

PROVED

U.S. Postal Service
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 7110 6605 9590 0012 2013

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



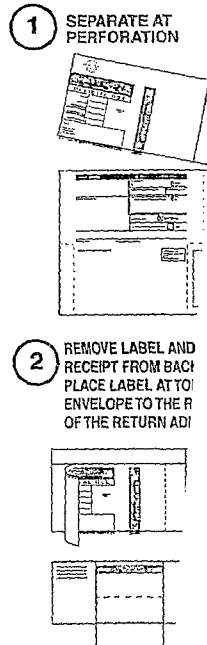
7110 6605 9590 0012 2013

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

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

Reorder Form LCD- rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2013		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
G. ELEANOR TRUJILLO 2114 S. MT. DANIELS DR. ELLENSBERG, WA 98926		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2013		A. Signature X <i>G. Eleanor Trujillo</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
G. ELEANOR TRUJILLO 2114 S. MT. DANIELS DR. ELLENSBERG, WA 98926		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 2020

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2020

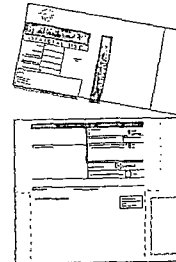
G. R. FASKEN
230 JOHNSON WOODS DR
PARIS, TX 75460

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

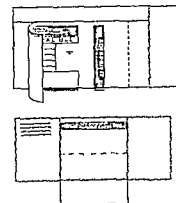
Reorder Form LCD 001 rev. 01/07

2. Article Number 7110 6605 9590 0012 2020	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: G. R. FASKEN 230 JOHNSON WOODS DR PARIS, TX 75460 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 2020	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>G.R. Fasken</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: G. R. FASKEN 230 JOHNSON WOODS DR PARIS, TX 75460 Code: Allocation Project - D.Howell	

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

3



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Information on our website at www.usps.com
7110 6605 9590 0012 2037

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



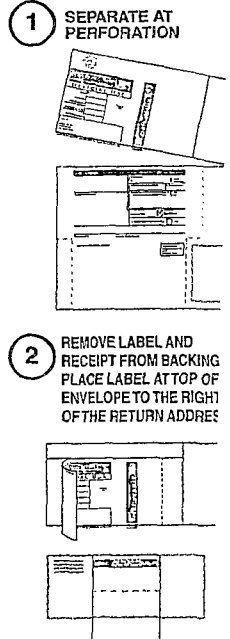
7110 6605 9590 0012 2037

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

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

Reorder Form LC-100 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAIL A DURHAM 5020 62ND N W TERRACE OKLAHOMA CITY, OK 73122 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2037	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Gail Durham</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>GAIL DURHAM</i> <i>9/4/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAIL A DURHAM 5020 62ND N W TERRACE OKLAHOMA CITY, OK 73122 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 #:



US Postal Service
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7110 6605 9590 0012 2044

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

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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2044

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

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

Reorder Form LCD 341R 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562 Code: Allocation Project - D.Howell	

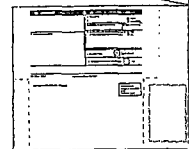
PS Form 3811

2. Article Number 7110 6605 9590 0012 2044	COMPLETE THIS SECTION ON DELIVERY A. Signature X Carolyn M. Moulton ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Carolyn M. Moulton D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAIL F. MOULTON, JR. 80345 MOUNTAIN DRIVE TRONA, CA 93562 Code: Allocation Project - D.Howell	

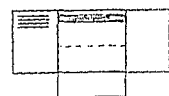
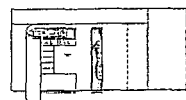
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



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

3

LIFT HERE



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7110 6605 9590 0012 2051

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

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

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2051

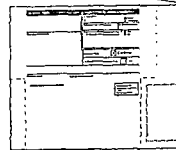
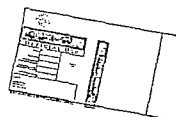
GARCIA FAMILY TRUST
3805 CAMINO DON DIEGO NE
ALBUQUERQUE, NM 87111

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

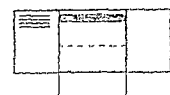
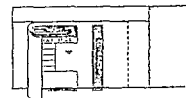
Reorder Form LC-100-R rev. 01/07

2. Article Number 7110 6605 9590 0012 2051	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARCIA FAMILY TRUST 3805 CAMINO DON DIEGO NE ALBUQUERQUE, NM 87111	
Code: Allocation Project - D.Howell	

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 2051	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-3-2010 11:09 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARCIA FAMILY TRUST 3805 CAMINO DON DIEGO NE ALBUQUERQUE, NM 87111	
Code: Allocation Project - D.Howell	

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

3



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7110 6605 9590 0012 2068

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

Delivered To
Resident, Apt. No.,
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



7110 6605 9590 0012 2068

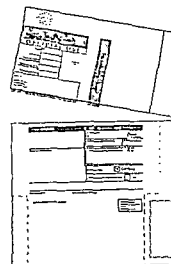
GARY C ANDERSON
11 ELLIOTT ST, APT 204
COUNCIL BLUFFS, IA 51503-0245

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

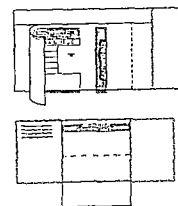
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2068	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245 Code: Allocation Project - D.Howell	

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 2068	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
1. Article Addressed to: GARY C ANDERSON 11 ELLIOTT ST, APT 204 COUNCIL BLUFFS, IA 51503-0245 Code: Allocation Project - D.Howell	

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

3



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7110 6605 9590 0012 2082

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

Delivered to
Post Office No.
Post Office No.
City, State, Zip+4
GARY R JOHNSON
P O BOX 7507
THE WOODLANDS, TX 77387-7507

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



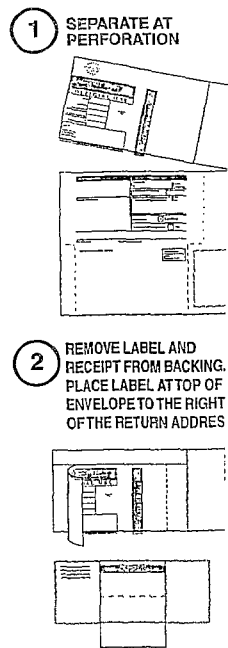
7110 6605 9590 0012 2082

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

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

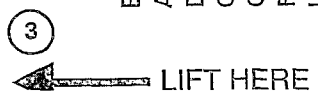
Reorder Form LCPD R rev. 01/07

2. Article Number 7110 6605 9590 0012 2082	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: GARY R JOHNSON P O BOX 7507 THE WOODLANDS, TX 77387-7507	



2. Article Number 7110 6605 9590 0012 2082	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery X G JOHNSON 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: 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 #:





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7110 6605 9590 0012 2167

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2167

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

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

Reorder Form LCD 941R rev. 01/07

2. Article Number 7110 6605 9590 0012 2167	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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





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 2075

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

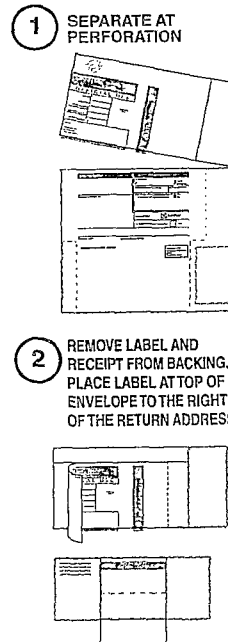
Reorder Form LCP 01 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2075	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GARY L SMITH ESTATE C/O DENNIS D JASPER 2535 TECH DR STE 200 BETTENDORF, IA 52722	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2075	A. Signature X <i>Gary L. Smith</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GARY L SMITH ESTATE C/O DENNIS D JASPER 2535 TECH DR STE 200 BETTENDORF, IA 52722	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 #: 71106605959000122075
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 2099

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

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

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

Form 3890, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2099

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

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

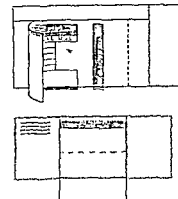
Reorder Form LC 11R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2099	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GASCONADE OIL COMPANY 410 17TH ST STE 1180 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2099	A. Signature X <i>D. Heip</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GASCONADE OIL COMPANY 410 17TH ST STE 1180 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



U.S. Postal Service
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Information Visit Our Website at www.usps.com
7110 6605 9590 0012 2105

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

Post To

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

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2105

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

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

Reorder Form LCD 3800 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056	
Code: Allocation Project - D.Howell	

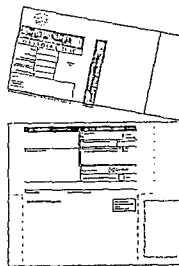
PS Form 3811

2. Article Number 7110 6605 9590 0012 2105	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tony Kight</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-5-2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GAYL ANN CARLBERG AS HER SEPARATE 11 A WEST OAK DRIVE SOUTH HOUSTON, TX 77056	
Code: Allocation Project - D.Howell	

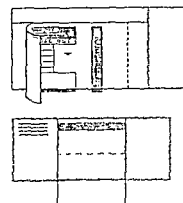
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

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

LIFT HERE



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7110 6605 9590 0012 2112

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

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

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



7110 6605 9590 0012 2112

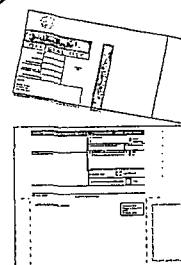
GEISLER FAMILY LIMITED PARTNERSHIP
GENERAL PARTNER
5106 SPRING MEADOW DR
DALLAS, TX 75229

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

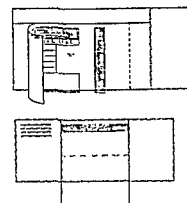
Reorder Form LC-100-R rev. 01/07

2. Article Number 7110 6605 9590 0012 2112	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
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	

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 2112	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
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	

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



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7110 6605 9590 0012 2129

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

int To
reet, Apt. No.;
PO Box No.
by, State, Zip+4

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

Form 3800, August 2006 (Rev. 10/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2129

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

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

Reorder Form LCP-100 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2129	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEMOCO LTD 5407 CREEK ARBOR CT DALLAS, TX 75287-7504	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

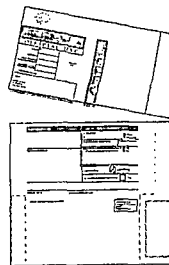
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2129	A. Signature X <i>E. C. Fiedorek</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery E. C. FIEDOREK 9/10/10
GEMOCO LTD 5407 CREEK ARBOR CT DALLAS, TX 75287-7504	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

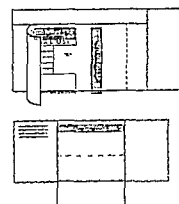
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



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

3

LIFT HERE



REASON CHECKED

☒ Undelivered
☐ Insufficient Address
☐ No Such Street
☐ No Such Office In State
☐ Do Not Remail This Envelope

☐ Refused
☐ No Such Number

ANK

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81504

106



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

7110 6605 9590 0012 2136

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

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

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2136

GENEVA T JOHNSON
2945 BEACHWOOD
GRAND JUNCTION, CO 81501

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

Reorder Form LQ 1R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2136	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVA T JOHNSON 2945 BEACHWOOD GRAND JUNCTION, CO 81501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

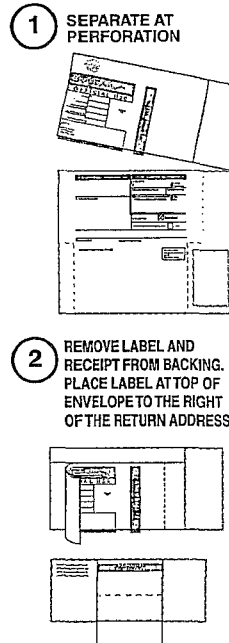
Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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



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

3

LIFT HERE



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7110 6605 9590 0012 2143

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

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

GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2143

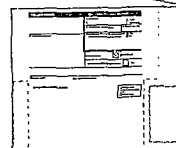
GENEVIEVE A. RINERSON
5400 ANGEL PLACE
FARMINGTON, NM 87402

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

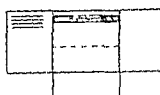
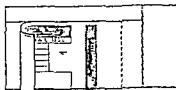
Reorder Form LCC-11R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2143	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2143	A. Signature X <i>Genevieve Rinerson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Genevieve Rinerson</i>
GENEVIEVE A. RINERSON 5400 ANGEL PLACE FARMINGTON, NM 87402	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2167

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

it To
et, Apt. No.,
O Box No.
State, Zip+4

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



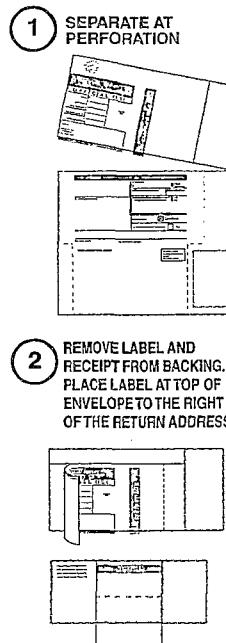
7110 6605 9590 0012 2167

GEOFFREY A VANDEWART
1207 S MISSOURI AVE
ROSWELL, NM 88201

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

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2167	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2167	A. Signature X Linda Vandewart ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Linda Vandewart 9/21/2010
GEOFFREY A VANDEWART 1207 S MISSOURI AVE ROSWELL, NM 88201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2174

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

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

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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2174

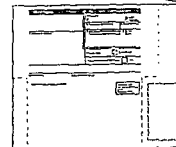
GEORGANNE MENGEL QUIER
2314 E LACOSTA PL
CHANDLER, AZ 85249-4187

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

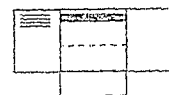
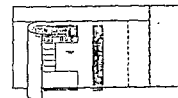
Reorder Form LCD 100-100-01 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2174	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2174	A. Signature X <i>Georganne Quier</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Georganne Quier</i> 8-7-10
GEORGANNE MENGEL QUIER 2314 E LACOSTA PL CHANDLER, AZ 85249-4187	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



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

7110 6605 9590 0013 3521

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

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 #:

Reorder Form LCD-811R 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3521	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	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes
GEORGEANNE NILSEN TTEE 3232 W BRITTON RD STE 140 OKLAHOMA CITY, OK 73120		

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3521	A. Signature X <i>[Signature]</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>9-17</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes
GEORGEANNE NILSEN TTEE 3232 W BRITTON RD STE 140 OKLAHOMA CITY, OK 73120		

1 SEPARATE AT PERFORATION

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

3

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



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7110 6605 9590 0012 2198

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

Postage To
George H Smith
1211 ROYAL DR
KAUFMAN, TX 75142-3513

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2198

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

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

Reorder Form LC 3811 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE H SMITH 1211 ROYAL DR KAUFMAN, TX 75142-3513 Code: Allocation Project - D.Howell	

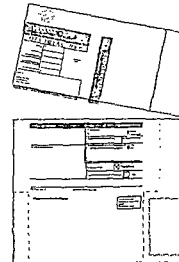
PS Form 3811

2. Article Number 7110 6605 9590 0012 2198	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>George H. Smith</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) GEORGE H. SMITH C. Date of Delivery 8-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE H SMITH 1211 ROYAL DR KAUFMAN, TX 75142-3513 Code: Allocation Project - D.Howell	

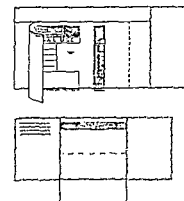
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



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

LIFT HERE



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7110 6605 9590 0013 3507

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

Postmark
Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3507

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

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

Reorder Form LCD-811R Rev. 01/07

2. Article Number 7110 6605 9590 0013 3507	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE E ESPINOSA C/O CHARLES DARRAH & ASSOC LLC 99 INCA ST DENVER, CO 80223	

2. Article Number 7110 6605 9590 0013 3507	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sheila Clark</i> B. Received by (Printed Name) <i>SHEILA CLARK</i> C. Date of Delivery <i>9/17/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE E ESPINOSA C/O CHARLES DARRAH & ASSOC LLC 99 INCA ST DENVER, CO 80223	

1 SEPARATE AT PERFORATION

2 REMOVE LABEL / RECEIPT FROM ENVELOPE PLACE LABEL AT TOP OF THE RETURN

3

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

LIFT HERE

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

PS Form 3811 Domestic Return Receipt



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7110 6605 9590 0013 3514

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

ent To **GEORGE MARTINEZ**
37 RD 3008

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

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 #:

2. Article Number

7110 6605 9590 0013 3514

1. Article Addressed to:

GEORGE MARTINEZ
37 RD 3008

AZTEC, NM 87410

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 0013 3514

1. Article Addressed to:

GEORGE MARTINEZ
37 RD 3008

AZTEC, NM 87410

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

3. Service Type



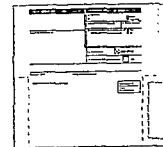
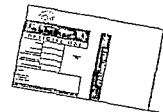
Certified

4. Restricted Delivery? (Extra Fee)

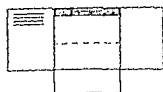
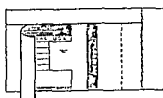
☐

Yes

1 SEPARATE AT PERFORATION



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



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

3



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7110 6605 9590 0012 2211

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

Postage To
George Reed Brainard
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2211

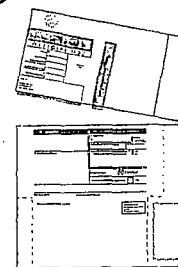
GEORGE REED BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

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

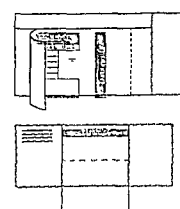
Reorder Form LCR rev. 01/07

2. Article Number 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE REED BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	
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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE REED BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	
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 #:



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7110 6605 9590 0012 2228

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

Postage To
Post Office, Apt. No.,
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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



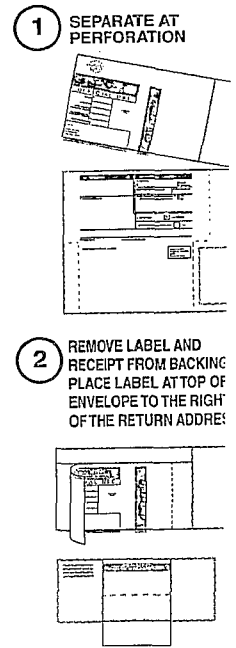
7110 6605 9590 0012 2228

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

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

Reorder Form LCD, rev. 01/07

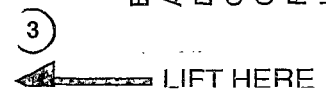
2. Article Number 7110 6605 9590 0012 2228	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE S ISHAM NONGST MARITAL TRST BNY MELLON TRICIA ONEIL 1 FINANCIAL PLAZA SUITE 2200 PROVIDENCE, RI 2903	
Code: Allocation Project - D.Howell	



PS Form 3811 Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 2228	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>C. Sousa</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery C. Sousa D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE S ISHAM NONGST MARITAL TRST BNY MELLON TRICIA ONEIL 1 FINANCIAL PLAZA SUITE 2200 PROVIDENCE, RI 2903	
Code: Allocation Project - D.Howell	

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





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7110 6605 9590 0012 2235

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

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2235

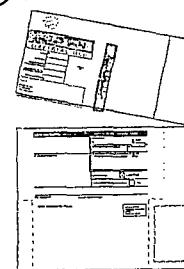
GEORGE W UMBACH
ATTN J MARK CHOPLIN
PO BOX 1588
TULSA, OK 74101

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

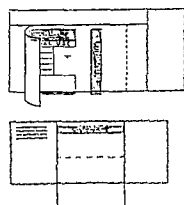
Reorder Form LCD Rev. 01/07

2. Article Number 7110 6605 9590 0012 2235	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE W UMBACH ATTN J MARK CHOPLIN PO BOX 1588 TULSA, OK 74101	
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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GEORGE W UMBACH ATTN J MARK CHOPLIN PO BOX 1588 TULSA, OK 74101	
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 #:



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7110 6605 9590 0012 2242

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

Return To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
**GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



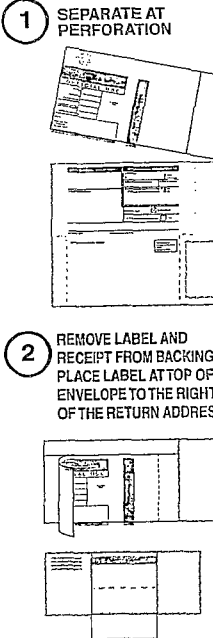
7110 6605 9590 0012 2242

**GERALD F. GAUSLIN
15421 NEWTON
HACIENDA HEIGHTS, CA 91745**

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

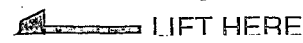
Reorder Form LC 3800-1R rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745	
Code: Allocation Project - D.Howell	



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 9/14 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GERALD F. GAUSLIN 15421 NEWTON HACIENDA HEIGHTS, CA 91745	
Code: Allocation Project - D.Howell	

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





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7110 6605 9590 0012 2259

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



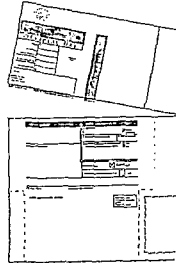
7110 6605 9590 0012 2259

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

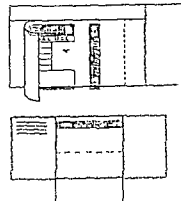
Batch #: 2190
Article #: 71106605959000122259
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

1 SEPARATE AT PERFORATION



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



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

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

3



U.S. Postal Service™
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7110 6605 9590 0013 3538

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

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

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

Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER ON 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
CEDAREDDGE, CO 81413-4110

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

2. Article Number

7110 6605 9590 0013 3538

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION

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

2. Article Number

7110 6605 9590 0013 3538

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 2890

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

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

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

Form 3800, August 2006 See Reverse for Instructions



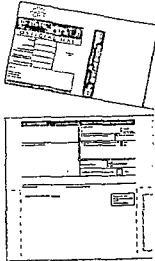
7110 6605 9590 0013 2890

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

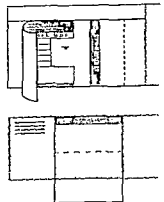
Batch #: 2269
Article #: 71106605959000132890
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2890	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE KAREN STEWART 4910 LA RODA AVE LOS ANGELES, CA 90041	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK. PLACE LABEL AT TOP OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2890	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GERALDINE KAREN STEWART 4910 LA RODA AVE LOS ANGELES, CA 90041	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



7110 6605 9590 0013 2906

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

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

GERTRUDE A GALLEGOS
PO BOX 442
PAGOSA SPRINGS, CO 81147

Form 3800, August 2006, See Reverse for Instructions



7110 6605 9590 0013 2906

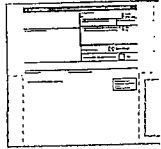
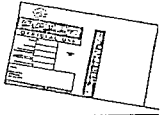
GERTRUDE A GALLEGOS
PO BOX 442
PAGOSA SPRINGS, CO 81147

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

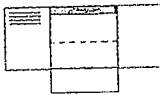
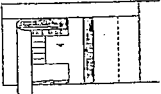
Reorder Form LCD, rev. 01/07

2. Article Number 7110 6605 9590 0013 2906	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: GERTRUDE A GALLEGOS PO BOX 442 PAGOSA SPRINGS, CO 81147	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

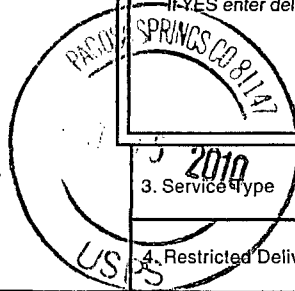
1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 2906	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Cynthia Mitchell</i> B. Received by (Printed Name) <i>CYNTHIA MITCHELL</i> C. Date of Delivery <i>10/5/10</i> 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



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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
Information Visit our Website at www.usps.com
7110 6605 9590 0012 2266

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

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

GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2266

GIBSON FAMILY TRUST
PO BOX 769
ARCATA, CA 95518

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

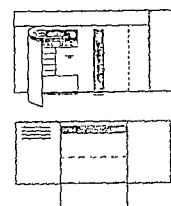
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2266	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GIBSON FAMILY TRUST PO BOX 769 ARCATA, CA 95518	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2266	A. Signature X <i>D. Howell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GIBSON FAMILY TRUST PO BOX 769 ARCATA, CA 95518	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2273

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

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

Form 3800 (August 2005) See Reverse for Instructions

Code: Allocation Project - D.Howell



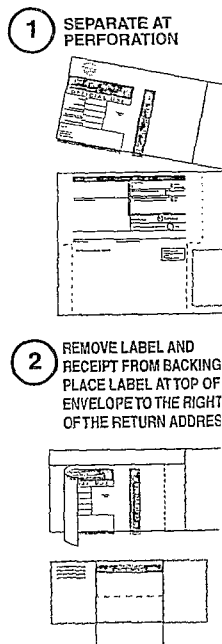
7110 6605 9590 0012 2273

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

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

Reorder Form LCD 11 rev. 01/07

2. Article Number 7110 6605 9590 0012 2273	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2273	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Karen Peterson</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Karen Peterson</i> <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLADYS M RIDDLE INTER-VIVOS TRUST 909 SW D AVE LAWTON, OK 73501	
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 #:



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7110 6605 9590 0012 2280

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

Postage To
GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



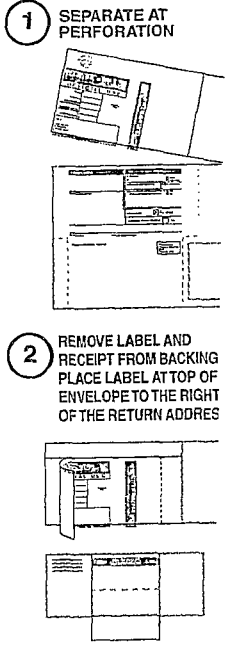
7110 6605 9590 0012 2280

GLADYS WATFORD TRUST
12112 TALMAY DRIVE
DALLAS, TX 75230

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

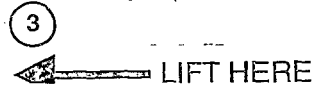
Reorder Form LCP R rev. 01/07

2. Article Number 7110 6605 9590 0012 2280	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLADYS WATFORD TRUST 12112 TALMAY DRIVE DALLAS, TX 75230	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2280	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GLADYS WATFORD TRUST 12112 TALMAY DRIVE DALLAS, TX 75230	
Code: Allocation Project - D.Howell	

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





7110 6605 9590 0012 2297

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

nt To

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

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

Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



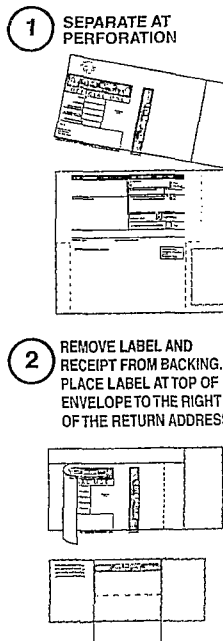
7110 6605 9590 0012 2297

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

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

Reorder Form LCD R rev. 01/07

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2297	A. Signature X <i>Glenn Heintschel</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Heintschel</i>	C. Date of Delivery <i>9-7-10</i>
GLENN HEINTSCHEL 6227 W STATE HIGHWAY 159 FAYETTEVILLE, TX 78940-5344	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 #: 71106605959000122297
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2303

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

1st To

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2303

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

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

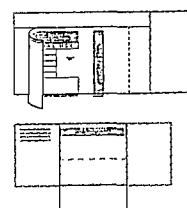
Reorder Form LCD 3811 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLENN R GENTLE LVG TRUST DTD FEB 20 635 VIA SANTA CRUZ VISTA, CA 92081-6336	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2303	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLENN R GENTLE LVG TRUST DTD FEB 20 635 VIA SANTA CRUZ VISTA, CA 92081-6336	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2310

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

Send To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2310

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

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

Reorder Form LCD-7 rev. 01/07

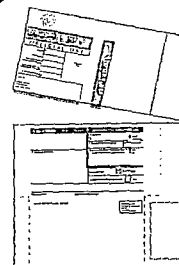
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2310		A. Signature X	☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
GLORIA M KUBIK 1119 WINCHESTER AVE ENID, OK 73703-1480			

Code: Allocation Project - D.Howell

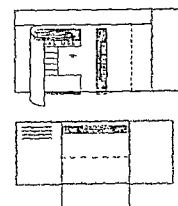
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2310		A. Signature: X Gloria Kubik	☐ Agent ☐ Addressee
		B. Received by (Printed Name) GLORIA KUBIK	C. Date of Delivery 9/14
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
GLORIA M KUBIK 1119 WINCHESTER AVE ENID, OK 73703-1480			

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

3



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7110 6605 9590 0012 2327

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

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

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

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2327

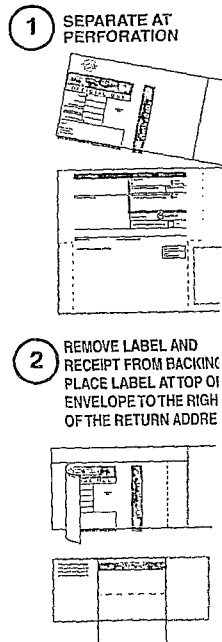
GLORIA MILAN
32 MOUNTAIN VIEW BLVD #3A
BILLINGS, MT 59101

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

Reorder Form LCD-1 rev. 01/07

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

Code: Allocation Project - D.Howell



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

Code: Allocation Project - D.Howell

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





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7110 6605 9590 0012 2334

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

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2334

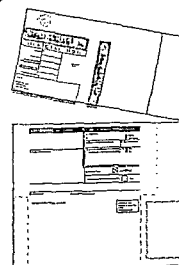
GLORIA WYNNE LANKFORD
3501 ELM CREEK CRT.
FT. WORTH, TX 76109

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

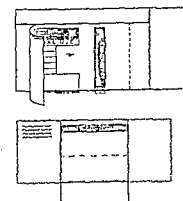
Reorder Form LCD, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2334	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GLORIA WYNNE LANKFORD 3501 ELM CREEK CRT. FT. WORTH, TX 76109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

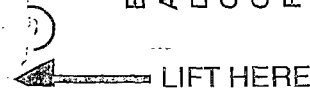


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2334	A. Signature X <i>Gloria Wynne Lankford</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Tanina Walker</i> <i>9-4-10</i>
GLORIA WYNNE LANKFORD 3501 ELM CREEK CRT. FT. WORTH, TX 76109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 #:





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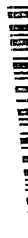
7110 6605 9590 0012 2341

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2341

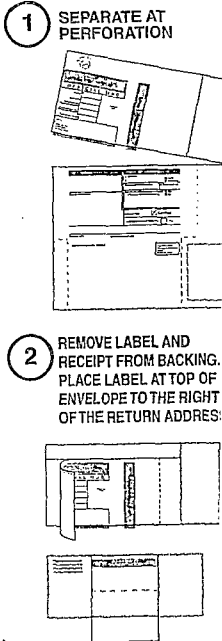
GMGF OIL ACCT
JP MORGAN CHASE BANK NA TRUSTEE
DRAWER 99084
FORT WORTH, TX 76199-0084

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

Reorder Form LCD 1111 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2341	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GMGF OIL ACCT JP MORGAN CHASE BANK NA TRUSTEE DRAWER 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2341	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GMGF OIL ACCT JP MORGAN CHASE BANK NA TRUSTEE DRAWER 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0012 2358

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2358

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

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

Reorder Form LCR 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

2. Article Number: 7110 6605 9590 0012 2358	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Arch</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Arch Gomez</i> 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GOMEZ TRUST DTD FEB 20 1997 2751 ASPEN VALLEY LANE SACRAMENTO, CA 95835-2136 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



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7110 6605 9590 0012 2365

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2365

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

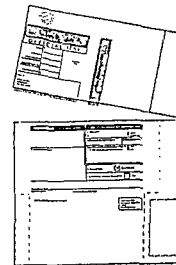
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Article #: 71106605959000122365
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC700 Rev. 01/07

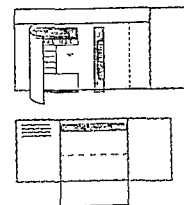
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2365	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GORDON E DAVENPORT JR 1520 E HWY 6 ALVIN, TX 77511	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2365	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GORDON E DAVENPORT JR 1520 E HWY 6 ALVIN, TX 77511	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

3



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7110 6605 9590 0012 2372

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

Postage To
Street, Apt. No.,
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



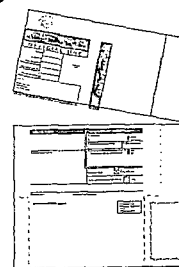
7110 6605 9590 0012 2372

GORHAM PROPERTIES LLC
PO BOX 451
ALBUQUERQUE, NM 87103

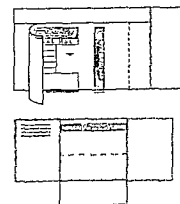
Batch #: 2190
Article #: 71106605959000122372
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2372	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GORHAM PROPERTIES LLC PO BOX 451 ALBUQUERQUE, NM 87103	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2372	A. Signature X <i>Robert H. Howells</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/3/10
GORHAM PROPERTIES LLC PO BOX 451 ALBUQUERQUE, NM 87103	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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7110 6605 9590 0012 2389

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

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

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

PS Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2389

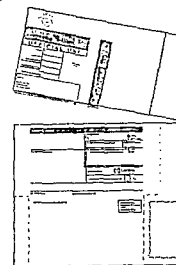
GRAHAM L GOTTSTEIN
9433 NE 14TH ST
CLYDE HILL, WA 98004

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

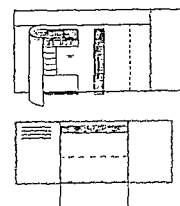
Reorder Form LCD, Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GRAHAM L GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004 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 2389	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Graham Gottstein</i> C. Date of Delivery <i>9/7</i> D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GRAHAM L GOTTSTEIN 9433 NE 14TH ST CLYDE HILL, WA 98004 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 #:

3



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7110 6605 9590 0012 2396

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

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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



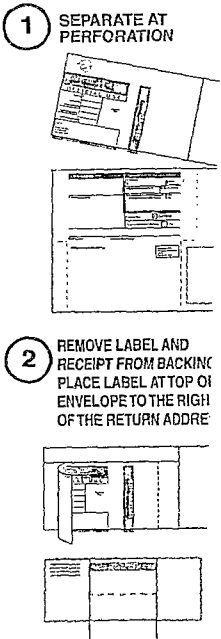
7110 6605 9590 0012 2396

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

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

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2396	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRAY REVOC TR UTD MAY 19 1998 PO BOX 110 HILL CITY, SD 57745	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2396	A. Signature X <i>Dan Gray</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Jean Gray</i> <i>9/8/10</i>
GRAY REVOC TR UTD MAY 19 1998 PO BOX 110 HILL CITY, SD 57745	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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



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7110 6605 9590 0012 2402

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

Return To

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

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

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2402

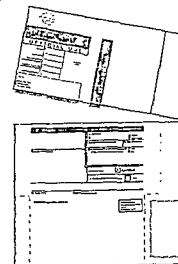
GRAYFORE PARTNERS LP
PO BOX 98670
LUBBOCK, TX 79499-8670

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

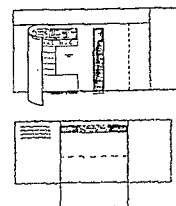
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2402	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2402	A. Signature X <i>Robert Cooper</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Robert Cooper</i>
GRAYFORE PARTNERS LP PO BOX 98670 LUBBOCK, TX 79499-8670	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 #:



US Postal Service
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Information Visit our Website at www.usps.com
7110 6605 9590 0012 2419

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2419

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

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

Reorder Form LCD Rev. 01/07

2. Article Number 7110 6605 9590 0012 2419	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GREAT HERITAGE PROPERTIES LLC 2801 NW 57TH STREET OKLAHOMA CITY, OK 73112 Code: Allocation Project - D.Howell	

PS Form 3811

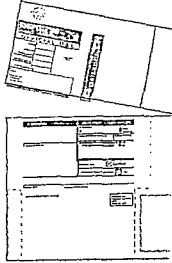
Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 2419	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GREAT HERITAGE PROPERTIES LLC 2801 NW 57TH STREET OKLAHOMA CITY, OK 73112 Code: Allocation Project - D.Howell	

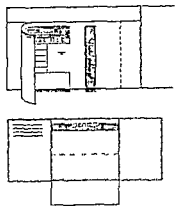
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

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

LIFT HERE



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7110 6605 9590 0012 2426

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2426

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

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

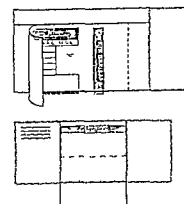
Reorder Form LCD, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2426	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREG IRETON AND JO ANN W IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS, CO 80906	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2426	A. Signature X <i>Greg Iretton</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREG IRETON AND JO ANN W IRETON 1430 CHARTWELL VIEW COLORADO SPRINGS, CO 80906	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2433

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

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

GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2433

GREGORY MYER
PO BOX 522
BALDWIN CITY, KS 66006

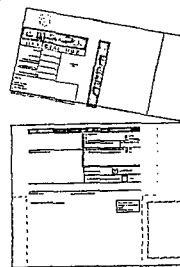
Batch #: 2190
Article #: 71106605959000122433
Date/Time: 8/31/2010 11:33:28 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-100 Rev. 01/07

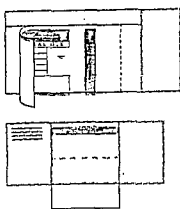
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2433	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2433	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY MYER PO BOX 522 BALDWIN CITY, KS 66006	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 #:



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7110 6605 9590 0012 2440

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

Ant To
reet, Apt. No.,
PO Box No.
y, 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



7110 6605 9590 0012 2440

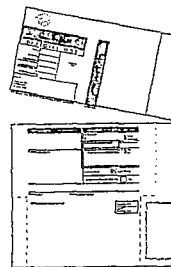
GREGORY WALL
2040 W MAIN ST SUITE 210, #1615
RAPID CITY, SD 57702-2446

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

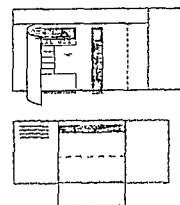
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2440	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY WALL 2040 W MAIN ST SUITE 210, #1615 RAPID CITY, SD 57702-2446	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2440	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GREGORY WALL 2040 W MAIN ST SUITE 210, #1615 RAPID CITY, SD 57702-2446	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2457

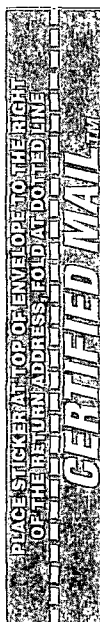
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2457

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

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

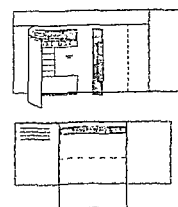
Reader Form LCD Rev. 01/07

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

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

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



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7110 6605 9590 0012 2464

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

nt To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2464

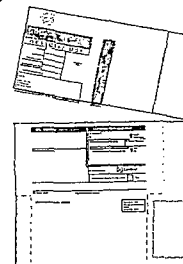
GRETCHEN KALB MORAN
PO BOX 1588
TULSA, OK 74101-1588

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

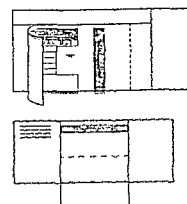
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2464	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2464	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
GRETCHEN KALB MORAN PO BOX 1588 TULSA, OK 74101-1588	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	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



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7110 6605 9590 0012 2495

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



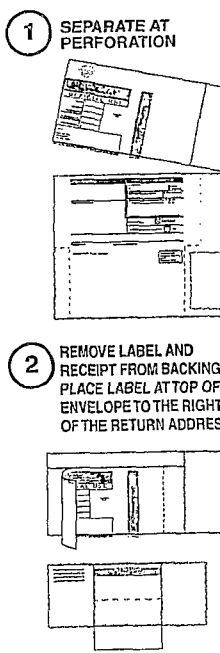
7110 6605 9590 0012 2495

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

Batch #: 2190
Article #: 711066059590000122495
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 001 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666 Code: Allocation Project - D.Howell	



2: Article Number 7110 6605 9590 0012 2495	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Frances Gordon</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) Frances Gordon 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
1. Article Addressed to: GROVER FAMILY L P P O BOX 3666 MIDLAND, TX 79702-3666 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 711066059590000122495
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2471

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2471

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

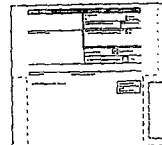
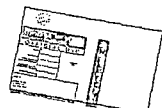
Batch #: 2190
Article #: 71106605959000122471
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

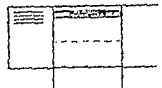
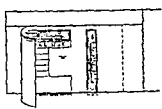
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2471	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER BROTHERS LTD PARTNERSHIP C/O ROBERT PULLIAM 6116 N CENTRAL EXPWY #1000 DALLAS, TX 75206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2471	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
GROVER BROTHERS LTD PARTNERSHIP C/O ROBERT PULLIAM 6116 N CENTRAL EXPWY #1000 DALLAS, TX 75206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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7110 6605 9590 0012 2501

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

Return To
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



7110 6605 9590 0012 2501

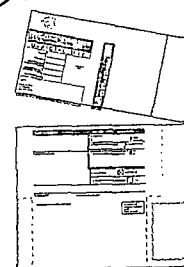
GURDON RANSOM MILLER III
704 CANYON CREST DR
SIERRA MADRE, CA 91024

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Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
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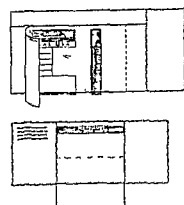
Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 2501	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GURDON RANSOM MILLER III 704 CANYON CREST DR SIERRA MADRE, CA 91024	
Code: Allocation Project - D.Howell	

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 2501	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Catrina Staefer</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery CATRINA STAEFER 9/8/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GURDON RANSOM MILLER III 704 CANYON CREST DR SIERRA MADRE, CA 91024	
Code: Allocation Project - D.Howell	

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

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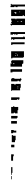
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Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Return To: **GUY DAVID WARD**
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2518

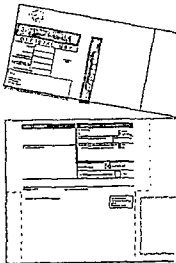
GUY DAVID WARD
6022 CHICKADEE CIRCLE
SPRING HILL, TN 37174

Batch #: 2190
Article #: 71106605959000122518
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

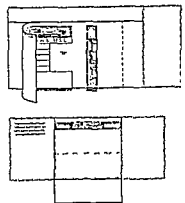
Reorder Form LCD-2006-01 rev. 01/07

2. Article Number 7110 6605 9590 0012 2518	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY DAVID WARD 6022 CHICKADEE CIRCLE SPRING HILL, TN 37174	
Code: Allocation Project - D.Howell	

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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 2518	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Guy Ward 9-21-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY DAVID WARD 6022 CHICKADEE CIRCLE SPRING HILL, TN 37174	
Code: Allocation Project - D.Howell	

Batch #: 2190
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File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 2525

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2525

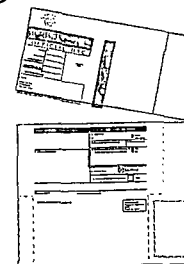
GUY R BRAINARD JR TR DTD SEPT 9 198
PO BOX 1588
TULSA, OK 74101-1588

Batch #: 2190
Article #: 71106605959000122525
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Code: Allocation Project - D.Howell
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Internal Code #:

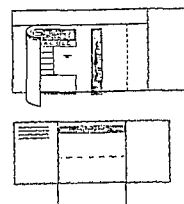
Reorder Form LCD 3800 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY R BRAINARD JR TR DTD SEPT 9 198 PO BOX 1588 TULSA, OK 74101-1588 Code: Allocation Project - D.Howell	

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



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1. Article Addressed to: GUY R BRAINARD JR TR DTD SEPT 9 198 PO BOX 1588 TULSA, OK 74101-1588 Code: Allocation Project - D.Howell	

Batch #: 2190
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Internal Code #:



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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	

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

nt To

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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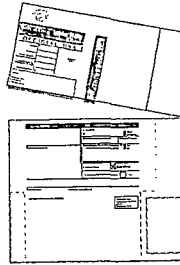
GUY R CAMPBELL
8336 BASUTO DR.
NEW PORT RICHEY, FL 34655

Batch #: 2190
Article #: 71106605959000122532
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File #:
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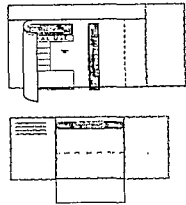
Reorder Form LCD 11/07 rev. 01/07

2. Article Number 7110 6605 9590 0012 2532	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY R CAMPBELL 8336 BASUTO DR. NEW PORT RICHEY, FL 34655	
Code: Allocation Project - D.Howell	

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



2. Article Number 7110 6605 9590 0012 2532	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Guy Campbell</i> B. Received by (Printed Name) <i>Guy Campbell</i> C. Date of Delivery <i>8-31-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: GUY R CAMPBELL 8336 BASUTO DR. NEW PORT RICHEY, FL 34655	
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