



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Mail Only; No Insurance Coverage Provided)
 Information visit our website at www.usps.com
 7110 6605 9590 0012 2013

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	

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

G. ELEANOR TRUJILLO
 2114 S. MT. DANIELS DR.
 ELLENSBERG, WA 98926

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2013

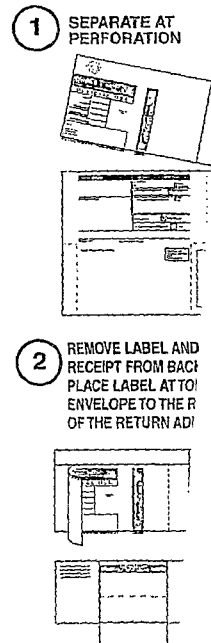
G. ELEANOR TRUJILLO
 2114 S. MT. DANIELS DR.
 ELLENSBERG, WA 98926

Batch #: 2190
 Article #: 71106605959000122013
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD- rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2013		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
G. ELEANOR TRUJILLO 2114 S. MT. DANIELS DR. ELLENSBERG, WA 98926		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 2013		A. Signature X <i>Eleanor Trujillo</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
G. ELEANOR TRUJILLO 2114 S. MT. DANIELS DR. ELLENSBERG, WA 98926		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 #: 2190
 Article #: 71106605959000122013
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information Visit Our Website at www.usps.com
7110 6605 9590 0012 2020

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
G. R. FASKEN
230 JOHNSON WOODS DR
PARIS, TX 75460

Street, 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 2020

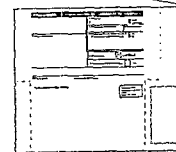
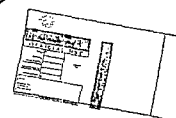
G. R. FASKEN
230 JOHNSON WOODS DR
PARIS, TX 75460

Batch #: 2190
Article #: 71106605959000122020
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

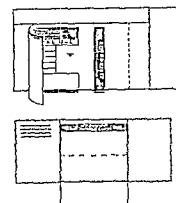
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 2020	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: G. R. FASKEN 230 JOHNSON WOODS DR PARIS, TX 75460	
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 2020	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>G.R. Fasken</i> ☐ 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: G. R. FASKEN 230 JOHNSON WOODS DR PARIS, TX 75460	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122020
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 2037

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
GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122
Street, 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 2037

GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122

Batch #: 2190
Article #: 71106605959000122037
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

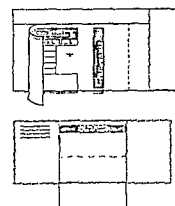
Reorder Form LC 3800 (Rev. 01/07)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2037	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GAIL A DURHAM 5020 62ND N W TERRACE OKLAHOMA CITY, OK 73122	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

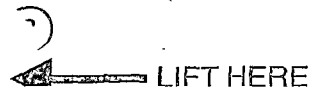


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2037	A. Signature X <i>Gail Durham</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>GAIL DURHAM</i> <i>9/4/10</i>
GAIL A DURHAM 5020 62ND N W TERRACE OKLAHOMA CITY, OK 73122	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 #: 2190
Article #: 71106605959000122037
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 2044

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
GAIL F. MOULTON, JR.
80345 MOUNTAIN DRIVE
TRONA, CA 93562

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2044

GAIL F. MOULTON, JR.
80345 MOUNTAIN DRIVE
TRONA, CA 93562

Batch #: 2190
Article #: 71106605959000122044
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 2044	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: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562 Code: Allocation Project - D.Howell	

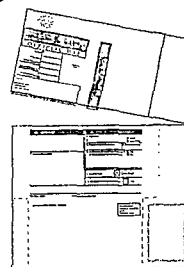
PS Form 3811

2. Article Number 7110 6605 9590 0012 2044	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carolyn M. Moulton</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>CAROLYN M. MOULTON</i> 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: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562 Code: Allocation Project - D.Howell	

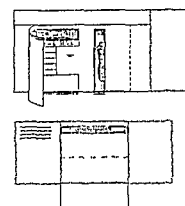
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2190
Article #: 71106605959000122044
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
For information visit our website at www.usps.com/ps
7110 6605 9590 0012 2051

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
GARCIA FAMILY TRUST
3805 CAMINO DON DIEGO NE
ALBUQUERQUE, NM 87111

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



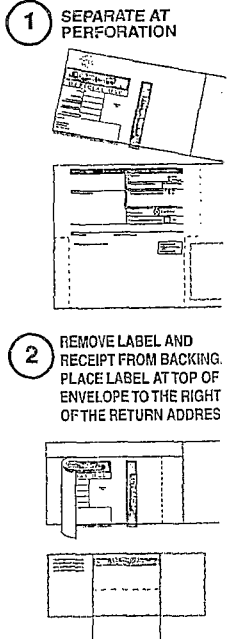
7110 6605 9590 0012 2051

GARCIA FAMILY TRUST
3805 CAMINO DON DIEGO NE
ALBUQUERQUE, NM 87111

Batch #: 2190
Article #: 71106605959000122051
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC-100 R rev. 01/07

2. Article Number 7110 6605 9590 0012 2051	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: GARCIA FAMILY TRUST 3805 CAMINO DON DIEGO NE ALBUQUERQUE, NM 87111 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2051	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: GARCIA FAMILY TRUST 3805 CAMINO DON DIEGO NE ALBUQUERQUE, NM 87111 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122051
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com
7110 6605 9590 0012 2068

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
GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



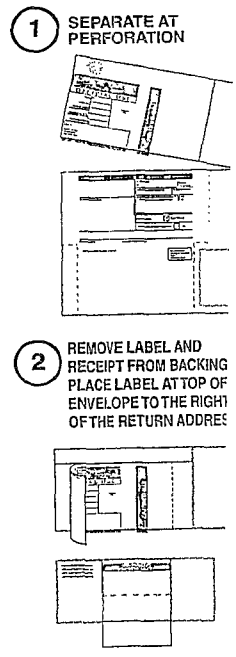
7110 6605 9590 0012 2068

GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

Batch #: 2190
Article #: 71106605959000122068
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

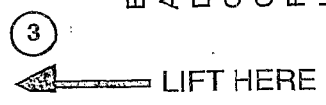
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2068	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: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2068	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: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122068
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
Information Visit Our Website at www.usps.com
7110 6605 9590 0012 2082

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

GARY R JOHNSON
P O BOX 7507
THE WOODLANDS, TX 77387-7507

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2082

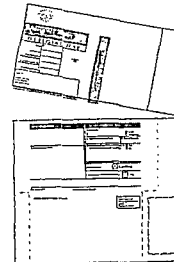
GARY R JOHNSON
P O BOX 7507
THE WOODLANDS, TX 77387-7507

Batch #: 2190
Article #: 71106605959000122082
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

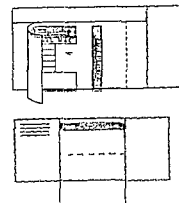
Reorder Form LCD 1101 R rev. 01/07

2. Article Number 7110 6605 9590 0012 2082	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: GARY R JOHNSON P O BOX 7507 THE WOODLANDS, TX 77387-7507 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 2082	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery X G JOHNSON 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: GARY R JOHNSON P O BOX 7507 THE WOODLANDS, TX 77387-7507 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122082
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 2167

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

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2167

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 9411R rev. 01/07

2. Article Number 7110 6605 9590 0012 2167	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:

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

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

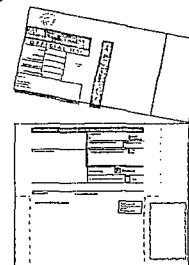
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

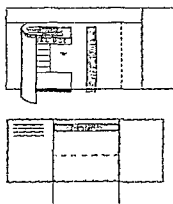
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 2099

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

GASCONADE OIL COMPANY
410 17TH ST STE 1180
DENVER, CO 80202

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2099

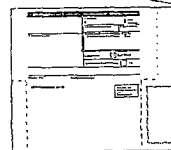
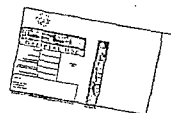
GASCONADE OIL COMPANY
410 17TH ST STE 1180
DENVER, CO 80202

Batch #: 2190
Article #: 71106605959000122099
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

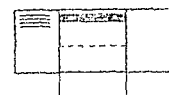
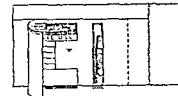
Reorder Form LC-100 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2099	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GASCONADE OIL COMPANY 410 17TH ST STE 1180 DENVER, CO 80202	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 2099	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GASCONADE OIL COMPANY 410 17TH ST STE 1180 DENVER, CO 80202	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 #: 2190
Article #: 71106605959000122099
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information Visit Our Website at www.usps.com
7110 6605 9590 0012 2105

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
2. Apt. No.;
3. PO Box No.
4. City, State, Zip+4

GAYL ANN CARLBERG AS HER SEPARATE
11 A WEST OAK DRIVE SOUTH
HOUSTON, TX 77056

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2105

GAYL ANN CARLBERG AS HER SEPARATE
11 A WEST OAK DRIVE SOUTH
HOUSTON, TX 77056

Batch #: 2190
Article #: 71106605959000122105
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1000 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2105	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056	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

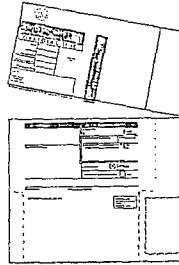
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2105	A. Signature X <i>Tony Kisha</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>9-8-2010</i>
GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056	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

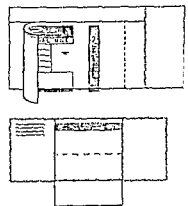
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2190
Article #: 71106605959000122105
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 2112

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

Code: Allocation Project - D.Howell

7110 6605 9590 0012 2112

GEISLER FAMILY LIMITED PARTNERSHIP
GENERAL PARTNER
5106 SPRING MEADOW DR
DALLAS, TX 75229

Form 3800, August 2006 See Reverse for Instructions



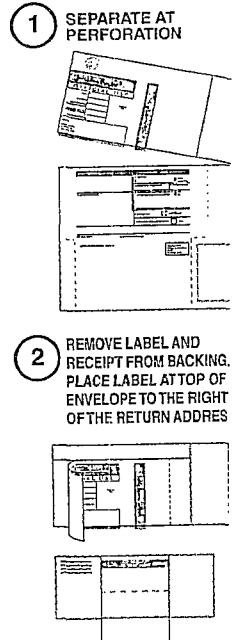
7110 6605 9590 0012 2112

GEISLER FAMILY LIMITED PARTNERSHIP
GENERAL PARTNER
5106 SPRING MEADOW DR
DALLAS, TX 75229

Batch #: 2190
Article #: 71106605959000122112
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC 001 R rev. 01/07

2. Article Number 7110 6605 9590 0012 2112	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: GEISLER FAMILY LIMITED PARTNERSHIP GENERAL PARTNER 5106 SPRING MEADOW DR DALLAS, TX 75229 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2112	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: GEISLER FAMILY LIMITED PARTNERSHIP GENERAL PARTNER 5106 SPRING MEADOW DR DALLAS, TX 75229 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122112
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 2129

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

Postmark Here

Code: Allocation Project - D.Howell

Postage To
GEMOCO LTD
5407 CREEK ARBOR CT
DALLAS, TX 75287-7504

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

Form 3800, August 2006 See Reverse for Instructions



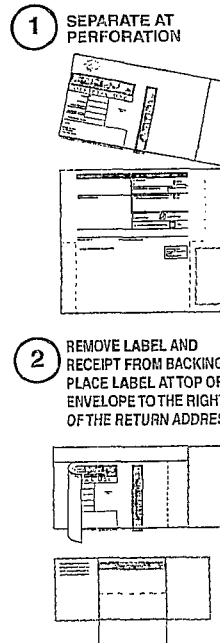
7110 6605 9590 0012 2129

GEMOCO LTD
5407 CREEK ARBOR CT
DALLAS, TX 75287-7504

Batch #: 2190
Article #: 71106605959000122129
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC7-1 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2129	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 2129	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>E. C. Fiedorek</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>E. C. FIEDOREK 9/10/10</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 Code: Allocation Project - D.Howell
--	---

Batch #: 2190
Article #: 71106605959000122129
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





REASON CHECKED
☒ Unclaimed
☒ Attempted - Not known
☐ Insufficient Address
☐ No Such Street
☐ No Such Office In State
☐ Do Not Remail This Envelope



ANK

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81504

06

000655/58 / SEP 02 2010
MAILED FROM ZIP CODE 87402



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

7110 6605 9590 0012 2136

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
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

Geneva T Johnson
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2136

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

Batch #: 2190
Article #: 71106605959000122136
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2136	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GENEVA T JOHNSON 2945 BEACHWOOD GRAND JUNCTION, CO 81501	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



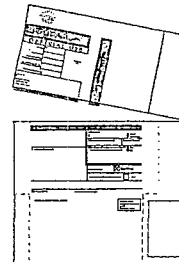
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

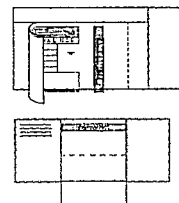
Batch #: 2190
Article #: 71106605959000122136
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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

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

GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2143

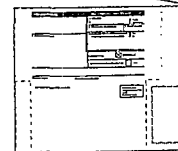
GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

Batch #: 2190
Article #: 71106605959000122143
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

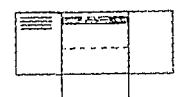
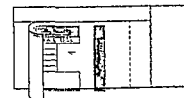
Reorder Form LC 3800-1R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2143	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402	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 2143	A. Signature X <i>Genevieve Rinerson</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402	<i>Genevieve Rinerson</i>
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 #: 2190
Article #: 71106605959000122143
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



US Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com

7110 6605 9590 0012 2150

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: GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

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

Form 3811, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2150

GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2190
Article #: 71106605959000122150
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2150	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVIEVE CANDELARIA PO BOX 348 BLANCO, NM 87412	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

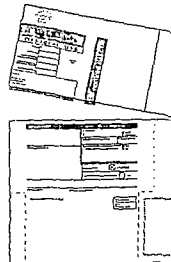
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2150	A. Signature X <i>G. Candalaria</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>B. Candalaria</i> <i>9-3-10</i>
GENEVIEVE CANDELARIA PO BOX 348 BLANCO, NM 87412	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

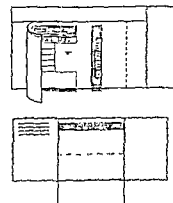
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2190
Article #: 71106605959000122150
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

I FT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information Visit our Website at usps.com
7110 6605 9590 0012 2167

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:
GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2167

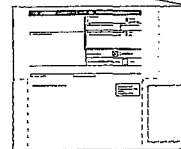
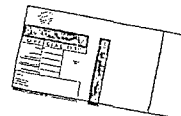
GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

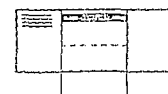
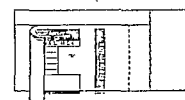
Reorder Form LCD-811R rev.01/07

2. Article Number 7110 6605 9590 0012 2167	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: GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201 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 2167	COMPLETE THIS SECTION ON DELIVERY A. Signature X Linda Vandewart ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Linda Vandewart 9/21/2010 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: GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122167
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 2174

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

GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2174

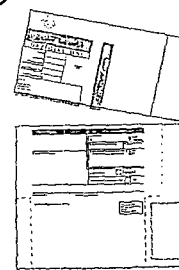
GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

Batch #: 2190
Article #: 71106605959000122174
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

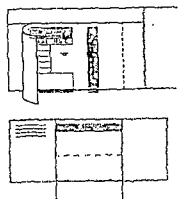
Reorder Form LCD Rev. 01/07

2. Article Number 7110 6605 9590 0012 2174	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: GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	
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 2174	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Georganne Quier</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Georganne Quier</i> 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: GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122174
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For delivery information visit our Website at www.usps.com

7110 6605 9590 0013 3521

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

GEORGEANNE NILSEN TTEE
3232 W BRITTON RD STE 140
OKLAHOMA CITY, OK 73120

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3521

GEORGEANNE NILSEN TTEE
3232 W BRITTON RD STE 140
OKLAHOMA CITY, OK 73120

Batch #: 2272
Article #: 71106605959000133521
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3521	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGEANNE NILSEN TTEE 3232 W BRITTON RD STE 140 OKLAHOMA CITY, OK 73120	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 A
RECEIPT FROM B/
PLACE LABEL AT
ENVELOPE TO TH
OF THE RETURN

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3521	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGEANNE NILSEN TTEE 3232 W BRITTON RD STE 140 OKLAHOMA CITY, OK 73120	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 #: 71106605959000133521
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
Information Visit our website at www.usps.com
7110 6605 9590 0012 2181

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
George A Ranney Estate
C/O CHICAGO METROPOLIS 2020
30 W MONROE ST 18TH FL
CHICAGO, IL 60603

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



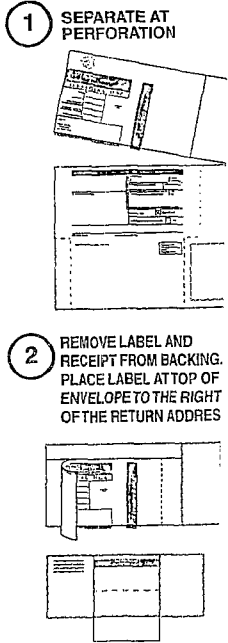
7110 6605 9590 0012 2181

GEORGE A RANNEY ESTATE
C/O CHICAGO METROPOLIS 2020
30 W MONROE ST 18TH FL
CHICAGO, IL 60603

Batch #: 2190
Article #: 71106605959000122181
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LOP 11R rev. 01/07

2. Article Number 7110 6605 9590 0012 2181	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: GEORGE A RANNEY ESTATE C/O CHICAGO METROPOLIS 2020 30 W MONROE ST 18TH FL CHICAGO, IL 60603	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2181	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>H. McCabe</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>H. McCabe</i> <i>7/9/11</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: GEORGE A RANNEY ESTATE C/O CHICAGO METROPOLIS 2020 30 W MONROE ST 18TH FL CHICAGO, IL 60603	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122181
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For information visit our website at www.usps.com
7110 6605 9590 0012 2198

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

GEORGE H SMITH
1211 ROYAL DR
KAUFMAN, TX 75142-3513

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2198

GEORGE H SMITH
1211 ROYAL DR
KAUFMAN, TX 75142-3513

Batch #: 2190
Article #: 71106605959000122198
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC74 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2198	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE H SMITH 1211 ROYAL DR KAUFMAN, TX 75142-3513	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 2198	A. Signature X <i>George H. Smith</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>GEORGE H. SMITH</i> <i>9-7-10</i>
GEORGE H SMITH 1211 ROYAL DR KAUFMAN, TX 75142-3513	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 #: 2190
Article #: 71106605959000122198
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3507

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

Postmark
Here

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

GEORGE E ESPINOSA
C/O CHARLES DARRAH & ASSOC LLC
99 INCA ST
DENVER, CO 80223

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3507

GEORGE E ESPINOSA
C/O CHARLES DARRAH & ASSOC LLC
99 INCA ST
DENVER, CO 80223

Batch #: 2272
Article #: 71106605959000133507
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3507

1. Article Addressed to:

GEORGE E ESPINOSA
C/O CHARLES DARRAH & ASSOC LLC
99 INCA ST
DENVER, CO 80223

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

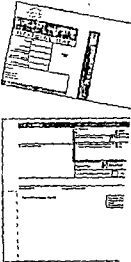
B. Received by (Printed Name) C. Date of Delivery

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

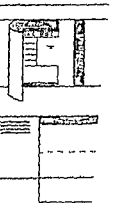
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL / RECEIPT FROM ENVELOPE TO TOP OF THE RETURN



2. Article Number

7110 6605 9590 0013 3507

1. Article Addressed to:

GEORGE E ESPINOSA
C/O CHARLES DARRAH & ASSOC LLC
99 INCA ST
DENVER, CO 80223

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *George Espinosa*

B. Received by (Printed Name) C. Date of Delivery
CHARLES DARRAH *9/14/10*

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

Batch #: 2272
Article #: 71106605959000133507
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2204		A. Signature X <i>[Signature]</i>	☐ Agent ☐ Addressee
		B. Received by (Printed Name) R. PALMER	C. Date of Delivery
1. Article Addressed to: GEORGE L PALMER PO BOX D A HAGATNA GUAM, 96932-7507		D. Is delivery address different from item? If YES enter delivery address below: SEP 27 2000 HAGATNA STA	
		3. Service Type X Certified	
		4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D Howell

PS Form 3811

Domestic Return Receipt



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

7110 6605 9590 0013 3514

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 **GEORGE MARTINEZ**
37 RD 3008

street, Apt. No.;
PO Box No.
ity, State, Zip+4 **AZTEC, NM 87410**

Form 3800, August 2008 See Reverse for Instructions

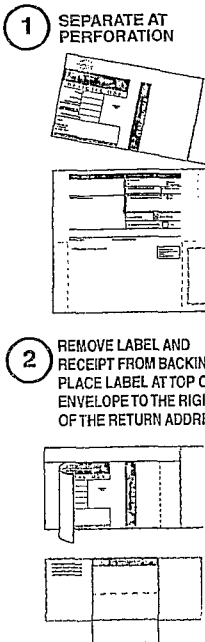


7110 6605 9590 0013 3514

GEORGE MARTINEZ
37 RD 3008
AZTEC, NM 87410

Batch #: 2272
Article #: 71106605959000133514
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 3514	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE MARTINEZ 37 RD 3008 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3514	A. Signature ☐ Agent X George Martinez ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE MARTINEZ 37 RD 3008 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

Batch #: 2272
Article #: 71106605959000133514
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For Information Only; Instructions at www.usps.com

7110 6605 9590 0012 2211

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

GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2211

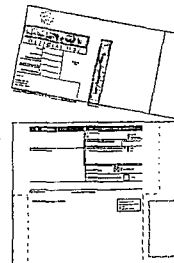
GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2190
Article #: 71106605959000122211
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

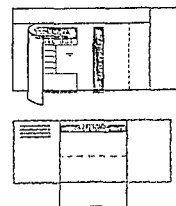
Reorder Form LCR rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2211	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE REED BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	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 2211	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGE REED BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	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 #: 2190
Article #: 71106605959000122211
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only; No Insurance Coverage Provided)
For more information, visit our Web site at www.usps.com

7110 6605 9590 0012 2228

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: **GEORGE S ISHAM NONGST MARITAL TRST**
BNY MELLON TRICIA ONEIL
1 FINANCIAL PLAZA SUITE 2200
PROVIDENCE, RI 2903

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2228

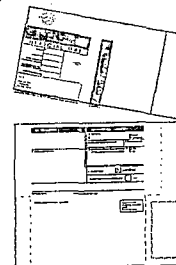
GEORGE S ISHAM NONGST MARITAL TRST
BNY MELLON TRICIA ONEIL
1 FINANCIAL PLAZA SUITE 2200
PROVIDENCE, RI 2903

Batch #: 2190
Article #: 71106605959000122228
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

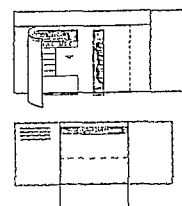
Reorder Form LCD 3 rev. 01/07

2. Article Number 7110 6605 9590 0012 2228	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: GEORGE S ISHAM NONGST MARITAL TRST BNY MELLON TRICIA ONEIL 1 FINANCIAL PLAZA SUITE 2200 PROVIDENCE, RI 2903 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



PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 2228	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>C. Sousa</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery C. Sousa 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: GEORGE S ISHAM NONGST MARITAL TRST BNY MELLON TRICIA ONEIL 1 FINANCIAL PLAZA SUITE 2200 PROVIDENCE, RI 2903 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122228
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3811

Domestic Return Receipt

3

LIFT HERE



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

7110 6605 9590 0012 2235

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
George W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

Post, 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 2235

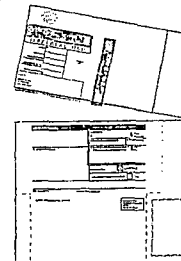
GEORGE W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

Batch #: 2190
Article #: 71106605959000122235
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

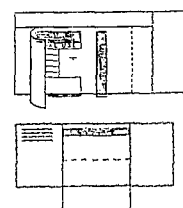
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2235	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
1. Article Addressed to: GEORGE W UMBACH ATTN J MARK CHOPLIN PO BOX 1588 TULSA, OK 74101	

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 2235	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
1. Article Addressed to: GEORGE W UMBACH ATTN J MARK CHOPLIN PO BOX 1588 TULSA, OK 74101	

Batch #: 2190
Article #: 71106605959000122235
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com
7110 6605 9590 0012 2242

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

GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2242

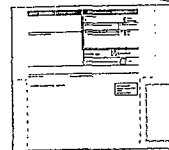
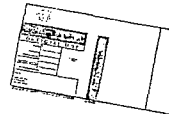
GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

Batch #: 2190
Article #: 71106605959000122242
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

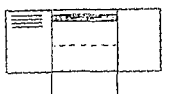
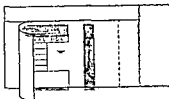
Reorder Form L0001R rev. 01/07

2. Article Number 7110 6605 9590 0012 2242	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: GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745 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 2242	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/4 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: GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122242
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

APPROVED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For information visit our website at www.usps.com
 7110 6605 9590 0012 2259

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	

Sent To

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

GERALD G. WILLIAMS & ALTA JANE WILL
 315 N. CLARK DR
 AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2259

7110 6605 9590 0012 2259

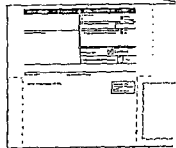
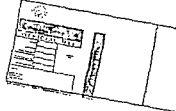
GERALD G. WILLIAMS & ALTA JANE WILL
 315 N. CLARK DR
 AZTEC, NM 87410

Batch #: 2190
 Article #: 71106605959000122259
 Date/Time: 8/31/2010 11:33:28 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

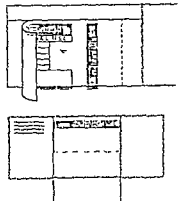
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2259	A. Signature ☐ Agent X ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GERALD G. WILLIAMS & ALTA JANE WILL 315 N. CLARK DR 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 2259	A. Signature ☐ Agent X ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GERALD G. WILLIAMS & ALTA JANE WILL 315 N. CLARK DR AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-4-10
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		
Code: Allocation Project - D.Howell		

Batch #: 2190
 Article #: 71106605959000122259
 Date/Time: 8/31/2010 11:33:28 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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

7110 6605 9590 0013 3538

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

GERALDINE H MCFADDEN
290 NW 12TH ST
CEDAREDDGE, CO 81413-4110

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3538

GERALDINE H MCFADDEN
290 NW 12TH ST
CEDAREDDGE, CO 81413-4110

Batch #: 2272
Article #: 71106605959000133538
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 3538	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE H MCFADDEN 290 NW 12TH ST CEDAREDDGE, CO 81413-4110	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 A RECEIPT FROM B. PLACE LABEL AT ENVELOPE TO TH OF THE RETURN.

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3538	A. Signature X <i>Geraldine H McFadden</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>GERALDINE MCFADDEN</i>
GERALDINE H MCFADDEN 290 NW 12TH ST CEDAREDDGE, CO 81413-4110	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 #: 71106605959000133538
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:



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

7110 6605 9590 0013 2890

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	

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

GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041

Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

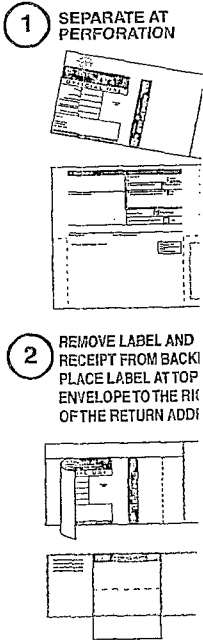
7110 6605 9590 0013 2890

GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041

Batch #: 2269
Article #: 71106605959000132890
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8/01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2890	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE KAREN STEWART 4910 LA RODA AVE LOS ANGELES, CA 90041	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 2890	A. Signature X <i>Karen Stewart</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE KAREN STEWART 4910 LA RODA AVE LOS ANGELES, CA 90041	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 #: 71106605959000132890
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 2906

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

GERTRUDE A GALLEGOS
PO BOX 442
PAGOSA SPRINGS, CO 81147

Form 3811, August 2006, See Reverse for Instructions



7110 6605 9590 0013 2906

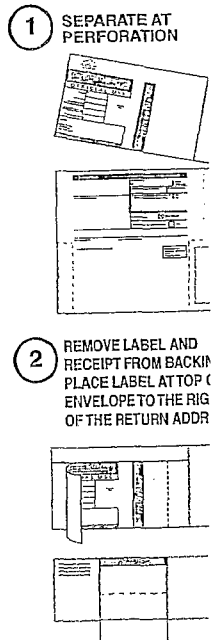
GERTRUDE A GALLEGOS
PO BOX 442

PAGOSA SPRINGS, CO 81147

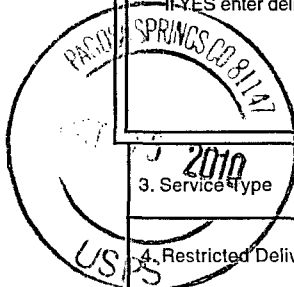
Batch #: 2269
Article #: 71106605959000132906
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD ev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2906	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GERTRUDE A GALLEGOS PO BOX 442 PAGOSA SPRINGS, CO 81147	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 2906	A. Signature X <i>Cyndi Mitchell</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>CYNDI MITCHELL</i>	C. Date of Delivery <i>10/5/10</i>
GERTRUDE A GALLEGOS PO BOX 442 PAGOSA SPRINGS, CO 81147	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 #: 71106605959000132906
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
Information visit our Website at www.usps.com

7110 6605 9590 0012 2266

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	

Int To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



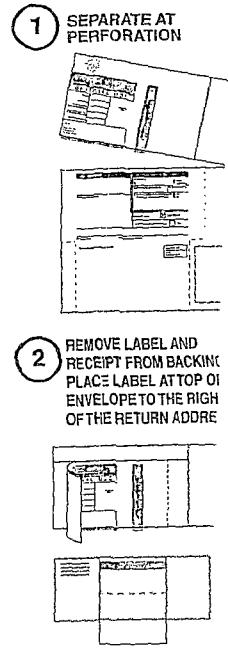
7110 6605 9590 0012 2266

GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

Batch #: 2190
Article #: 71106605959000122266
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

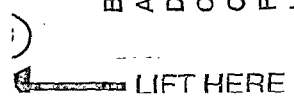
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2266	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GIBSON FAMILY TRUST PO BOX 769 ARCATA, CA 95518	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 2266	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GIBSON FAMILY TRUST PO BOX 769 ARCATA, CA 95518	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 #: 2190
Article #: 71106605959000122266
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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

7110 6605 9590 0012 2273

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
GLADYS M RIDDLE INTER-VIVOS TRUST
909 SW D AVE
LAWTON, OK 73501

Form 3800 (August 2005) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2273

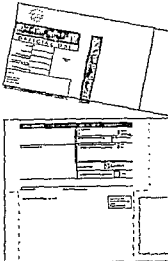
GLADYS M RIDDLE INTER-VIVOS TRUST
909 SW D AVE
LAWTON, OK 73501

Batch #: 2190
Article #: 71106605959000122273
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

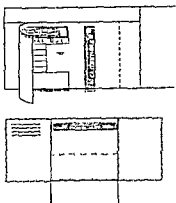
Reorder Form LCP rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2273	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	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 2273	A. Signature X <i>Karen Peterson</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Karen Peterson</i>	C. Date of Delivery <i>9-7-10</i>
GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	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 #: 2190
Article #: 71106605959000122273
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For information visit our website at www.usps.com
7110 6605 9590 0012 2280

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
GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



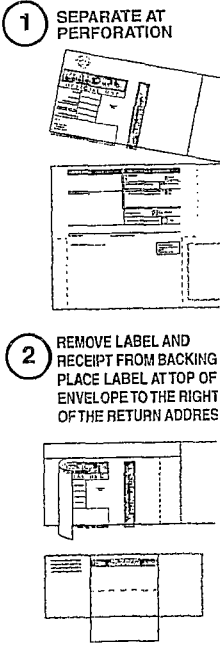
7110 6605 9590 0012 2280

GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

Batch #: 2190
Article #: 71106605959000122280
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2280	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: GLADYS WATFORD TRUST 12112 TALMAY DRIVE DALLAS, TX 75230	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2280	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: GLADYS WATFORD TRUST 12112 TALMAY DRIVE DALLAS, TX 75230	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122280
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com

7110 6605 9590 0012 2297

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

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

GLENN HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2297

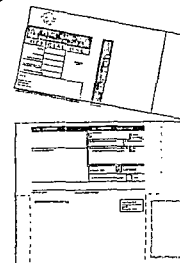
GLENN HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Batch #: 2190
Article #: 71106605959000122297
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

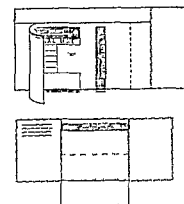
Reorder Form LCD R rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2297		
1. Article Addressed to:		
GLENN HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344		
	A. Signature ☐ Agent ☒ Addressee	
	B. Received by (Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	
	3. Service Type ☒ Certified	
	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 2297		
1. Article Addressed to:		
GLENN HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344		
	A. Signature ☐ Agent ☒ Addressee	
	B. Received by (Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2190
Article #: 71106605959000122297
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 2303

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
GLENN R GENTLE LVG TRUST DTD FEB 20

Post Office, Apt. No.,
PO Box No.
City, State, Zip+4
635 VIA SANTA CRUZ
VISTA, CA 92081-6336

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2303

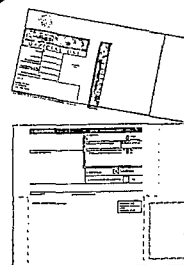
GLENN R GENTLE LVG TRUST DTD FEB 20
635 VIA SANTA CRUZ
VISTA, CA 92081-6336

Batch #: 2190
Article #: 71106605959000122303
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

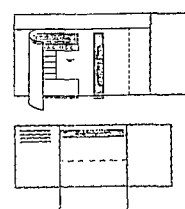
Reorder Form LCD 3811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLENN R GENTLE LVG TRUST DTD FEB 20 635 VIA SANTA CRUZ VISTA, CA 92081-6336	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 2303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLENN R GENTLE LVG TRUST DTD FEB 20 635 VIA SANTA CRUZ VISTA, CA 92081-6336	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 #: 2190
Article #: 71106605959000122303
Date/Time: 8/31/2010 11:33:28 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 Visit Our Website at www.usps.com
7110 6605 9590 0012 2310

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	

Not To

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

GLORIA M KUBIK
1119 WINCHESTER AVE
ENID, OK 73703-1480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2310

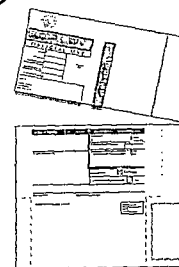
GLORIA M KUBIK
1119 WINCHESTER AVE
ENID, OK 73703-1480

Batch #: 2190
Article #: 71106605959000122310
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

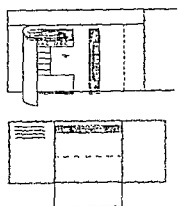
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 2310	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: GLORIA M KUBIK 1119 WINCHESTER AVE ENID, OK 73703-1480 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 2310	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Gloria Kubik</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>GLORIA KUBIK</i> C. Date of Delivery <i>9/14</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: GLORIA M KUBIK 1119 WINCHESTER AVE ENID, OK 73703-1480 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122310
Date/Time: 8/31/2010 11:33:28 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 visit our website at www.usps.com

7110 6605 9590 0012 2327

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

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

GLORIA MILAN
32 MOUNTAIN VIEW BLVD #3A
BILLINGS, MT 59101

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2327

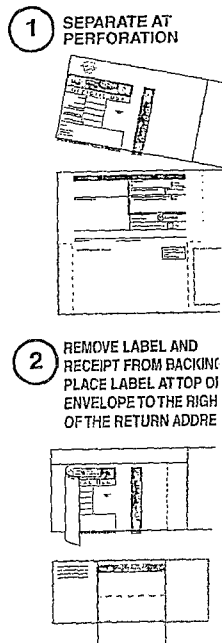
GLORIA MILAN
32 MOUNTAIN VIEW BLVD #3A
BILLINGS, MT 59101

Batch #: 2190
Article #: 71106605959000122327
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2327	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLORIA MILAN 32 MOUNTAIN VIEW BLVD #3A BILLINGS, MT 59101	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 2327	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLORIA MILAN 32 MOUNTAIN VIEW BLVD #3A BILLINGS, MT 59101	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No 1817 Newwood Ln Billings MT 59102
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2190
Article #: 71106605959000122327
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com

7110 6605 9590 0012 2334

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

GLORIA WYNNE LANKFORD
3501 ELM CREEK CRT.
FT. WORTH, TX 76109

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2334

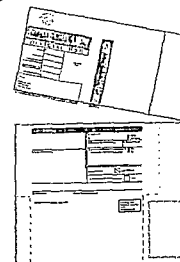
GLORIA WYNNE LANKFORD
3501 ELM CREEK CRT.
FT. WORTH, TX 76109

Batch #: 2190
Article #: 71106605959000122334
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

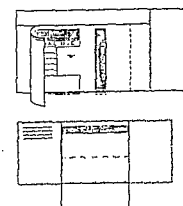
Reorder Form LCD, R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2334	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLORIA WYNNE LANKFORD 3501 ELM CREEK CRT. FT. WORTH, TX 76109	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 2334	A. Signature X <i>Gloria Wynne Lankford</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Janina Walker</i> <i>9-4-10</i>
GLORIA WYNNE LANKFORD 3501 ELM CREEK CRT. FT. WORTH, TX 76109	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 #: 2190
Article #: 71106605959000122334
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 2341

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

GMGF OIL ACCT
JP MORGAN CHASE BANK NA TRUSTEE
DRAWER 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2341

GMGF OIL ACCT
JP MORGAN CHASE BANK NA TRUSTEE
DRAWER 99084
FORT WORTH, TX 76199-0084

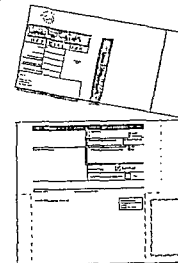
Batch #: 2190
Article #: 71106605959000122341
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 Rev. 07/07

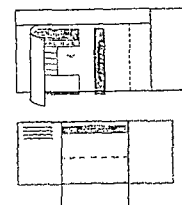
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2341	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GMGF OIL ACCT JP MORGAN CHASE BANK NA TRUSTEE DRAWER 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different 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

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 2341	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GMGF OIL ACCT JP MORGAN CHASE BANK NA TRUSTEE 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 #: 2190
Article #: 71106605959000122341
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information is only valid at www.usps.com
7110 6605 9590 0012 2358

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

GOMEZ TRUST DTD FEB 20 1997
2751 ASPEN VALLEY LANE
SACRAMENTO, CA 95835-2136

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2358

GOMEZ TRUST DTD FEB 20 1997
2751 ASPEN VALLEY LANE
SACRAMENTO, CA 95835-2136

Batch #: 2190
Article #: 71106605959000122358
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

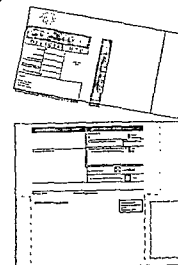
Reorder Form LCR rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2358	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136	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	

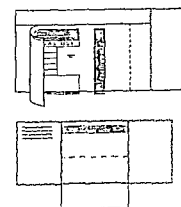
PS Form 3811

Domestic Return Receipt

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 2358	A. Signature X <i>Arch</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136	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

3

LIFT HERE

Batch #: 2190
Article #: 71106605959000122358
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our Website at www.usps.com
7110 6605 9590 0012 2365

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
GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2365

GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

Batch #: 2190
Article #: 71106605959000122365
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

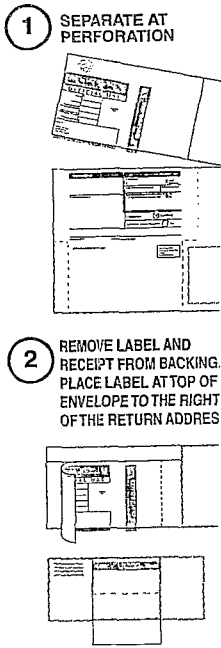
Reorder Form LCR R rev. 01/07

2. Article Number 7110 6605 9590 0012 2365	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 2365	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell



Batch #: 2190
Article #: 71106605959000122365
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 2372

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

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

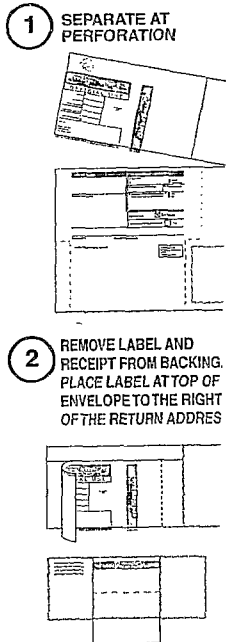


7110 6605 9590 0012 2372

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

Batch #: 2190
Article #: 71106605959000122372
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2372	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GORHAM PROPERTIES LLC PO BOX 451 ALBUQUERQUE, NM 87103	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 2372	A. Signature X <i>Robert H. Perkins</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/3/10
GORHAM PROPERTIES LLC PO BOX 451 ALBUQUERQUE, NM 87103	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 #: 2190
Article #: 71106605959000122372
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information visit our website at www.usps.com
7110 6605 9590 0012 2389

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

GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2389

GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Batch #: 2190
Article #: 71106605959000122389
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number

7110 6605 9590 0012 2389

1. Article Addressed to:

GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

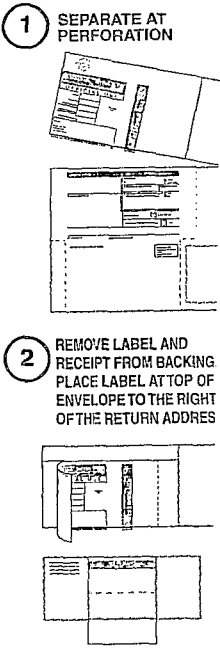
A. Signature ☒ Agent
X ☐ Addressee

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



2. Article Number

7110 6605 9590 0012 2389

1. Article Addressed to:

GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Graham Gottstein 9/7

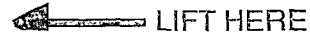
D. Is delivery address different from item 1? ☒ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2190
Article #: 71106605959000122389
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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

7110 6605 9590 0012 2396

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	

sent To
street, Apt. No.,
PO Box No.
city, State, Zip+4

GRAY REVOC TR UTD MAY 19 1998
PO BOX 110
HILL CITY, SD 57745

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2396

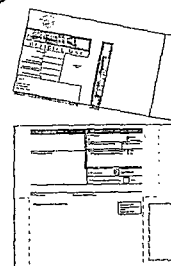
GRAY REVOC TR UTD MAY 19 1998
PO BOX 110
HILL CITY, SD 57745

Batch #: 2190
Article #: 71106605959000122396
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

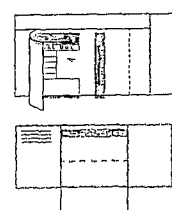
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2396	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GRAY REVOC TR UTD MAY 19 1998 PO BOX 110 HILL CITY, SD 57745	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 2396	A. Signature X <i>Dan Gray</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Dan Gray</i>	C. Date of Delivery <i>9/8/10</i>
GRAY REVOC TR UTD MAY 19 1998 PO BOX 110 HILL CITY, SD 57745	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 #: 2190
Article #: 71106605959000122396
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0012 2402

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

GRAYFORE PARTNERS LP
PO BOX 98670
LUBBOCK, TX 79499-8670

reet, Apt. No.;
PO Box No.
ty, State, Zip+4

Form 3800, August 2005, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2402

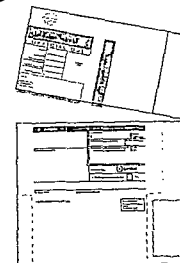
GRAYFORE PARTNERS LP
PO BOX 98670
LUBBOCK, TX 79499-8670

Batch #: 2190
Article #: 71106605959000122402
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

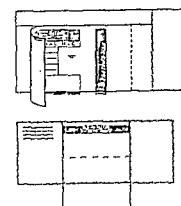
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2402	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670	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 2402	A. Signature ☐ Agent X <i>Dellat Cooper</i> ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670	<i>Dellat Cooper</i>	
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 #: 2190
Article #: 71106605959000122402
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information Visit our Website at www.usps.com
7110 6605 9590 0012 2419

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
Great Heritage Properties LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2419

GREAT HERITAGE PROPERTIES LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

Batch #: 2190
Article #: 71106605959000122419
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2: Article Number 7110 6605 9590 0012 2419	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2: Article Number 7110 6605 9590 0012 2419	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
--	---

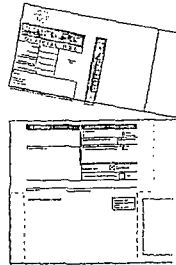
GREAT HERITAGE PROPERTIES LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

Code: Allocation Project - D.Howell

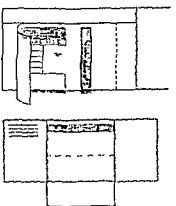
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2190
Article #: 71106605959000122419
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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

7110 6605 9590 0012 2426

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

GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, CO 80906

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2426

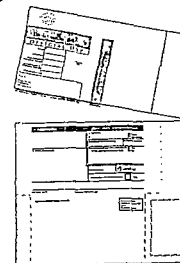
GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, CO 80906

Batch #: 2190
Article #: 71106605959000122426
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

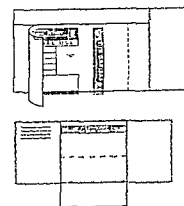
Reader Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2426	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREG IRETON AND JO ANN W IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS, CO 80906	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 2426	A. Signature X <i>Greg Iretton</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREG IRETON AND JO ANN W IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS, CO 80906	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 #: 2190
Article #: 71106605959000122426
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 2433

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

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

GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2433

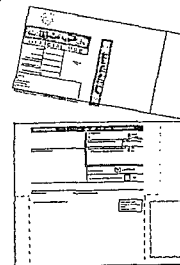
GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

Batch #: 2190
Article #: 71106605959000122433
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

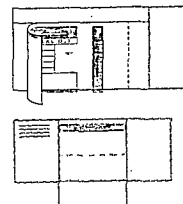
Reorder Form LCD 10/01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2433	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	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 2433	A. Signature X <i>Diane G Myer</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Diane G Myer</i>	C. Date of Delivery <i>9.7.10</i>
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	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 #: 2190
Article #: 71106605959000122433
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 2440

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
Gregory Wall
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



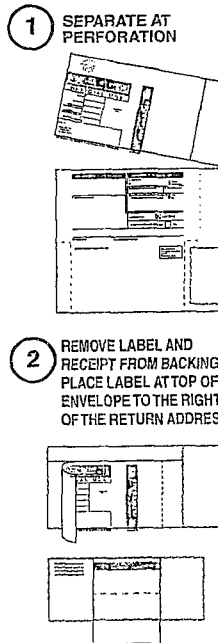
7110 6605 9590 0012 2440

GREGORY WALL
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

Batch #: 2190
Article #: 71106605959000122440
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2440	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY WALL 2040 W MAIN ST SUITE 210, #1615 RAPID CITY, SD 57702-2446	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 2440	A. Signature X [Signature] ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY WALL 2040 W MAIN ST SUITE 210, #1615 RAPID CITY, SD 57702-2446	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 #: 2190
Article #: 71106605959000122440
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 2457

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
GRETCHEN A HALL TRUST U/T/A
1623 DESERT WILLOW DR
CARLSBAD, NM 88220

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2457

GRETCHEN A HALL TRUST U/T/A
1623 DESERT WILLOW DR
CARLSBAD, NM 88220

Batch #: 2190
Article #: 71106605959000122457
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

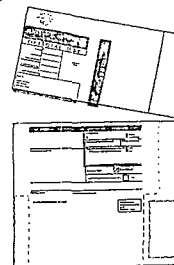
2. Article Number 7110 6605 9590 0012 2457	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GRETCHEN A HALL TRUST U/T/A 1623 DESERT WILLOW DR CARLSBAD, NM 88220	

Code: Allocation Project - D.Howell

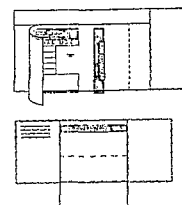
2. Article Number 7110 6605 9590 0012 2457	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Hush Jane Hild 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GRETCHEN A HALL TRUST U/T/A 1623 DESERT WILLOW DR CARLSBAD, NM 88220	

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



Batch #: 2190
Article #: 71106605959000122457
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com

7110 6605 9590 0012 2464

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

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

GRETCHEN KALB MORAN
PO BOX 1588
TULSA, OK 74101-1588

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2464

GRETCHEN KALB MORAN
PO BOX 1588
TULSA, OK 74101-1588

Batch #: 2190
Article #: 71106605959000122464
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

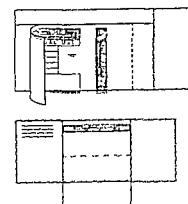
Reorder Form LCD PSN rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2464	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588	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 2464	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588	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 #: 2190
Article #: 71106605959000122464
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our Website at www.usps.com

7110 6605 9590 0012 2495

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
Grover Family L P
P O BOX 3666
MIDLAND, TX 79702-3666

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2495

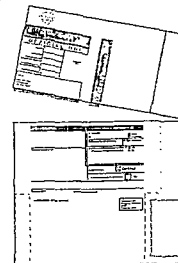
GROVER FAMILY L P
P O BOX 3666
MIDLAND, TX 79702-3666

Batch #: 2190
Article #: 71106605959000122495
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

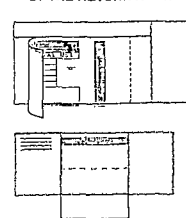
Reorder Form LCD 11/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2495	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666	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 2495	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666	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 #: 2190
Article #: 71106605959000122495
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 2471

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

GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



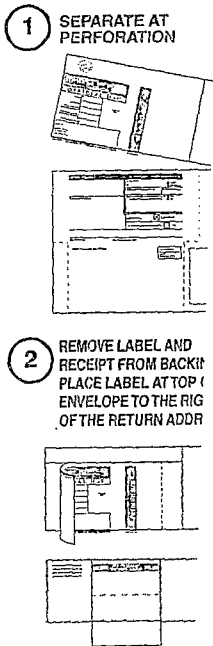
7110 6605 9590 0012 2471

GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

Batch #: 2190
Article #: 71106605959000122471
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2471	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER BROTHERS LTD PARTNERSHIP C/O ROBERT PULLIAM 6116 N CENTRAL EXPWY #1000 DALLAS, TX 75206	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 2471	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER BROTHERS LTD PARTNERSHIP C/O ROBERT PULLIAM 6116 N CENTRAL EXPWY #1000 DALLAS, TX 75206	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 #: 2190
Article #: 71106605959000122471
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
For Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com
7110 6605 9590 0012 2501

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

GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

Form 3800, August 2006, 1-4, See Reverse for Instructions

Code: Allocation Project - D.Howell



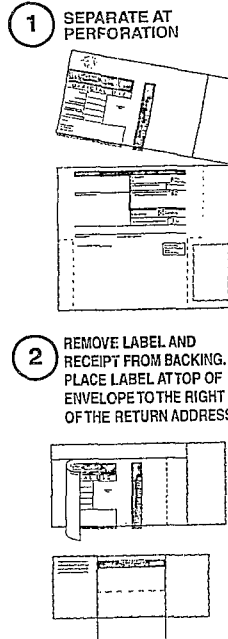
7110 6605 9590 0012 2501

GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

Batch #: 2190
Article #: 71106605959000122501
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

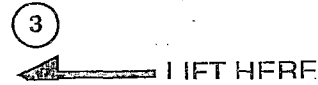
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 2501	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: GURDON RANSOM MILLER III 704 CANYON CREST DR SIERRA MADRE, CA 91024	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2501	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Catrina Stafer</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery CATRINA STAFER 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
1. Article Addressed to: GURDON RANSOM MILLER III 704 CANYON CREST DR SIERRA MADRE, CA 91024	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122501
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 2518

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
GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

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

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

Code: Allocation Project - D.Howell



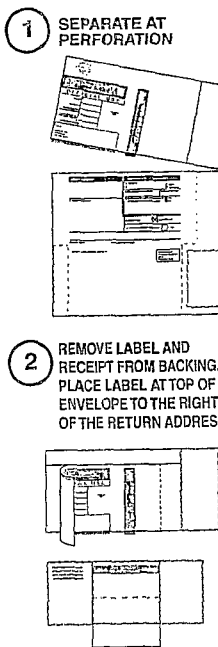
7110 6605 9590 0012 2518

GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

Batch #: 2190
Article #: 71106605959000122518
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-2006-01, rev. 01/07

2. Article Number 7110 6605 9590 0012 2518	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: GUY DAVID WARD 6022 CHICKADEE CIRCLE SPRING HILL, TN 37174 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2518	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Guy Ward 9-21-10 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: GUY DAVID WARD 6022 CHICKADEE CIRCLE SPRING HILL, TN 37174 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122518
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 2525

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

GUY R BRAINARD JR TR DTD SEPT 9 198
PO BOX 1588
TULSA, OK 74101-1588

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2525

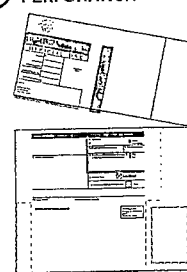
GUY R BRAINARD JR TR DTD SEPT 9 198
PO BOX 1588
TULSA, OK 74101-1588

Batch #: 2190
Article #: 71106605959000122525
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

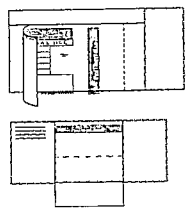
Reorder Form LCD 3800 R rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2525	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GUY R BRAINARD JR TR DTD SEPT 9 198 PO BOX 1588 TULSA, OK 74101-1588	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 2525	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GUY R BRAINARD JR TR DTD SEPT 9 198 PO BOX 1588 TULSA, OK 74101-1588	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 #: 2190
Article #: 71106605959000122525
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 2532

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

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

GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2532

GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655

Batch #: 2190
Article #: 71106605959000122532
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

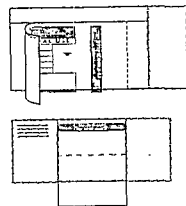
Reorder Form LCD 3800 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2532	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: GUY R CAMPBELL 8336 BASUTO DR. NEW PORT RICHEY, FL 34655 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 2532	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>GUY CAMPBELL</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: GUY R CAMPBELL 8336 BASUTO DR. NEW PORT RICHEY, FL 34655 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122532
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3