PROVED

**S. Postal Service™**
**ERTIFIED MAIL™ RECEIPT**
*(Mail Only; No Insurance Coverage Provided)*
Information is not available at www.usps.com

7110 6605 9590 0012 2013

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

ent To
treet, Apt. No.;
r PO Box No.
City, State, Zip+4

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

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

Code: Allocation Project - D.Howell

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

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 #:

Reorder Form LCD- rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

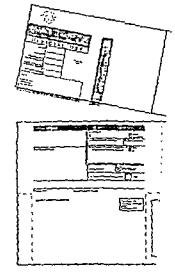
G. ELEANOR TRUJILLO
2114 S. MT. DANIELS DR.
ELLENSBERG, WA 98926

3. Service Type ☒ Certified

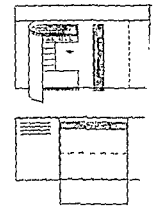
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE R OF THE RETURN ADD




**2. Article Number**

7110 6605 9590 0012 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X G. Eleanor Trujillo ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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


3 LIFT HER

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2020

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

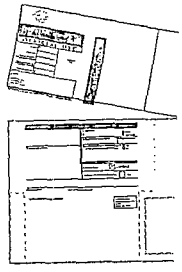
CERTIFIED MAIL™

7110 6605 9590 0012 2020

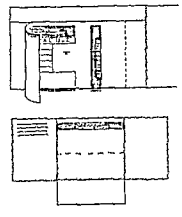
G. R. FASKEN
230 JOHNSON WOODS DR
PARIS, TX 75460

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

Sent To
GAIL A DURHAM
Street, Apt. No.; or PO Box No.
5020 62ND N W TERRACE
City, State, Zip+4
OKLAHOMA CITY, OK 73122

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 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[illegible]R rev. 01/07

**2. Article Number**
7110 6605 9590 0012 2037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

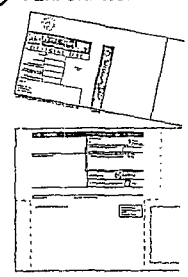
GAIL A DURHAM
5020 62ND N W TERRACE
OKLAHOMA CITY, OK 73122

3. Service Type ☒ Certified

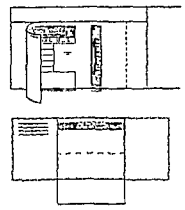
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**
7110 6605 9590 0012 2037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Gail Durham ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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


PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 2044

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

Postmark Here

Sent To
GAIL F. MOULTON, JR.
Street, Apt. No.; or PO Box No.
80345 MOUNTAIN DRIVE
City, State, Zip+4
TRONA, CA 93562

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

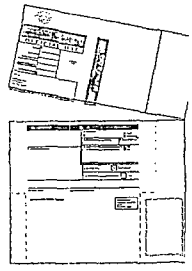
CERTIFIED MAIL™

7110 6605 9590 0012 2044

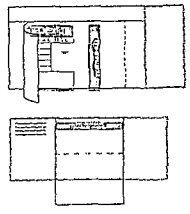
GAIL F. MOULTON, JR.
80345 MOUNTAIN DRIVE
TRONA, CA 93562

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811


**2. Article Number**
7110 6605 9590 0012 2044

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Carolyn M. Moulton ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) CAROLYN M. MOULTON | C. Date of Delivery

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

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

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

7110 6605 9590 0012 2051

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

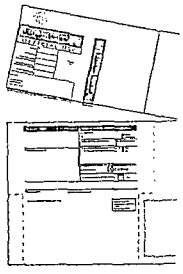
CERTIFIED MAIL™

7110 6605 9590 0012 2051

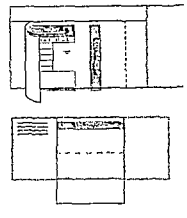
GARCIA FAMILY TRUST
3805 CAMINO DON DIEGO NE
ALBUQUERQUE, NM 87111

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC[illegible]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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811


**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2068

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

Postmark Here

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

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

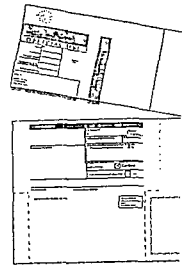
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2068

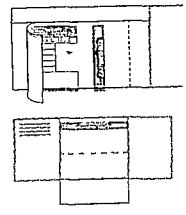
GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD[illegible] rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2068

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes


**2. Article Number**

7110 6605 9590 0012 2068

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery 9/13/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



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


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 2082

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

Postmark Here

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

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

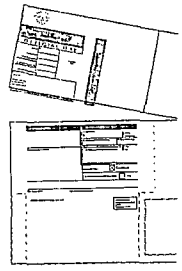
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2082

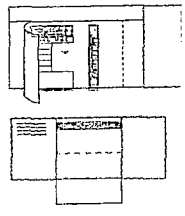
GARY R JOHNSON
P O BOX 7507
THE WOODLANDS, TX 77387-7507

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2167

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

Postmark Here

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

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

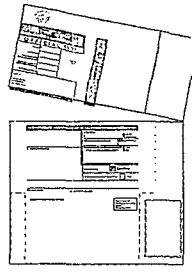
CERTIFIED MAIL™

7110 6605 9590 0012 2167

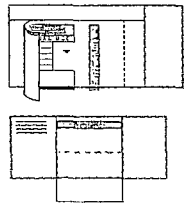
GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 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

1. Article Addressed to:

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 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

APPROVED

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

7110 6605 9590 0012 2075

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

Postmark Here

Sent To
GARY L SMITH ESTATE
C/O DENNIS D JASPER
Street, Apt. No.; or PO Box No.
2535 TECH DR STE 200
City, State, ZIP+4
BETTENDORF, IA 52722

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

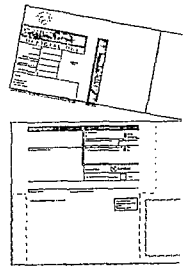
CERTIFIED MAIL™

7110 6605 9590 0012 2075

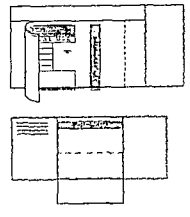
GARY L SMITH ESTATE
C/O DENNIS D JASPER
2535 TECH DR STE 200
BETTENDORF, IA 52722

Batch #: 2190
Article #: 71106605959000122075
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2075

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GARY L SMITH ESTATE
C/O DENNIS D JASPER
2535 TECH DR STE 200
BETTENDORF, IA 52722

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811


**2. Article Number**

7110 6605 9590 0012 2075

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GARY L SMITH ESTATE
C/O DENNIS D JASPER
2535 TECH DR STE 200
BETTENDORF, IA 52722

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


PS Form 3811 **Domestic Return Receipt**


Batch #: 2190
Article #: 71106605959000122075
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:


3 LIFT HERE

APPROVED

**U.S. Postal Service™**
**CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 2099

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

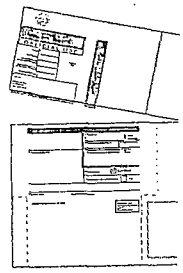
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2099

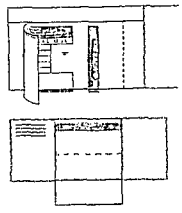
GASCONADE OIL COMPANY
410 17TH ST STE 1180
DENVER, CO 80202

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR rev. 01/07

**2. Article Number**
7110 6605 9590 0012 2099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**
7110 6605 9590 0012 2099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2105

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

Postmark Here

Sent To
GAYL ANN CARLBERG AS HER SEPARATE
Street, Apt. No.; or PO Box No.
11 A WEST OAK DRIVE SOUTH
City, State, Zip+4
HOUSTON, TX 77056

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

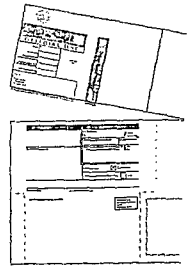
PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2105

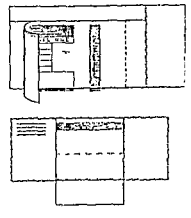
GAYL ANN CARLBERG AS HER SEPARATE
11 A WEST OAK DRIVE SOUTH
HOUSTON, TX 77056

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

2. Article Number
7110 6605 9590 0012 2105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number
7110 6605 9590 0012 2105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tony Purple
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
9-8-2010

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 Domestic Return Receipt

APPROVED

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

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

7110 6605 9590 0012 2112

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

Postmark Here

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

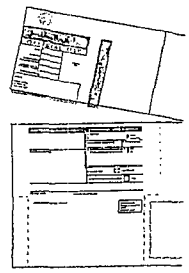
CERTIFIED MAIL™

7110 6605 9590 0012 2112

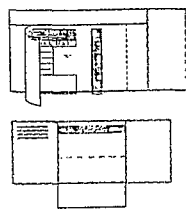
GEISLER FAMILY LIMITED PARTNERSHIP
GENERAL PARTNER
5106 SPRING MEADOW DR
DALLAS, TX 75229

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC[illegible]1R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Angela Einer 9-4-10

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

For delivery 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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

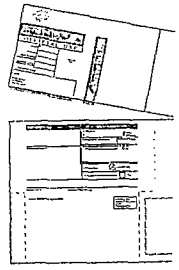
CERTIFIED MAIL™

7110 6605 9590 0012 2129

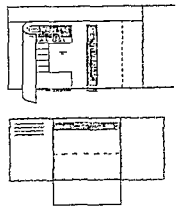
GEMOCO LTD
5407 CREEK ARBOR CT
DALLAS, TX 75287-7504

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

**2. Article Number**

7110 6605 9590 0012 2129

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X E C Fiedorek ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

Phillips

0006557587 SEP 02 2010
MAILED FROM ZIPCODE 87402

RETURNED TO SENDER

REASON CHECKED

- ☐ Unclaimed
- ☒ Attempted - Not Known
- ☐ Refused
- ☐ Insufficient Address
- ☐ No Such Street
- ☐ No Such Number
- ☐ No Such, Office In State
- ☐ Do Not Remail This Envelope

ANK

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

06

APPROVED

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

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

7110 6605 9590 0012 2136

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

Postmark Here

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

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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**

7110 6605 9590 0012 2136

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

3. Service Type ☒ Certified

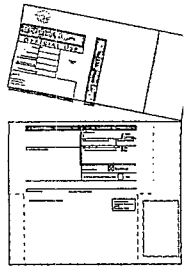
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

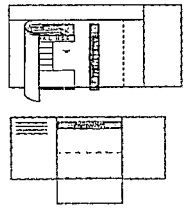
PS Form 3811 **Domestic Return Receipt**

Reorder Form LC 11R rev. 01/07

1 SEPARATE AT PERFORATION



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



**UNITED STATES POSTAL SERVICE**

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

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

Batch #: 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

APPROVED

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

7110 6605 9590 0012 2143

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

Postmark Here

Sent To
GENEVIEVE A. RINERSON
Street, Apt. No.; or PO Box No.
5400 ANGEL PLACE
City, State, Zip+4
FARMINGTON, NM 87402

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

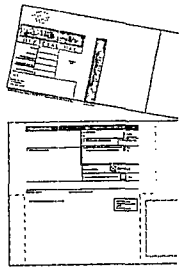
CERTIFIED MAIL™

7110 6605 9590 0012 2143

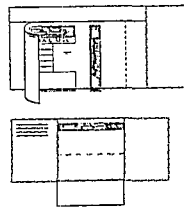
GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC[illegible]1R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2143

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2143

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Genevieve Rinerson ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

PROVED

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

7110 6605 9590 0012 2150

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

Postmark Here

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

GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PEEL OFF AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

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**

7110 6605 9590 0012 2150

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

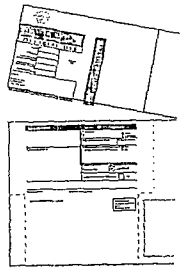
3. Service Type ☒ Certified

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

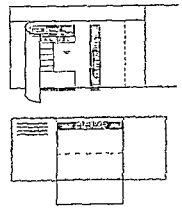
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 2150

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X B Candelaria ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GENEVIEVE CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


BLANCO NM 87412 SEP - 3 2010 USPS


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


3

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 2167

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

Postmark Here

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

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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

1. Article Addressed to:

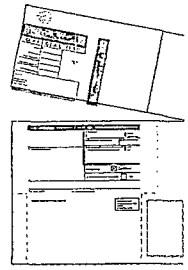
GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

3. Service Type ☒ Certified

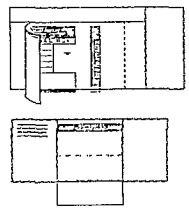
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 2167

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Linda Vandewart ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Linda Vandewart C. Date of Delivery 9/21/2010

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

1. Article Addressed to:

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 2174

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

Postmark Here

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

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

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

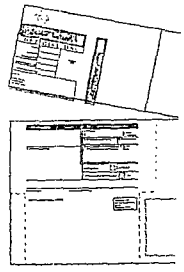
CERTIFIED MAIL™

7110 6605 9590 0012 2174

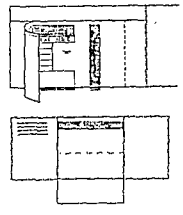
GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Domestic Return Receipt

**2. Article Number**

7110 6605 9590 0012 2174

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Georganne Quier ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 3521

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

Postmark Here

Sent To: GEORGEANNE NILSEN TTEE
Street, Apt. No.; or PO Box No.: 3232 W BRITTON RD STE 140
City, State, Zip+4: OKLAHOMA CITY, OK 73120

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™

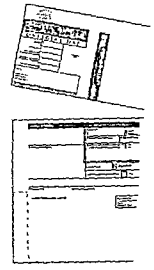
7110 6605 9590 0013 3521

GEORGEANNE NILSEN TTEE
3232 W BRITTON RD STE 140

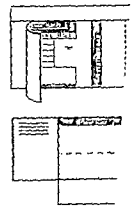
OKLAHOMA CITY, OK 73120

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL A
RECEIPT FROM B/
PLACE LABEL AT
ENVELOPE TO TH
OF THE RETURN



Reorder Form LCD-811R 01/07

**2. Article Number**

7110 6605 9590 0013 3521

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GEORGEANNE NILSEN TTEE
3232 W BRITTON RD STE 140

OKLAHOMA CITY, OK 73120

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3521

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GEORGEANNE NILSEN TTEE
3232 W BRITTON RD STE 140

OKLAHOMA CITY, OK 73120

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:

3

PS Form 3811 **Domestic Return Receipt**

LIFT HI

APPROVED

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

7110 6605 9590 0012 2181

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

Postmark Here

Sent To
GEORGE A RANNEY ESTATE
C/O CHICAGO METROLPOLIS 2020
Street, Apt. No.; or PO Box No.
30 W MONROE ST 18TH FL
City, State, Zip+4
CHICAGO, IL 60603

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

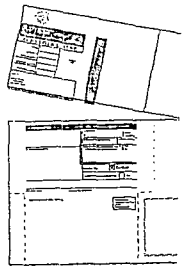
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2181

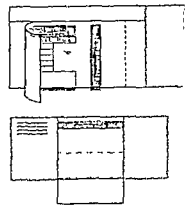
GEORGE A RANNEY ESTATE
C/O CHICAGO METROLPOLIS 2020
30 W MONROE ST 18TH FL
CHICAGO, IL 60603

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC[illegible]R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 2181

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X H. McGee ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:


PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 2198

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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 LCM R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2198

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

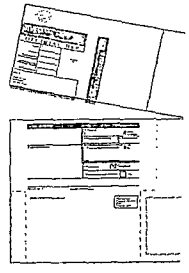
3. Service Type ☒ Certified

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

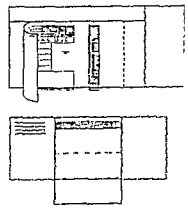
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 2198

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X George H. Smith ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) GEORGE H. SMITH | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**



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


LIFT HERE

APPROVED

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 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

Sent 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 #:

Reorder Form LCD-811R 01/07

**2. Article Number**

7110 6605 9590 0013 3507

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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


**2. Article Number**

7110 6605 9590 0013 3507

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

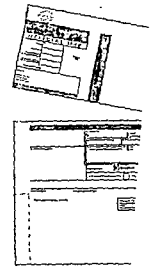
1. Article Addressed to:

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

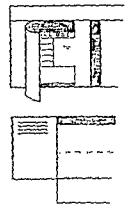
3. Service Type ☒ Certified

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


1 SEPARATE AT PERFORATION



2 REMOVE LABEL / RECEIPT FROM E PLACE LABEL AT ENVELOPE TO TH OF THE RETURN




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


3 LIFT H

PS Form 3811 Domestic Return Receipt

| 2. Article Number | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 7110 6605 9590 0012 2204 | A. Signature<br>X<br>☐ Agent<br>☐ Addressee<br>B. Received by (*Printed Name*) R. PALMER<br>C. Date of Delivery |
| 1. Article Addressed to:<br><br>GEORGE L PALMER<br>PO BOX D A<br>HAGATNA GUAM, 96932-7507 | D. Is delivery address different from item 1? ☐ Yes<br>If YES enter delivery address below: ☐ No<br><br>3. Service Type ☒ Certified<br><br>4. Restricted Delivery? (*Extra Fee*) ☐ Yes |

GUAM HAGATNA STA SEP 27 2010 USPS

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 3514

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

Postmark Here

Sent To: GEORGE MARTINEZ
Street, Apt. No.; or PO Box No.: 37 RD 3008
City, State, Zip+4: AZTEC, NM 87410

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

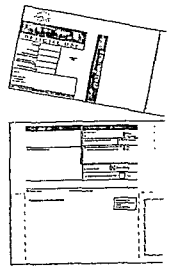
CERTIFIED MAIL™

7110 6605 9590 0013 3514

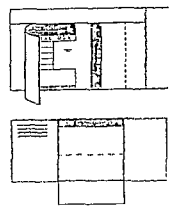
GEORGE MARTINEZ
37 RD 3008
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 3514

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GEORGE MARTINEZ
37 RD 3008

AZTEC, NM 87410

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3514

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X George Martinez ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GEORGE MARTINEZ
37 RD 3008

AZTEC, NM 87410

3. Service Type ☒ Certified

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

SEP 20 2010

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

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 2211

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

Postmark Here

Sent To
GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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**

7110 6605 9590 0012 2211

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

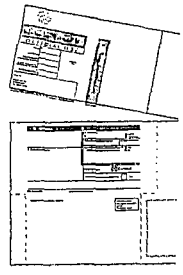
GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

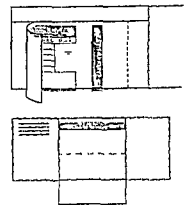
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**

7110 6605 9590 0012 2211

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2228

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

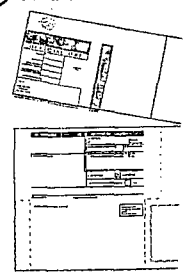
CERTIFIED MAIL™

7110 6605 9590 0012 2228

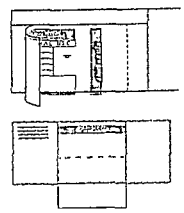
GEORGE S ISHAM NONGST MARITAL TRST
BNY MELLON TRICIA ONEIL
1 FINANCIAL PLAZA SUITE 2200
PROVIDENCE, RI 2903

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 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

1. Article Addressed to:

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

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 2228

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X C. Sousa ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 2235

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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

1. Article Addressed to:

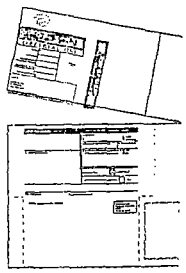
GEORGE W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

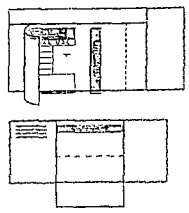
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 2242

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

Postmark Here

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

GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

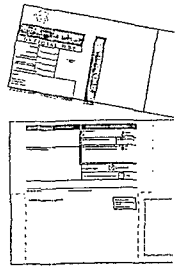
CERTIFIED MAIL™

7110 6605 9590 0012 2242

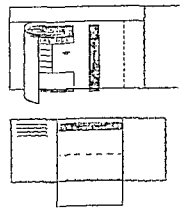
GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC 1R 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

1. Article Addressed to:

GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**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

1. Article Addressed to:

GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 2259

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

Postmark Here

Sent To
GERALD G. WILLIAMS & ALTA JANE WILL
Street, Apt. No.; or PO Box No.
315 N. CLARK DR
City, State, Zip+4
AZTEC, NM 87410

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

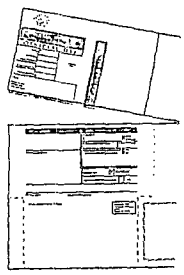
CERTIFIED MAIL™

7110 6605 9590 0012 2259

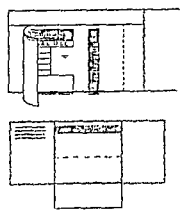
GERALD G. WILLIAMS & ALTA JANE WILL
315 N. CLARK DR
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



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

**2. Article Number**
7110 6605 9590 0012 2259

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
GERALD G. WILLIAMS & ALTA JANE WILL
315 N. CLARK DR
AZTEC, NM 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell


**2. Article Number**
7110 6605 9590 0012 2259

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Gerald G Williams ☐ Agent ☑ Addressee

B. Received by (Printed Name)
GERALD G WILLIAMS
C. Date of Delivery
9-4-10


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

1. Article Addressed to:
GERALD G. WILLIAMS & ALTA JANE WILL
315 N. CLARK DR
AZTEC, NM 87410

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 3538

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

Postmark Here

Sent To: GERALDINE H MCFADDEN
Street, Apt. No.; or PO Box No.: 290 NW 12TH ST
City, State, Zip+4: CEDAREDGE, CO 81413-4110

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

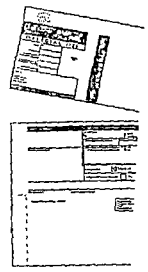
CERTIFIED MAIL™

7110 6605 9590 0013 3538

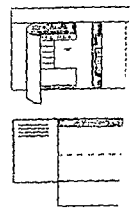
GERALDINE H MCFADDEN
290 NW 12TH ST
CEDAREDGE, CO 81413-4110

Batch #: 2272
Article #: 71106605959000133538
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL A RECEIPT FROM B PLACE LABEL AT ENVELOPE TO TH OF THE RETURN



Reorder Form LCD-811[illegible] 01/07

**2. Article Number**

7110 6605 9590 0013 3538

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GERALDINE H MCFADDEN
290 NW 12TH ST

CEDAREDGE, CO 81413-4110

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 3538

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Geraldine H McFadden ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) GERALDINE MC FADDEN | C. Date of Delivery

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

1. Article Addressed to:

GERALDINE H MCFADDEN
290 NW 12TH ST

CEDAREDGE, CO 81413-4110

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:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HE

APPROVED

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

7110 6605 9590 0013 2890

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

Postmark Here

Sent To: GERALDINE KAREN STEWART
Street, Apt. No.; or PO Box No.: 4910 LA RODA AVE
City, State, Zip+4: LOS ANGELES, CA 90041

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

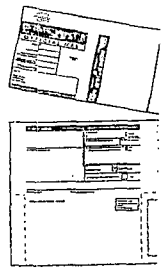
CERTIFIED MAIL™

7110 6605 9590 0013 2890

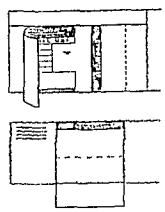
GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADDI



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 2890

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GERALDINE KAREN STEWART
4910 LA RODA AVE

LOS ANGELES, CA 90041

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 2890

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Stewart ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GERALDINE KAREN STEWART
4910 LA RODA AVE

LOS ANGELES, CA 90041

3. Service Type ☒ Certified

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

SEP 18

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 2906

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

Postmark Here

Sent To: GERTRUDE A GALLEGOS
Street, Apt. No.; or PO Box No.: PO BOX 442
City, State, Zip+4: PAGOSA SPRINGS, CO 81147

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

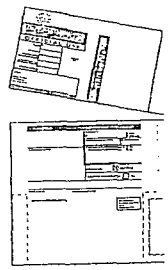
CERTIFIED MAIL™

7110 6605 9590 0013 2906

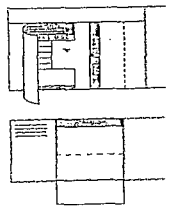
GERTRUDE A GALLEGOS
PO BOX 442
PAGOSA SPRINGS, CO 81147

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD ev. 01/07

**2. Article Number**

7110 6605 9590 0013 2906

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GERTRUDE A GALLEGOS
PO BOX 442

PAGOSA SPRINGS, CO 81147

3. Service Type ☒ Certified

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

**2. Article Number**

7110 6605 9590 0013 2906

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Cyndi Mitchell ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) CYNDI MITCHELL | C. Date of Delivery 10/5/10

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

1. Article Addressed to:

GERTRUDE A GALLEGOS
PO BOX 442

PAGOSA SPRINGS, CO 81147

PAGOSA SPRINGS CO 81147
2010
US

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2266

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

Postmark Here

Sent To
GIBSON FAMILY TRUST
Street, Apt. No.; or PO Box No.
PO BOX 769
City, State, Zip+4
ARCATA, CA 95518

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

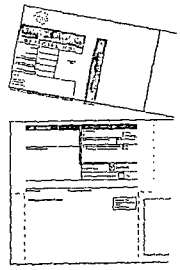
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2266

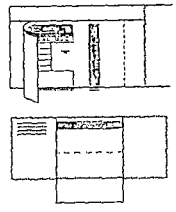
GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2266

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2266

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP - 8 2010

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

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 2273

| | |
|---|---|
| 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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

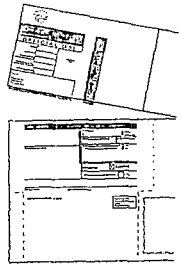
CERTIFIED MAIL™

7110 6605 9590 0012 2273

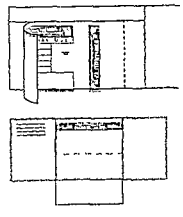
GLADYS M RIDDLE INTER-VIVOS TRUST
909 SW D AVE
LAWTON, OK 73501

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2273

1. Article Addressed to:

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

**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

**2. Article Number**

7110 6605 9590 0012 2273

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Karen Peterson ☑ Agent ☐ Addressee

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

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 #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 2280

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

Postmark Here

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

GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

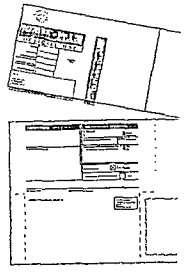
CERTIFIED MAIL™

7110 6605 9590 0012 2280

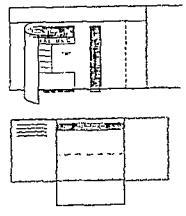
GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

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

1 SEPARATE AT PERFORATION



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



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

1. Article Addressed to:

GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

3. Service Type ☒ Certified

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

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

1. Article Addressed to:

GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

3. Service Type ☒ Certified

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

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 #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2297

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

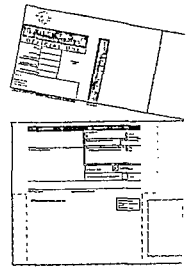
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2297

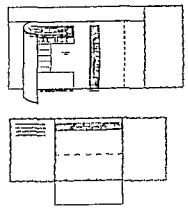
GLENN HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-3811-R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2297

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 2297

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Glenn Heintschel ☐ Agent ☐ Addressee

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


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

1. Article Addressed to:

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

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2303

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

Postmark Here

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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**

7110 6605 9590 0012 2303

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

**2. Article Number**

7110 6605 9590 0012 2303

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) G. DiBLASE C. Date of Delivery 9-11-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

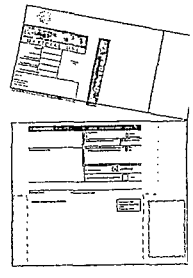
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

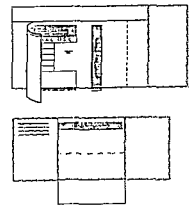
PS Form 3811 **Domestic Return Receipt**

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

1 SEPARATE AT PERFORATION



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



3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2310

| | |
|---|---|
| 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

nt To
eet, Apt. No.;
PO Box No.
y, 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

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

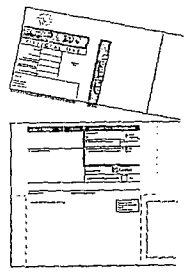
CERTIFIED MAIL™

7110 6605 9590 0012 2310

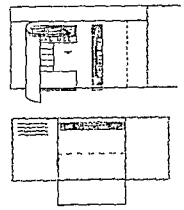
GLORIA M KUBIK
1119 WINCHESTER AVE
ENID, OK 73703-1480

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD- 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2310

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Gloria Kubik ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

PROVED

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

7110 6605 9590 0012 2327

| | |
|---|---|
| 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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

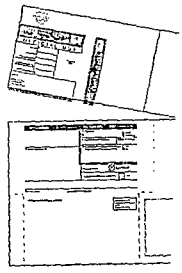
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2327

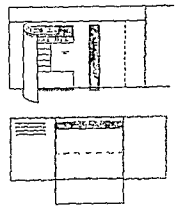
GLORIA MILAN
32 MOUNTAIN VIEW BLVD #3A
BILLINGS, MT 59101

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2327

1. Article Addressed to:

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

**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 2327

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) T Flynn | C. Date of Delivery 9-13

D. Is delivery address different from item 1? ☒ Yes
If YES enter delivery address below: ☐ No
1817 Norwood 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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 2334

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

Postmark Here

Sent To
GLORIA WYNNE LANKFORD
Street, Apt. No.; or PO Box No.
3501 ELM CREEK CRT.
City, State, Zip+4
FT. WORTH, TX 76109

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

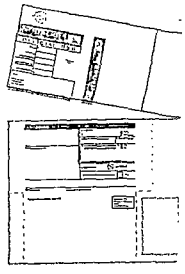
CERTIFIED MAIL™

7110 6605 9590 0012 2334

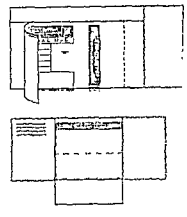
GLORIA WYNNE LANKFORD
3501 ELM CREEK CRT.
FT. WORTH, TX 76109

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

1 SEPARATE AT PERFORATION



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



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

**2. Article Number**

7110 6605 9590 0012 2334

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 2334

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Gloria Wynne Lankford ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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


PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 2341

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

Postmark Here

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

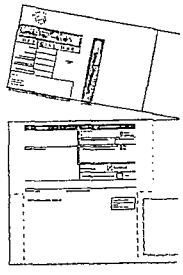
CERTIFIED MAIL™

7110 6605 9590 0012 2341

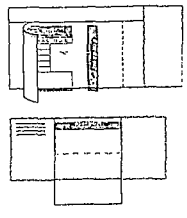
GMGF OIL ACCT
JP MORGAN CHASE BANK NA TRUSTEE
DRAWER 99084
FORT WORTH, TX 76199-0084

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

1 SEPARATE AT PERFORATION



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



Reorder Form LOCAR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2341

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 2341

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Estes ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 2358

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

Postmark Here

Sent To
GOMEZ TRUST DTD FEB 20 1997
Street, Apt. No.; or PO Box No.
2751 ASPEN VALLEY LANE
City, State, ZIP+4
SACRAMENTO, CA 95835-2136

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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**

7110 6605 9590 0012 2358

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

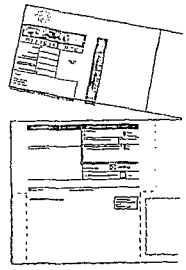
3. Service Type ☒ Certified

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

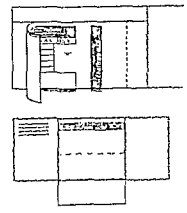
Code: Allocation Project - D.Howell

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 ADDRES



**2. Article Number**

7110 6605 9590 0012 2358

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Olivia Gomez ☐ Agent ☐ Addressee

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

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

SEP 9 2010

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2365

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

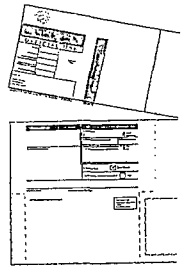
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2365

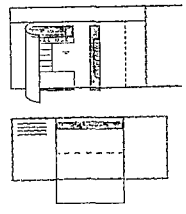
GORDON E DAVENPORT JR
1520 E HWY 6
ALVIN, TX 77511

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR 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

1. Article Addressed to:

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

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

1. Article Addressed to:

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

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

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

7110 6605 9590 0012 2372

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

Postmark Here

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

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

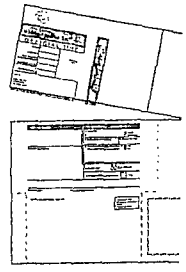
CERTIFIED MAIL™

7110 6605 9590 0012 2372

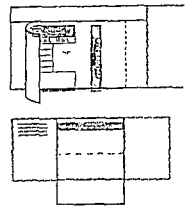
GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2372

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2372

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Robert H Gorham ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2389

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 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-CR rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2389

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

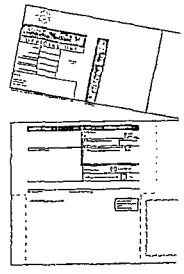
3. Service Type ☒ Certified

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

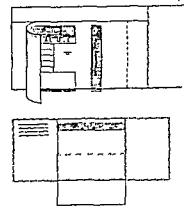
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 2389

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) GRAHAM GOTTSTEIN | C. Date of Delivery 9/7

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2396

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

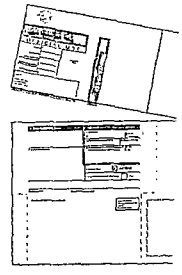
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2396

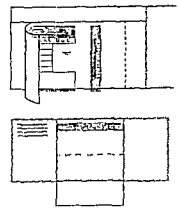
GRAY REVOC TR UTD MAY 19 1998
PO BOX 110
HILL CITY, SD 57745

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2396

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell


**2. Article Number**

7110 6605 9590 0012 2396

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X Dan Gray ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Jean Gray C. Date of Delivery 9/8/10

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


1. Article Addressed to:

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

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 #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2402

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

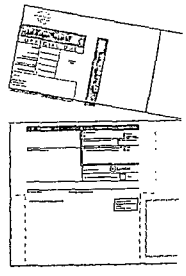
CERTIFIED MAIL™

7110 6605 9590 0012 2402

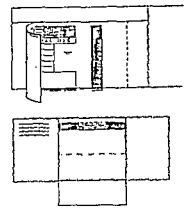
GRAYFORE PARTNERS LP
PO BOX 98670
LUBBOCK, TX 79499-8670

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2402

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2402

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Delbert Cooper ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2419

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

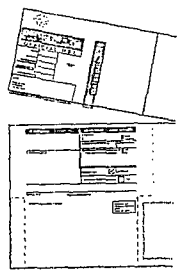
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2419

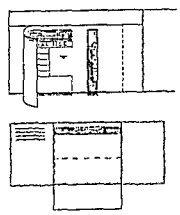
GREAT HERITAGE PROPERTIES LLC
2801 NW 57TH STREET
OKLAHOMA CITY, OK 73112

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

1 SEPARATE AT PERFORATION



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



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

1. Article Addressed to:

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

SEP 4 2010 OKLAHOMA CITY, OK 73112 57TH ST STA. USPS

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2426

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 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 #:

Reorder Form LCD 3811 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2426

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

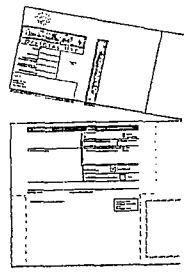
GREG IRETON AND JO ANN W IRETON
1430 CHARTWELL VIEW
COLORADO SPRINGS, CO 80906

3. Service Type ☒ Certified

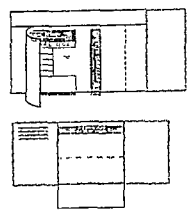
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 2426

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Greg Ireton ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 2433

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

Postmark Here

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

GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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[illegible]R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2433

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

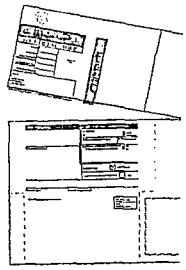
GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

3. Service Type ☒ Certified

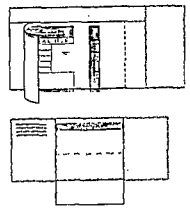
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 2433

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Diane G Myer ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Diane G Myer | C. Date of Delivery 9.7.10

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

1. Article Addressed to:

GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2440

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

Postmark Here

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

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

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

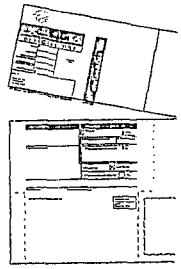
CERTIFIED MAIL™

7110 6605 9590 0012 2440

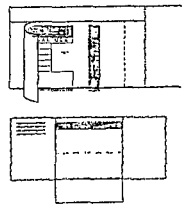
GREGORY WALL
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2440

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2440

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

John Murillo
9/7/10

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2457

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

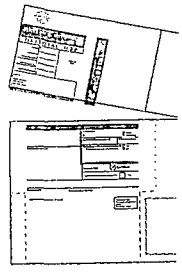
CERTIFIED MAIL™

7110 6605 9590 0012 2457

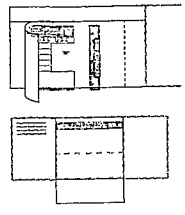
GRETCHEN A HALL TRUST U/T/A
1623 DESERT WILLOW DR
CARLSBAD, NM 88220

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2457

1. Article Addressed to:

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

**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 2457

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**


A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Hugh Jane Hall | C. Date of Delivery 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

Code: Allocation Project - D.Howell



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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2464

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

Postmark Here

Sent To
GRETCHEN KALB MORAN
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101-1588

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

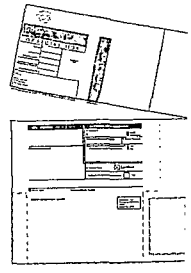
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2464

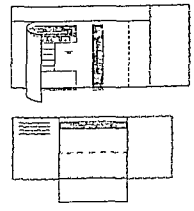
GRETCHEN KALB MORAN
PO BOX 1588
TULSA, OK 74101-1588

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2464

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811


**2. Article Number**

7110 6605 9590 0012 2464

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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 ← LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2495

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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[illegible]R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2495

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

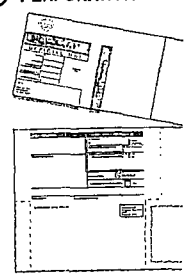
GROVER FAMILY L P
P O BOX 3666
MIDLAND, TX 79702-3666

3. Service Type ☒ Certified

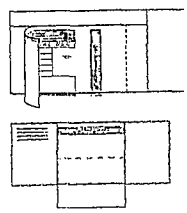
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 ADDRES




**2. Article Number**

7110 6605 9590 0012 2495

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Frances G Howell ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Frances G Howell | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

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

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 #:


PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

PPROVED

**S. Postal Service**
**ERTIFIED MAIL RECEIPT**
*Mail Only; No Insurance Coverage Provided*
*information visit our website at www.usps.com*

7110 6605 9590 0012 2471

| | |
|---|---|
| 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

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

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

S Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 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**

7110 6605 9590 0012 2471

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

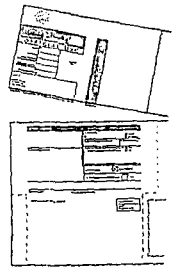
GROVER BROTHERS LTD PARTNERSHIP
C/O ROBERT PULLIAM
6116 N CENTRAL EXPWY #1000
DALLAS, TX 75206

3. Service Type ☒ Certified

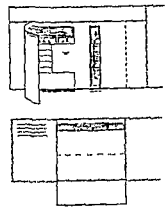
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 2471

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2501

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

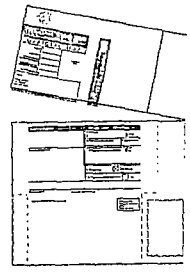
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2501

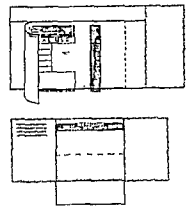
GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0012 2501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Catriona Shafer ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) CATRIONA SHAFER C. Date of Delivery 9/8/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2518

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

Postmark Here

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

GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

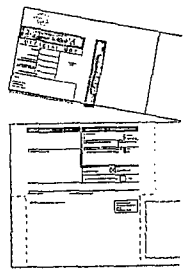
CERTIFIED MAIL™

7110 6605 9590 0012 2518

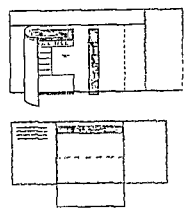
GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

**2. Article Number**

7110 6605 9590 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

1. Article Addressed to:

GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

3. Service Type ☒ Certified

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

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*) Guy Ward C. Date of Delivery 9-11-10

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

1. Article Addressed to:

GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

3. Service Type ☒ Certified

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

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 #:


3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2525

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

Postmark Here

Sent To
GUY R BRAINARD JR TR DTD SEPT 9 198
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101-1588

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 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 3811R rev. 01/07

**2. Article Number**

7110 6605 9590 0012 2525

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

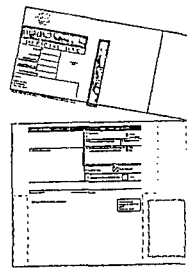
GUY R BRAINARD JR TR DTD SEPT 9 198
PO BOX 1588
TULSA, OK 74101-1588

3. Service Type ☒ Certified

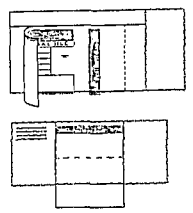
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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




**2. Article Number**

7110 6605 9590 0012 2525

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell



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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

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

7110 6605 9590 0012 2532

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

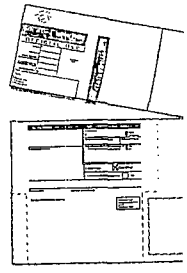
CERTIFIED MAIL™

7110 6605 9590 0012 2532

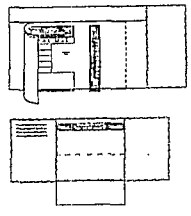
GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD [illegible] R 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

**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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**