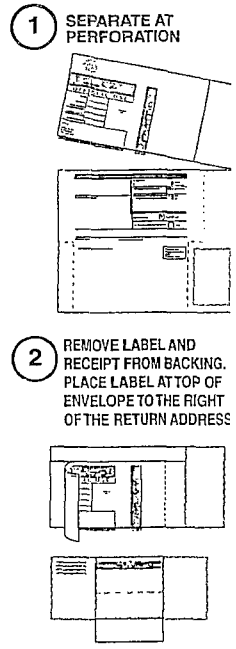
ELIZABETH H WHITE FAMILY TRUST
P O BOX 780099
DALLAS, TX 75378-0099

Batch #: 2189
Article #: 71106605959000121450
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

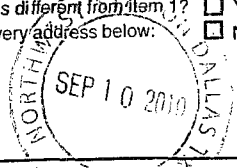
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1450	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH H WHITE FAMILY TRUST P O BOX 780099 DALLAS, TX 75378-0099	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1450	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH H WHITE FAMILY TRUST P O BOX 780099 DALLAS, TX 75378-0099	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 #: 2189
Article #: 71106605959000121450
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 1467

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

Send To
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

ELIZABETH JO KEENOM
16790 HWY 550
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1467

ELIZABETH JO KEENOM
16790 HWY 550
AZTEC, NM 87410

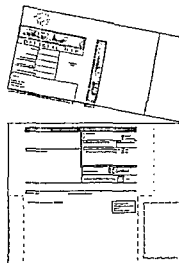
Batch #: 2189
Article #: 71106605959000121467
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R (rev. 01/07)

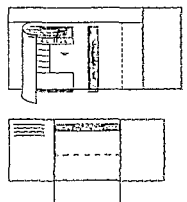
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1467	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH JO KEENOM 16790 HWY 550 AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 0012 1467	A. Signature X Elizabeth Keenom ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Elizabeth Keenom
ELIZABETH JO KEENOM 16790 HWY 550 AZTEC, NM 87410	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 #: 2189
Article #: 71106605959000121467
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



US Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 1474

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

To
Elizabeth N Messeca
C/O RBC WEALTH MGMNT
6301 UPTOWN BLVD NE STE 100
ALBUQUERQUE, NM 87110

PS Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell

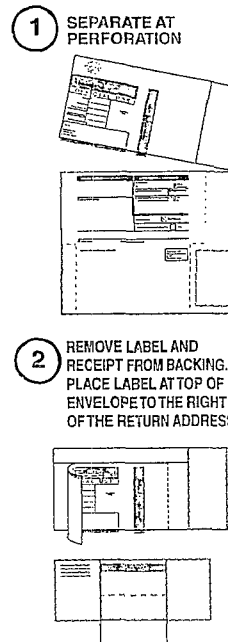


7110 6605 9590 0012 1474

ELIZABETH N MESSECA
C/O RBC WEALTH MGMNT
6301 UPTOWN BLVD NE STE 100
ALBUQUERQUE, NM 87110

Batch #: 2189
Article #: 71106605959000121474
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07



2. Article Number 7110 6605 9590 0012 1474	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
1. Article Addressed to: ELIZABETH N MESSECA C/O RBC WEALTH MGMNT 6301 UPTOWN BLVD NE STE 100 ALBUQUERQUE, NM 87110 Code: Allocation Project - D.Howell	

2. Article Number 7110 6605 9590 0012 1474	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>ED Messeca</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>E Messeca</i> C. Date of Delivery <i>9/1/2010</i> 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
1. Article Addressed to: ELIZABETH N MESSECA C/O RBC WEALTH MGMNT 6301 UPTOWN BLVD NE STE 100 ALBUQUERQUE, NM 87110 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121474
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1481

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

Return To:
Street, Apt. No.,
or PO Box No.,
City, State, Zip+4

**ELIZABETH P FLETCHER
C/O BARRON FLETCHER
300 E. 75TH
NEW YORK, NY 10021-3375**

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1481

**ELIZABETH P FLETCHER
C/O BARRON FLETCHER
300 E. 75TH
NEW YORK, NY 10021-3375**

Batch #: 2189
Article #: 71106605959000121481
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1481	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
1. Article Addressed to: ELIZABETH P FLETCHER C/O BARRON FLETCHER 300 E. 75TH NEW YORK, NY 10021-3375	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

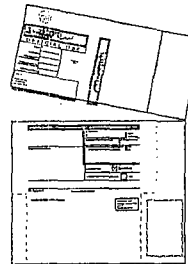
UNITED STATES POSTAL SERVICE



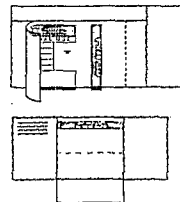
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499**

1 SEPARATE AT PERFORATION



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



3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information visit our website at www.usps.com
7110 6605 9590 0012 1498

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

1st To
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

ELIZABETH S BAYER
4932 S ELKHART CT
AURORA, CO 80015-2218

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



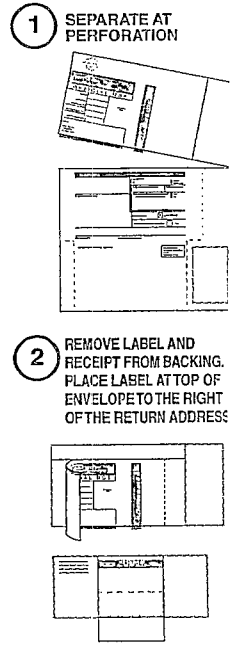
7110 6605 9590 0012 1498

ELIZABETH S BAYER
4932 S ELKHART CT
AURORA, CO 80015-2218

Batch #: 2189
Article #: 71106605959000121498
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1498	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH S BAYER 4932 S ELKHART CT AURORA, CO 80015-2218	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1498	A. Signature X Elizabeth Bayer ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH S BAYER 4932 S ELKHART CT AURORA, CO 80015-2218	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121498
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service™
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7110 6605 9590 0013 3460

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

ent To
reet, Apt. No.;
r PO Box No.
ity, State, Zip+4

ELIZABETH SIBOLE
710 PIAZZA PLACE
SAN ANTONIO, TX 78253

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3460

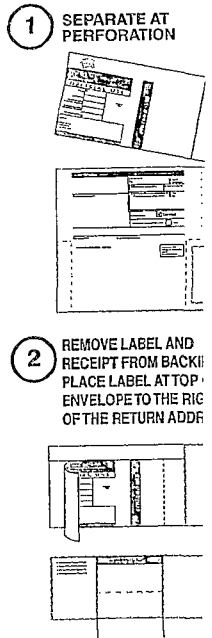
ELIZABETH SIBOLE
710 PIAZZA PLACE

SAN ANTONIO, TX 78253

Batch #: 2272
Article #: 71106605959000133460
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3460	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH SIBOLE 710 PIAZZA PLACE SAN ANTONIO, TX 78253	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3460	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH SIBOLE 710 PIAZZA PLACE SAN ANTONIO, TX 78253	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

Batch #: 2272
Article #: 71106605959000133460
Date/Time: 9/14/2010 3:26:43 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1504

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Deliver To
**ELIZABETH T ISHAM TRUST
DRAWER 99084
FORT WORTH, TX 76199-0084**

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



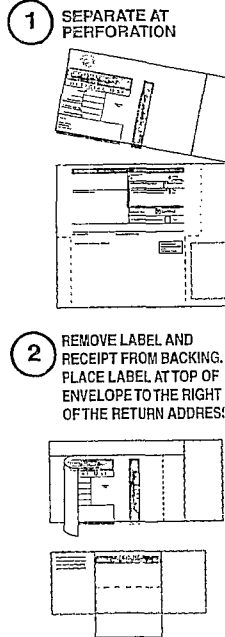
7110 6605 9590 0012 1504

**ELIZABETH T ISHAM TRUST
DRAWER 99084
FORT WORTH, TX 76199-0084**

Batch #: 2189
Article #: 71106605959000121504
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1504	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH T ISHAM TRUST DRAWER 99084 FORT WORTH, TX 76199-0084	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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1504	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELIZABETH T ISHAM TRUST DRAWER 99084 FORT WORTH, TX 76199-0084	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 #: 2189
Article #: 71106605959000121504
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1511

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Deliver to:
Elizabeth Turner Calloway
PO BOX 191767
DALLAS, TX 75219-8506

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



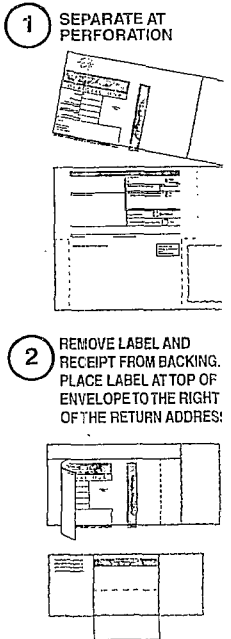
7110 6605 9590 0012 1511

ELIZABETH TURNER CALLOWAY
PO BOX 191767
DALLAS, TX 75219-8506

Batch #: 2189
Article #: 71106605959000121511
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number 7110 6605 9590 0012 1511	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
1. Article Addressed to: ELIZABETH TURNER CALLOWAY PO BOX 191767 DALLAS, TX 75219-8506 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1511	COMPLETE THIS SECTION ON DELIVERY A. Signature X Robert Wilburn ☐ Agent ☐ Addressee B. Received by (Printed Name) Robert Wilburn C. Date of Delivery 8/31/10 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
1. Article Addressed to: ELIZABETH TURNER CALLOWAY PO BOX 191767 DALLAS, TX 75219-8506 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121511
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 2883

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

ent To
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

ELLEN L MARBERRY
244 E EAST DR
BAYFIELD, CO 81122

Form 3800, August 2006 See Reverse for Instructions

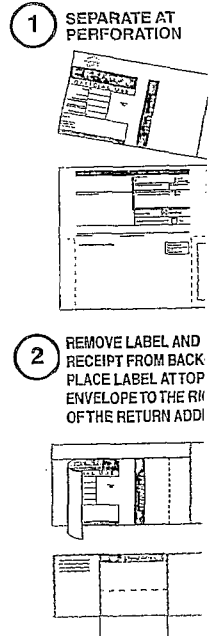


7110 6605 9590 0013 2883

ELLEN L MARBERRY
244 E EAST DR
BAYFIELD, CO 81122

Batch #: 2269
Article #: 71106605959000132883
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2883	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLEN L MARBERRY 244 E EAST DR BAYFIELD, CO 81122	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2883	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery DUANE M. JENKINS 9-18-10
ELLEN L MARBERRY 244 E EAST DR BAYFIELD, CO 81122	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

Batch #: 2269
Article #: 71106605959000132883
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 1528

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Postage To
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

ELLEN NICKSON BROWN TEST TRUST
PO BOX 1587
DENISON, TX 75021

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



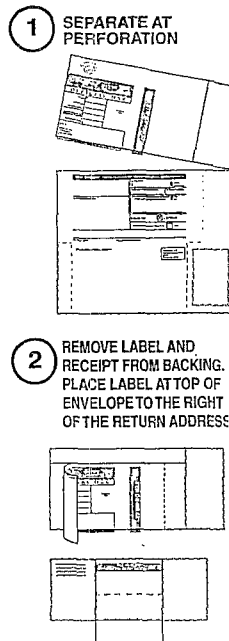
7110 6605 9590 0012 1528

ELLEN NICKSON BROWN TEST TRUST
PO BOX 1587
DENISON, TX 75021

Batch #: 2189
Article #: 71106605959000121528
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8110 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1528	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLEN NICKSON BROWN TEST TRUST PO BOX 1587 DENISON, TX 75021	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1528	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLEN NICKSON BROWN TEST TRUST PO BOX 1587 DENISON, TX 75021	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121528
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3477

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

ent To

ELLIOT E & CHARLENE M HATHEWAY REV
1801 W TRENTON ST

street, Apt. No.;
r PO Box No.
ity, State, Zip+4

BROKEN ARROW, OK 74012

PS Form 3800, August 2006 See Reverse for Instructions



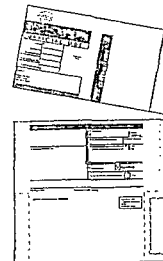
7110 6605 9590 0013 3477

ELLIOT E & CHARLENE M HATHEWAY REV
1801 W TRENTON ST
BROKEN ARROW, OK 74012

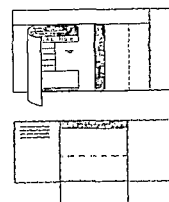
Batch #: 2272
Article #: 71106605959000133477
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3477	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLIOT E & CHARLENE M HATHEWAY REV 1801 W TRENTON ST BROKEN ARROW, OK 74012	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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3477	A. Signature X <i>M. Hatheaway</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLIOT E & CHARLENE M HATHEWAY REV 1801 W TRENTON ST BROKEN ARROW, OK 74012	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>Michele Hatheaway</i> SEP 23 2010
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133477
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1535

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

nt To
et, Apt. No.,
PO Box No.
y, State, Zip+4

ELLIS RUDY LTD
22499 IMPERIAL VALLEY DRIVE
HOUSTON, TX 77073-1173

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1535

ELLIS RUDY LTD
22499 IMPERIAL VALLEY DRIVE
HOUSTON, TX 77073-1173

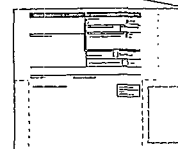
Batch #: 2189
Article #: 71106605959000121535
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

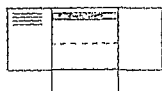
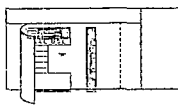
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1535	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ELLIS RUDY LTD 22499 IMPERIAL VALLEY DRIVE HOUSTON, TX 77073-1173	D. Is delivery address different from item 1? ☐ 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 0012 1535	A. Signature X <i>Doe Rudy</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>8/31/10</i>
ELLIS RUDY LTD 22499 IMPERIAL VALLEY DRIVE HOUSTON, TX 77073-1173	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 #: 2189
Article #: 71106605959000121535
Date/Time: 8/31/2010 10:48:42 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 1559

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

Deliver To
Name, Apt. No.,
PO Box No.,
City, State, Zip+4

EMANUEL VARICAK
316 S SYCAMORE ST
NORTH PLATTE, NE 69101-7544

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1559

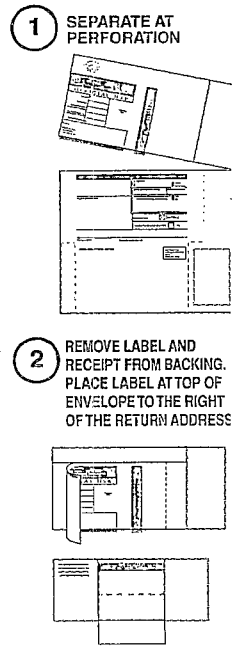
EMANUEL VARICAK
316 S SYCAMORE ST
NORTH PLATTE, NE 69101-7544

Batch #: 2189
Article #: 71106605959000121559
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1559	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMANUEL VARICAK 316 S SYCAMORE ST NORTH PLATTE, NE 69101-7544	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

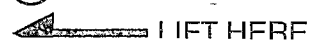


Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1559	A. Signature X Emanuel Varicak ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Emanuel Varicak 9-4-10
EMANUEL VARICAK 316 S SYCAMORE ST NORTH PLATTE, NE 69101-7544	D. Is delivery address 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 #: 2189
Article #: 71106605959000121559
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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7110 6605 9590 0012 1566

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

EMILIE M HARDIE
1065 LOS JARDINES
EL PASO, TX 79912-1942

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1566

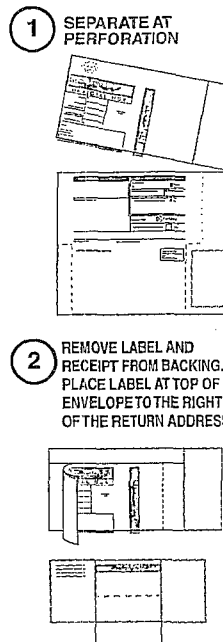
EMILIE M HARDIE
1065 LOS JARDINES
EL PASO, TX 79912-1942

Batch #: 2189
Article #: 71106605959000121566
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code 2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1566	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILIE M HARDIE 1065 LOS JARDINES EL PASO, TX 79912-1942	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1566	A. Signature X Hardie ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILIE M HARDIE 1065 LOS JARDINES EL PASO, TX 79912-1942	Hardie 8/3
	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

Batch #: 2189
Article #: 71106605959000121566
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code 2:
File #:
Internal File #:
Internal Code #:

PS For

3

LIST HERE



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7110 6605 9590 0012 1573

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Deliver To
Set, Apt. No.;
PO Box No.
City, State, Zip+4

EMILIE SWINNEY
13 PARK PLACE CT
WICHITA FALLS, TX 76302-1964

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



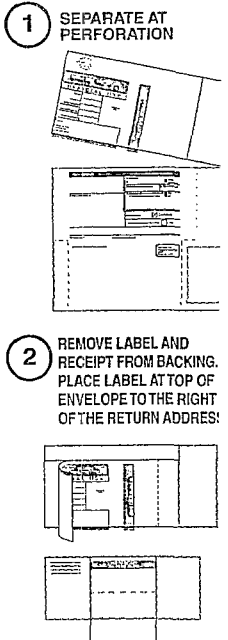
7110 6605 9590 0012 1573

EMILIE SWINNEY
13 PARK PLACE CT
WICHITA FALLS, TX 76302-1964

Batch #: 2189
Article #: 71106605959000121573
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1573	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILIE SWINNEY 13 PARK PLACE CT WICHITA FALLS, TX 76302-1964	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 #: 2189
Article #: 71106605959000121573
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1573	A. Signature X <i>Emilie Swinney</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Emilie Swinney</i> <i>9-3-10</i>
EMILIE SWINNEY 13 PARK PLACE CT WICHITA FALLS, TX 76302-1964	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	

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
[No Insurance Coverage Provided]
Information Visit our Website at www.usps.com

7110 6605 9590 0012 1580

Postage \$	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees \$	\$6.15	

Delivered To
Emily Grambling
916 CHERRY HILL LANE
EL PASO, TX 79912

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



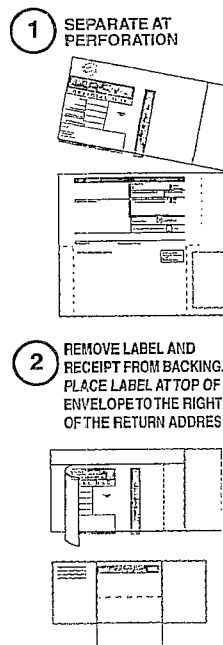
7110 6605 9590 0012 1580

EMILY GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

Batch #: 2189
Article #: 71106605959000121580
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-814B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1580	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMILY GRAMBLING 916 CHERRY HILL LANE EL PASO, TX 79912	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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1580	A. Signature X <i>Emily Grambling</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Emily Grambling</i> <i>9-3-10</i>
EMILY GRAMBLING 916 CHERRY HILL LANE EL PASO, TX 79912	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 #: 2189
Article #: 71106605959000121580
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1597

Postage	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

nt To
et, Apt. No.;
PO Box No.
y, State, Zip+4

EMILY LOBATO
586 HUNTINGTON DR UNIT J
ARCADIA, CA 91007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



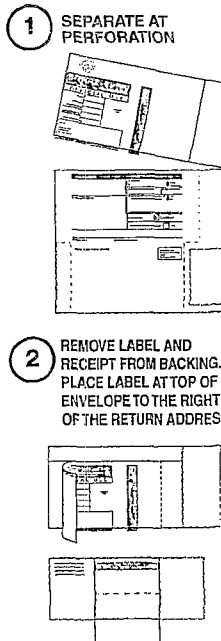
7110 6605 9590 0012 1597

EMILY LOBATO
586 HUNTINGTON DR UNIT J
ARCADIA, CA 91007

Batch #: 2189
Article #: 71106605959000121597
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

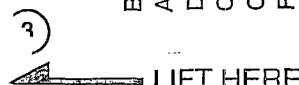
Reorder Form LCD-814 rev. 01/07

2. Article Number 7110 6605 9590 0012 1597	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
1. Article Addressed to: EMILY LOBATO 586 HUNTINGTON DR UNIT J ARCADIA, CA 91007	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1597	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Emily Lobato 9-7-10 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
1. Article Addressed to: EMILY LOBATO 586 HUNTINGTON DR UNIT J ARCADIA, CA 91007	
Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121597
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1603

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

To
Attn, Apt. No.,
PO Box No.,
City, State, Zip+4

EMOGENE L TREXEL
40 CAMINO ALTO, APT 11104
MILL VALLEY, CA 94941

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



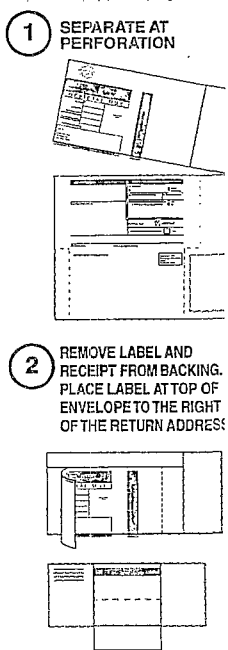
7110 6605 9590 0012 1603

EMOGENE L TREXEL
40 CAMINO ALTO, APT 11104
MILL VALLEY, CA 94941

Batch #: 2189
Article #: 71106605959000121603
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

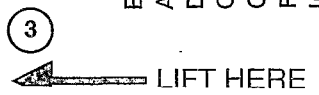
Reorder Form LCD-811R rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1603	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMOGENE L TREXEL 40 CAMINO ALTO, APT 11104 MILL VALLEY, CA 94941	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1603	A. Signature X [Signature] ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EMOGENE L TREXEL 40 CAMINO ALTO, APT 11104 MILL VALLEY, CA 94941	Pat Reave 9-4-10
Code: Allocation Project - D.Howell	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

Batch #: 2189
Article #: 71106605959000121603
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 1610

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ENERGEN RESOURCES CORPORATION
ATTN: BILLIE E LOPEZ
605 RICHARD ARRINGTON JR BLVD
BIRMINGHAM, AL 35203-2707

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1610

ENERGEN RESOURCES CORPORATION
ATTN: BILLIE E LOPEZ
605 RICHARD ARRINGTON JR BLVD
BIRMINGHAM, AL 35203-2707

Batch #: 2189
Article #: 71106605959000121610
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

nt To

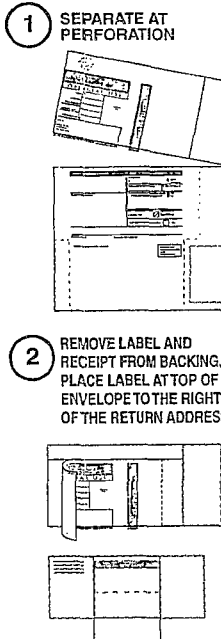
est, Apt. No.;
PO Box No.
y, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8141 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1610	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ENERGEN RESOURCES CORPORATION ATTN: BILLIE E LOPEZ 605 RICHARD ARRINGTON JR BLVD BIRMINGHAM, AL 35203-2707	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1610	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> 9-3-10
ENERGEN RESOURCES CORPORATION ATTN: BILLIE E LOPEZ 605 RICHARD ARRINGTON JR BLVD BIRMINGHAM, AL 35203-2707	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 #: 2189
Article #: 71106605959000121610
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1634

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

it To

ERNEST MARTINEZ
3217 N DUSTIN AVE
FARMINGTON, NM 87401

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1634

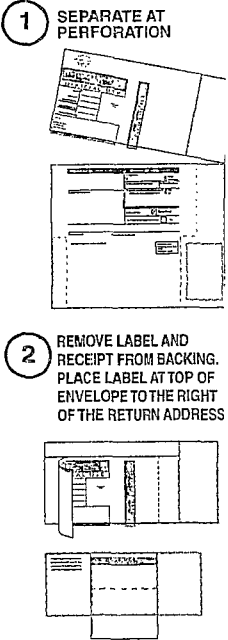
ERNEST MARTINEZ
3217 N DUSTIN AVE
FARMINGTON, NM 87401

Batch #: 2189
Article #: 71106605959000121634
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1634	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ERNEST MARTINEZ 3217 N DUSTIN AVE FARMINGTON, NM 87401	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1634	A. Signature X Ernest Martinez ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
ERNEST MARTINEZ 3217 N DUSTIN AVE FARMINGTON, NM 87401	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 #: 2189
Article #: 71106605959000121634
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1641

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

1. To
Set, Apt. No.,
PO Box No.,
City, State, Zip+4

EST GEORGE ANN BERGH
C/O L J BERGH EXEC
3206 AIRPORT RD
FAIRBANKS, AK 99709

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1641

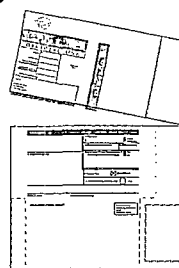
EST GEORGE ANN BERGH
C/O L J BERGH EXEC
3206 AIRPORT RD
FAIRBANKS, AK 99709

Batch #: 2189
Article #: 71106605959000121641
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

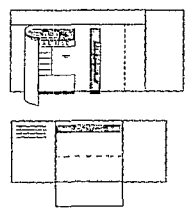
Reorder Form LCD-844R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1641	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EST GEORGE ANN BERGH C/O L J BERGH EXEC 3206 AIRPORT RD FAIRBANKS, AK 99709	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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 0012 1641	A. Signature X Tenyktap ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery TERA L. HAYNES 9-7-10
EST GEORGE ANN BERGH C/O L J BERGH EXEC 3206 AIRPORT RD FAIRBANKS, AK 99709	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121641
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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7110 6605 9590 0012 1658

Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Deliver To
EUGENIA DAVANT WILSON
PO BOX 1160
SULPHUR, LA 70664-1160

Postnet, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 (v. 1) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1658

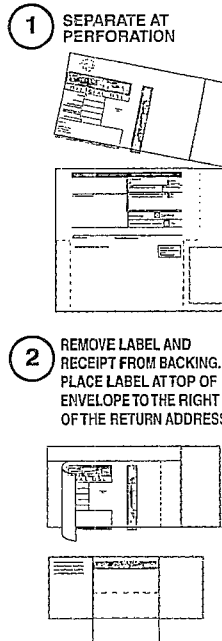
EUGENIA DAVANT WILSON
PO BOX 1160
SULPHUR, LA 70664-1160

Batch #: 2189
Article #: 71106605959000121658
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1658	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EUGENIA DAVANT WILSON PO BOX 1160 SULPHUR, LA 70664-1160	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1658	A. Signature X <i>Eugenia Davant Wilson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Eugenia Davant Wilson</i>
EUGENIA DAVANT WILSON PO BOX 1160 SULPHUR, LA 70664-1160	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 #: 2189
Article #: 71106605959000121658
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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Information visit our website at www.usps.com

7110 6605 9590 0012 1665

Postage	\$	1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

At To
Set, Apt. No.,
PO Box No.
y, State, Zip+4

EULA MAY JOHNSTON TRUST 661
PO BOX 2546
DALLAS, TX 76113-2546

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



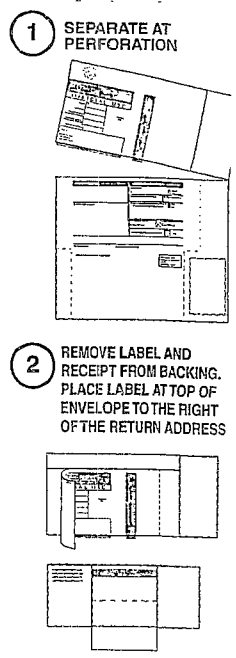
7110 6605 9590 0012 1665

EULA MAY JOHNSTON TRUST 661
PO BOX 2546
DALLAS, TX 76113-2546

Batch #: 2189
Article #: 71106605959000121665
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1665	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
EULA MAY JOHNSTON TRUST 661 PO BOX 2546 DALLAS, TX 76113-2546	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1665	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> SEP 10 2010
EULA MAY JOHNSTON TRUST 661 PO BOX 2546 DALLAS, TX 76113-2546	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121665
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Information: www.usps.com

7110 6605 9590 0012 1672

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

it To
Set, Apt. No.,
PO Box No.,
State, Zip+4

EVELYN BLANCHE SIMMONS TR UTA JUL
P O BOX 1819
BETHANY, OK 73008-1819

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



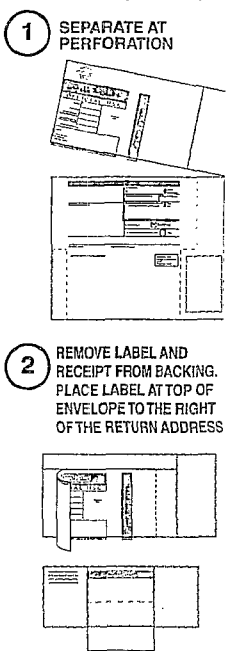
7110 6605 9590 0012 1672

EVELYN BLANCHE SIMMONS TR UTA JUL 2
P O BOX 1819
BETHANY, OK 73008-1819

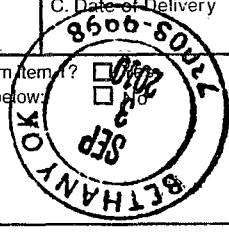
Batch #: 2189
Article #: 71106605959000121672
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1672	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EVELYN BLANCHE SIMMONS TR UTA JUL 2 P O BOX 1819 BETHANY, OK 73008-1819	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1672	A. Signature X <i>Evelyn Simmons</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
EVELYN BLANCHE SIMMONS TR UTA JUL 2 P O BOX 1819 BETHANY, OK 73008-1819	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
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