



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 4215

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
 Karen Lee McLarty
 1305 Hockley Ct
 Allen, TX 75013

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4215

KAREN LEE MCLARTY
1305 HOCKLEY CT
ALLEN, TX 75013

Batch #: 2192
 Article #: 71106605959000124215
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8-8 v. 01/07

2. Article Number
7110 6605 9590 0012 4215

1. Article Addressed to:
 KAREN LEE MCLARTY
 1305 HOCKLEY CT
 ALLEN, TX 75013

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

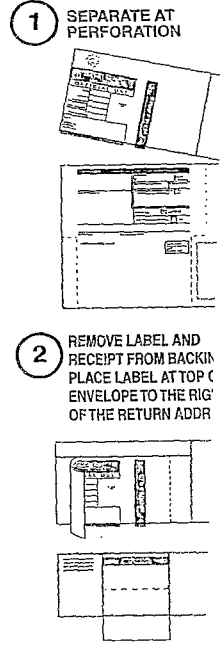
A. Signature
 X
 Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
7110 6605 9590 0012 4215

1. Article Addressed to:
 KAREN LEE MCLARTY
 1305 HOCKLEY CT
 ALLEN, TX 75013

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Karen McLarty*
 Agent
 Addressee

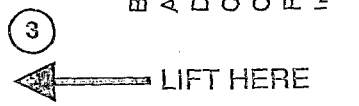
B. Received by (Printed Name)
 C. Date of Delivery
Karen McLarty *9-8-2010*

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

Batch #: 2192
 Article #: 71106605959000124215
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4222

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

KAREN Y GRIFFITH PETERS
 4260 PEACH WAY
 BOULDER, CO 80301

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

Form 3811, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



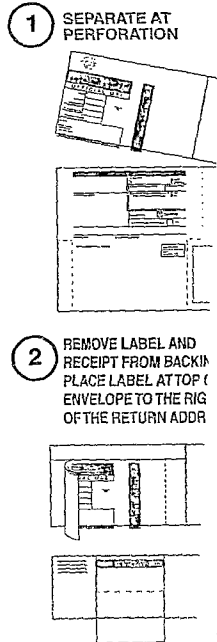
7110 6605 9590 0012 4222

KAREN Y GRIFFITH PETERS
 4260 PEACH WAY
 BOULDER, CO 80301

Batch #: 2192
 Article #: 71106605959000124222
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

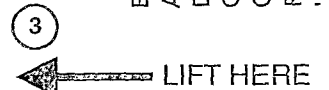
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4222	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KAREN Y GRIFFITH PETERS 4260 PEACH WAY BOULDER, CO 80301	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4222	A. Signature X Karen Peters	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) KAREN PETERS	C. Date of Delivery 9-4-10
KAREN Y GRIFFITH PETERS 4260 PEACH WAY BOULDER, CO 80301	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
 Article #: 71106605959000124222
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 2982

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	

Delivered To
 KARLEEN E UPHOLD TR DTD 07/10/07
 7112-132 PAN AMERICAN FRWY NE
 ALBUQUERQUE, NM 87109

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 2982
 KARLEEN E UPHOLD TR DTD 07/10/07
 7112-132 PAN AMERICAN FRWY NE
 ALBUQUERQUE, NM 87109

Batch #: 2269
 Article #: 71106605959000132982
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 2982

1. Article Addressed to:

KARLEEN E UPHOLD TR DTD 07/10/07
 7112-132 PAN AMERICAN FRWY NE
 ALBUQUERQUE, NM 87109

COMPLETE THIS SECTION ON DELIVERY

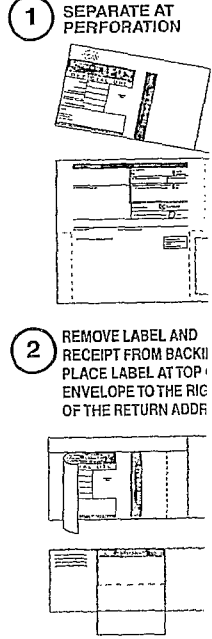
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2982

1. Article Addressed to:

KARLEEN E UPHOLD TR DTD 07/10/07
 7112-132 PAN AMERICAN FRWY NE
 ALBUQUERQUE, NM 87109

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Robert C. Alvarado Addressee

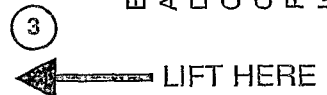
B. Received by (Printed Name) C. Date of Delivery
 ROBERT C. ALVARADO 9-16-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2269
 Article #: 71106605959000132982
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 4239

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

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4239

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

Batch #: 2192
 Article #: 71106605959000124239
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4239

1. Article Addressed to:

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS

2. Article Number

7110 6605 9590 0012 4239

1. Article Addressed to:

KATHARINE B DICKSON
85 S BIRCH ST
DENVER, CO 80246

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

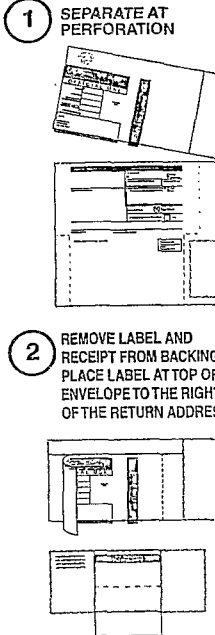
B. Received by (Printed Name) C. Date of Delivery
K B DICKSON 9/2

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

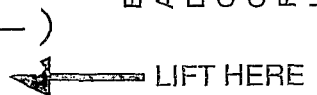
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2192
 Article #: 71106605959000124239
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4246

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: **KATHERINE BUCKLAND**
 5869 CHACO LOOP NE
 RIO RANCHO, NM 87144-6342

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4246

KATHERINE BUCKLAND
 5869 CHACO LOOP NE
 RIO RANCHO, NM 87144-6342

Batch #: 2192
 Article #: 71106605959000124246
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 4246

1. Article Addressed to:

KATHERINE BUCKLAND
 5869 CHACO LOOP NE
 RIO RANCHO, NM 87144-6342

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

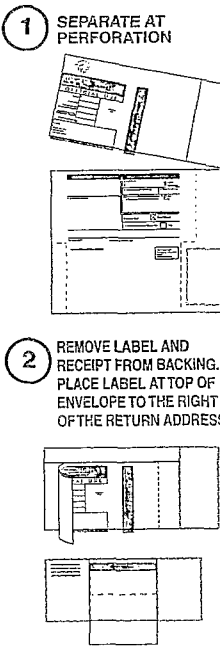
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4246

1. Article Addressed to:

KATHERINE BUCKLAND
 5869 CHACO LOOP NE
 RIO RANCHO, NM 87144-6342

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

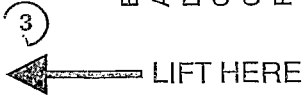
B. Received by (Printed Name) C. Date of Delivery
 Katherine Buckland 9.3.10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124246
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 4338

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

KATHRYN DAVANT HIGGNS
111 CABANA DR
VICTORIA, TX 77901

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



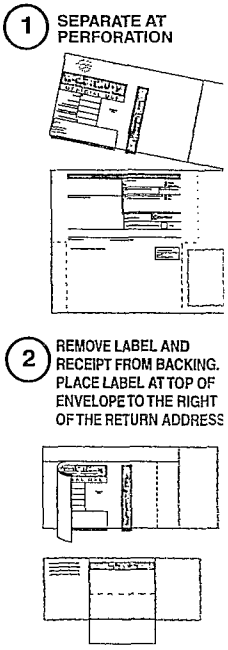
7110 6605 9590 0012 4338

KATHRYN DAVANT HIGGNS
111 CABANA DR
VICTORIA, TX 77901

Batch #: 2192
 Article #: 71106605959000124338
 Date/Time: 8/31/2010 12:16:11 PM
 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 4338	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
KATHRYN DAVANT HIGGNS 111 CABANA DR VICTORIA, TX 77901	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2192
 Article #: 71106605959000124338
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4253

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
 KATHERINE KOLLIKER MCINTYRE
 512 THUNDER CREST
 EL PASO, TX 79922

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4253

KATHERINE KOLLIKER MCINTYRE
 512 THUNDER CREST
 EL PASO, TX 79922

Batch #: 2192
 Article #: 71106605959000124253
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4253	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: KATHERINE KOLLIKER MCINTYRE 512 THUNDER CREST EL PASO, TX 79922	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

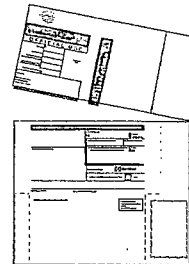
UNITED STATES POSTAL SERVICE



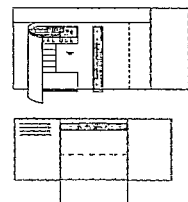
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

1 SEPARATE AT PERFORATION



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



3
 LIFT HERE

Batch #: 2192
 Article #: 71106605959000124253
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0013 2999

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

KATHERINE WEINSTEIN
2587 AVERY PARK CIR

ATLANTA, GA 30360

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2999

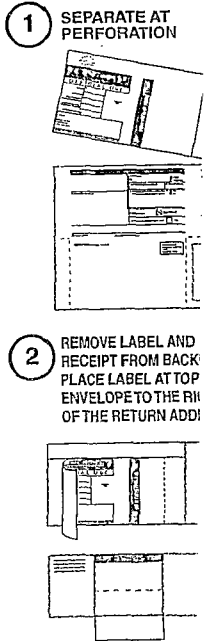
KATHERINE WEINSTEIN
2587 AVERY PARK CIR

ATLANTA, GA 30360

Batch #: 2269
Article #: 71106605959000132999
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

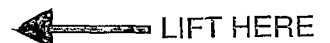
Reorder Form LCD-811-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2999	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KATHERINE WEINSTEIN 2587 AVERY PARK CIR ATLANTA, GA 30360	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2999	A. Signature X <i>Katherine</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Katie Weinstein</i>	C. Date of Delivery <i>9-20-10</i>
KATHERINE WEINSTEIN 2587 AVERY PARK CIR ATLANTA, GA 30360	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2269
Article #: 71106605959000132999
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:





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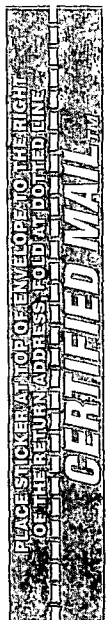
7110 6605 9590 0012 4260

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	

Content To: **KATHLEEN COLWILL**
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4260

KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

Batch #: 2192
 Article #: 71106605959000124260
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-800 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4260

1. Article Addressed to:

KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

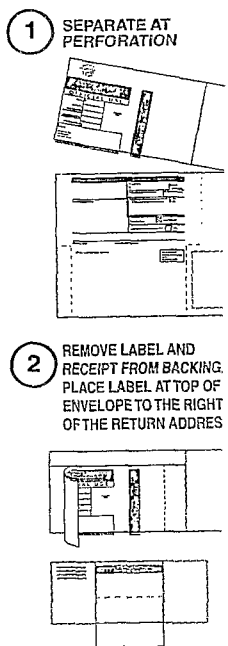
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4260

1. Article Addressed to:

KATHLEEN COLWILL
4189 SABAL POINTE CT SE
GRAND RAPIDS, MI 49546-8230

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *K. Colwill*

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

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

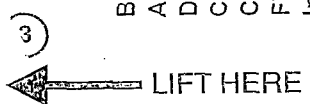
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124260
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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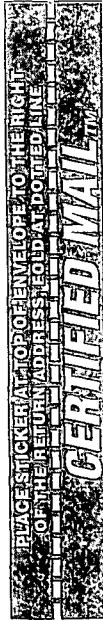
7110 6605 9590 0012 4277

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
 Recipient Name: **KATHLEEN F LIPPOLD**
 Street, Apt. No., PO Box No.: **1309 SW COLLEGE AVE**
 City, State, Zip+4: **TOPEKA, KS 66604**

Form 3800, August 2009. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4277

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

Batch #: 2192
 Article #: 71106605959000124277
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8-01 rev. 01/07

2. Article Number

7110 6605 9590 0012 4277

1. Article Addressed to:

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

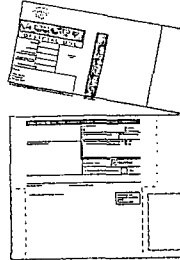
B. Received by (Printed Name) C. Date of Delivery

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

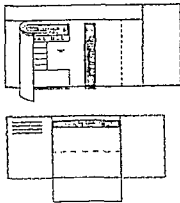
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4277

1. Article Addressed to:

KATHLEEN F LIPPOLD
1309 SW COLLEGE AVE
TOPEKA, KS 66604

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

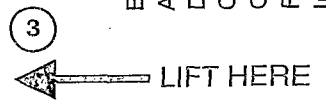
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192
 Article #: 71106605959000124277
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3668

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	

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

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205
DENVER, CO 80206-1678

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3668

KATHLEEN J BROWN REV TR DTD 7/20/05
 2990 E 17TH AVE APT 2205
 DENVER, CO 80206-1678

Batch #: 2272
 Article #: 71106605959000133668
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811-01/07

2 Article Number

7110 6605 9590 0013 3668

1. Article Addressed to:

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205
DENVER, CO 80206-1678

COMPLETE THIS SECTION ON DELIVERY

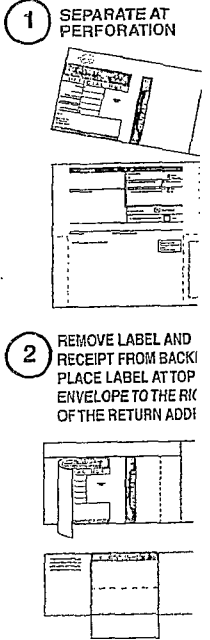
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 3668

1. Article Addressed to:

KATHLEEN J BROWN REV TR DTD 7/20/05
2990 E 17TH AVE APT 2205
DENVER, CO 80206-1678

COMPLETE THIS SECTION ON DELIVERY

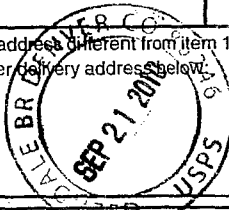
A. Signature Agent
X Addressee

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



Batch #: 2272
 Article #: 71106605959000133668
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:



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7110 6605 9590 0012 4284

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

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4284

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Batch #: 2192
 Article #: 71106605959000124284
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 4284

1. Article Addressed to:

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4284

1. Article Addressed to:

KATHLEEN M MCLANE TR DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Robert Wilken Addressee

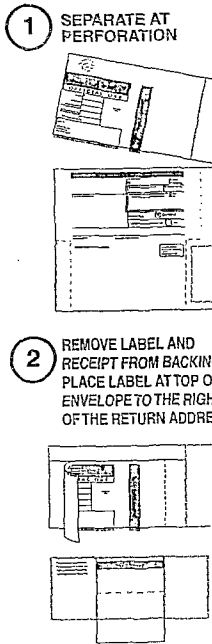
B. Received by (Printed Name) C. Date of Delivery
Robert Wilken **9/10/10**

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

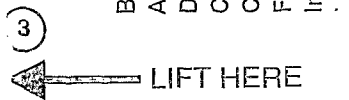
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2192
 Article #: 71106605959000124284
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4291

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: **KATHLEEN QUINN**
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4291

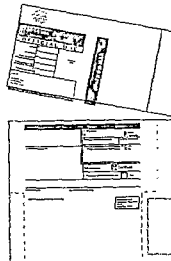
KATHLEEN QUINN
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2192
 Article #: 71106605959000124291
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

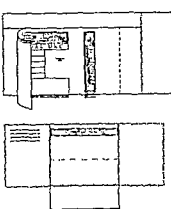
Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4291	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: KATHLEEN QUINN C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284-0738	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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



Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4291	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: KATHLEEN QUINN C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284-0738	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124291
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 4307

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
KATHLYN H GIBSON ESTATE
C/O G.A. SCHARHAG, EXECUTOR
PO BOX 546
TESUQUE, NM 87574

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4307

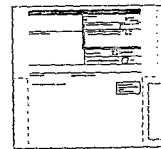
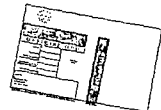
KATHLYN H GIBSON ESTATE
C/O G.A. SCHARHAG, EXECUTOR
PO BOX 546
TESUQUE, NM 87574

Batch #: 2192
 Article #: 71106605959000124307
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

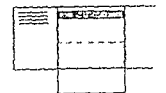
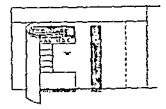
Form PS 3800, August 2006. See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4307	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KATHLYN H GIBSON ESTATE C/O G.A. SCHARHAG, EXECUTOR PO BOX 546 TESUQUE, NM 87574	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

1 SEPARATE AT PERFORATION



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



Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4307	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KATHLYN H GIBSON ESTATE C/O G.A. SCHARHAG, EXECUTOR PO BOX 546 TESUQUE, NM 87574	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
 Article #: 71106605959000124307
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3

LIFT HERE

Reorder Form LCD-81 01/07



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7110 6605 9590 0012 4314

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	

Postmark Here

Delivered To
KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 4314

KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

Batch #: 2192
 Article #: 71106605959000124314
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4314

1. Article Addressed to:

KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

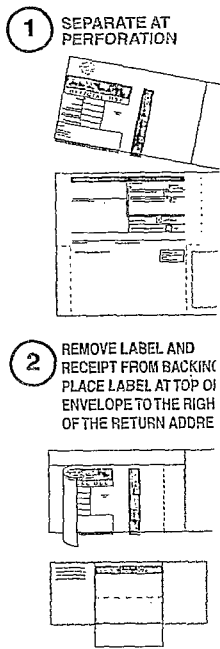
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4314

1. Article Addressed to:

KATHRIN BOND MALONE
6117 WESTOVER DR
FORT WORTH, TX 76107-3543

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Michael Malone

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

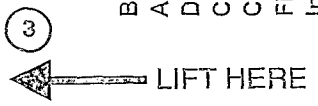
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124314
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 4321

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: **KATHRYN DAVANT DODSON**
111 MCGUIRE COVE
CLARKSDALE, MS 38614

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

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

Code: Allocation Project - D.Howell

7110 6605 9590 0012 4321

KATHRYN DAVANT DODSON
 111 MCGUIRE COVE
 CLARKSDALE, MS 38614

Batch #: 2192
 Article #: 71106605959000124321
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number:
 7110 6605 9590 0012 4321

1. Article Addressed to:
KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

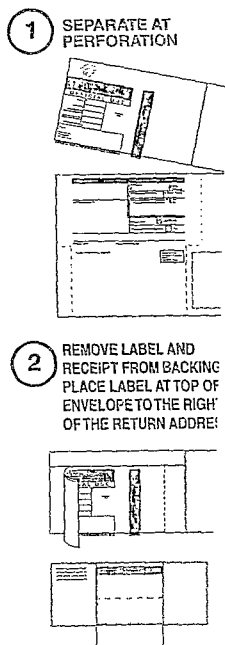
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number:
 7110 6605 9590 0012 4321

1. Article Addressed to:
KATHRYN DAVANT DODSON
111 MCGUIRE COVE
CLARKSDALE, MS 38614

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Kathryn Davant Dodson

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124321
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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 7110 6605 9590 0012 4352

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 **KATHRYN L CAMPBELL**
602 ISLAND ST
BLOOMFIELD, NM 87413

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4352

KATHRYN L CAMPBELL
 602 ISLAND ST
 BLOOMFIELD, NM 87413

Batch #: 2192
 Article #: 71106605959000124352
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 4352

1. Article Addressed to:

KATHRYN L CAMPBELL
602 ISLAND ST
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

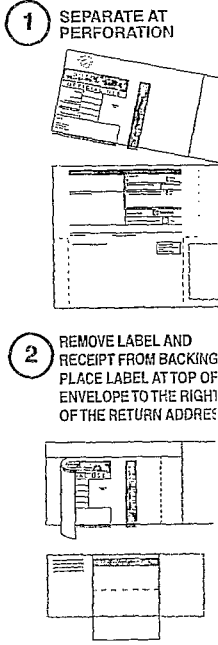
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4352

1. Article Addressed to:

KATHRYN L CAMPBELL
602 ISLAND ST
BLOOMFIELD, NM 87413

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Kathryn Campbell* Addressee

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

Batch #: 2192
 Article #: 71106605959000124352
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 4369

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

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4369

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

Batch #: 2192
 Article #: 71106605959000124369
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4369

1. Article Addressed to:

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

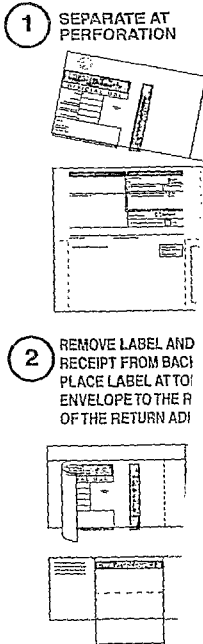
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4369

1. Article Addressed to:

KATHY DUFFIN MCKNAB
PO BOX 1108
PARKER, CO 80134-1108

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

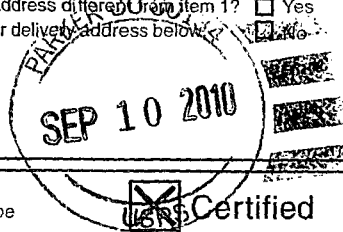
A. Signature Agent Addressee
X Kathy Mcknab

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

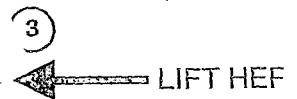
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
 Article #: 71106605959000124369
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





U.S. Postal Service
REGISTERED MAIL RECEIPT
 (Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 4376

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
 Kay B Gundlach
 Fearington Post 247
 Pittsboro, NC 27312

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 4376

KAY B GUNDLACH
 FEARINGTON POST 247
 PITTSBORO, NC 27312

Batch #: 2192
 Article #: 71106605959000124376
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number
 7110 6605 9590 0012 4376

1. Article Addressed to:
 KAY B GUNDLACH
 FEARINGTON POST 247
 PITTSBORO, NC 27312

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

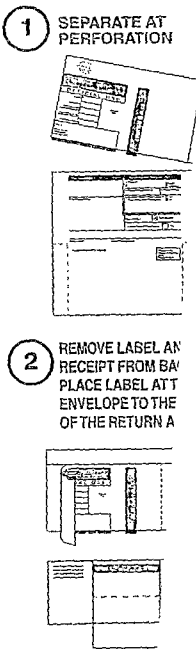
A. Signature
 X Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 4376

1. Article Addressed to:
 KAY B GUNDLACH
 FEARINGTON POST 247
 PITTSBORO, NC 27312

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kay B Gundlach* Agent
 Addressee

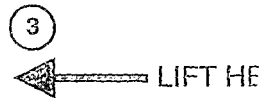
B. Received by (Printed Name) C. Date of Delivery
 Kay B Gundlach 7-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124376
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





US Postal Service™
CERTIFIED MAIL™ RECEIPT
Mail Only, No Insurance Coverage Provided
 Delivery information visit our website at www.usps.com
 7110 6605 9590 0012 4383

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
 KAY BETH STAVLEY
 14000 COUNTY RD 478
 MAY, TX 76857

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4383

KAY BETH STAVLEY
 14000 COUNTY RD 478
 MAY, TX 76857

Batch #: 2192
 Article #: 71106605959000124383
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number
 7110 6605 9590 0012 4383

1. Article Addressed to:
 KAY BETH STAVLEY
 14000 COUNTY RD 478
 MAY, TX 76857

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

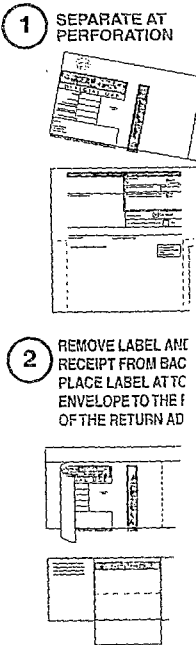
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 4383

1. Article Addressed to:
 KAY BETH STAVLEY
 14000 COUNTY RD 478
 MAY, TX 76857

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

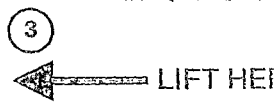
B. Received by (Printed Name) C. Date of Delivery
 Kaybeth Stavley 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124383
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:





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7110 6605 9590 0012 4390

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	

Postmark To: **KAY CUNNINGHAM MAGRI**
201 WOODWARD
GENEVA, IL 60134

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

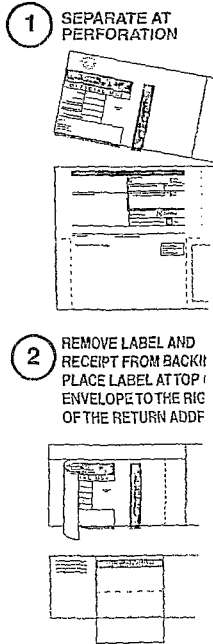
7110 6605 9590 0012 4390

KAY CUNNINGHAM MAGRI
201 WOODWARD
GENEVA, IL 60134

Batch #: 2192
 Article #: 71106605959000124390
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

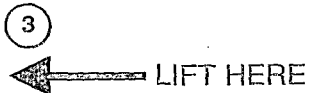
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4390	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KAY CUNNINGHAM MAGRI 201 WOODWARD GENEVA, IL 60134		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4390	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KAY CUNNINGHAM MAGRI 201 WOODWARD GENEVA, IL 60134	Bill Magri	9/3/2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124390
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4406

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	

Postmark Here

Code: Allocation Project - D.Howell

Postage to: **KAY DIANE BOWLES TRUST NOV 29 2007**
 6209 BROOKSIDE DR
 CHEVY CHASE, MD 20815



7110 6605 9590 0012 4406

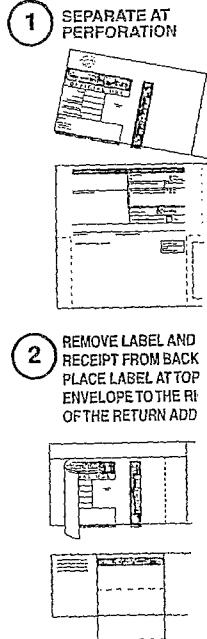
KAY DIANE BOWLES TRUST NOV 29 2007
 6209 BROOKSIDE DR
 CHEVY CHASE, MD 20815

Batch #: 2192
 Article #: 71106605959000124406
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

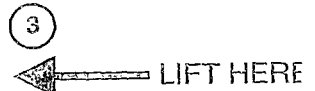
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4406	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KAY DIANE BOWLES TRUST NOV 29 2007 6209 BROOKSIDE DR CHEVY CHASE, MD 20815	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4406	A. Signature <input type="checkbox"/> Agent X Kay Diane Bowles <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KAY DIANE BOWLES TRUST NOV 29 2007 6209 BROOKSIDE DR CHEVY CHASE, MD 20815	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124406
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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7110 6605 9590 0013 3002

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	

Send To
KAY TORRANCE KENYON
17721 BRUCE AVE
MONTE SERENO, CA 95030

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 3002

KAY TORRANCE KENYON
17721 BRUCE AVE
MONTE SERENO, CA 95030

Batch #: 2269
 Article #: 71106605959000133002
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0013 3002

1. Article Addressed to:

KAY TORRANCE KENYON
17721 BRUCE AVE
MONTE SERENO, CA 95030

COMPLETE THIS SECTION ON DELIVERY

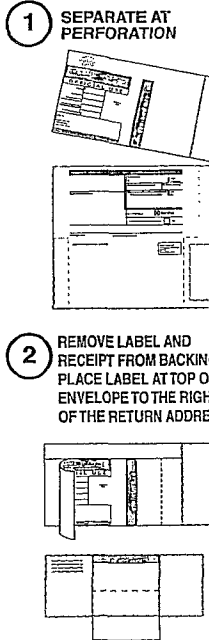
A. Signature
X Agent
 Addressee

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



Reorder Form LCD-R Rev. 01/07

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269
 Article #: 71106605959000133002
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 ← LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 4413

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

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 4413

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

Batch #: 2192
 Article #: 71106605959000124413
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811 August 2006 See Reverse for Instructions

Reorder Form LCD-8 01/07

2: Article Number

7110 6605 9590 0012 4413

1. Article Addressed to:

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

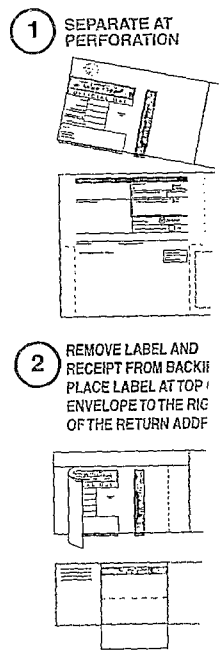
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2: Article Number

7110 6605 9590 0012 4413

1. Article Addressed to:

KELLEY A MURRELL
3620 BEVERLY DR
DALLAS, TX 75205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

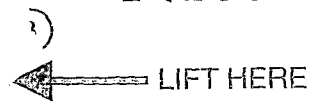
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192
 Article #: 71106605959000124413
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
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7110 6605 9590 0012 4420

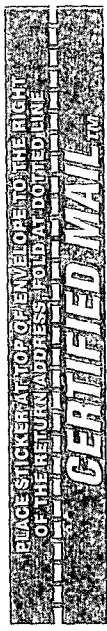
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4420

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Batch #: 2192
 Article #: 71106605959000124420
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-801107

2. Article Number

7110 6605 9590 0012 4420

1. Article Addressed to:

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

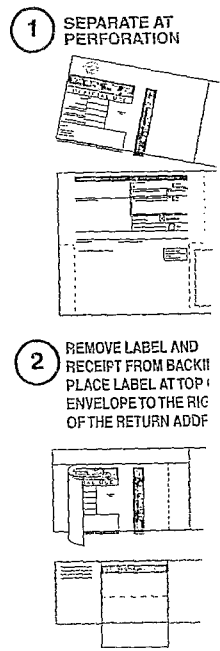
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4420

1. Article Addressed to:

KELLY CHRISTINE LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Robert Lamb

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

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

Batch #: 2192
 Article #: 71106605959000124420
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4437

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
 Kelly FITTING STEWART
 11197 PAISANO LANE
 SAN ANGELO, TX 76904

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4437

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

Batch #: 2192
 Article #: 71106605959000124437
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 01/07

2 Article Number

7110 6605 9590 0012 4437

1. Article Addressed to:

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

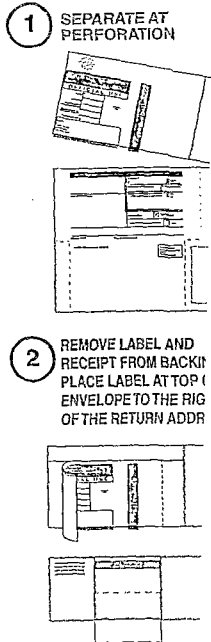
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 4437

1. Article Addressed to:

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX 76904

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

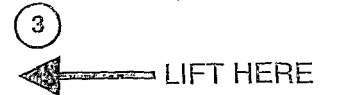
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192
 Article #: 71106605959000124437
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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

7110 6605 9590 0013 3019

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.
 city, State, Zip+4

**KENDALL SWINFORD
 LANIER FAM MNRL CTRL AG MA076
 PO BOX 1600
 SAN ANTONIO, TX 78296**

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3019

**KENDALL SWINFORD
 LANIER FAM MNRL CTRL AG MA076
 PO BOX 1600
 SAN ANTONIO, TX 78296**

Batch #: 2269
 Article #: 71106605959000133019
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 3019

1. Article Addressed to:

**KENDALL SWINFORD
 LANIER FAM MNRL CTRL AG MA076
 PO BOX 1600
 SAN ANTONIO, TX 78296**

COMPLETE THIS SECTION ON DELIVERY

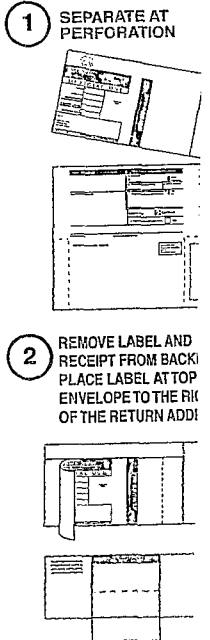
A. Signature Agent
 Addressee

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 3019

1. Article Addressed to:

**KENDALL SWINFORD
 LANIER FAM MNRL CTRL AG MA076
 PO BOX 1600
 SAN ANTONIO, TX 78296**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

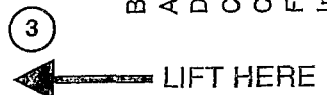
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2269
 Article #: 71106605959000133019
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:





US Postal Service
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7110 6605 9590 0012 4444

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	

Content To: **KENN SCHMIDT**
 Street, Apt. No.: **146 S DILLON STREET**
 PO Box No.: **LOS ANGELES, CA 90057**
 City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



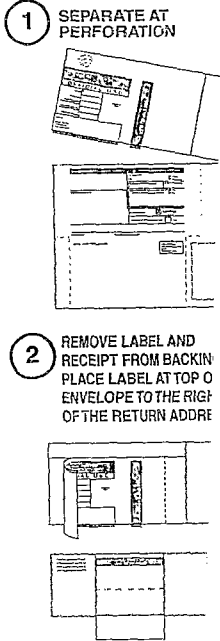
7110 6605 9590 0012 4444

KENN SCHMIDT
146 S DILLON STREET
LOS ANGELES, CA 90057

Batch #: 2192
 Article #: 71106605959000124444
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number 7110 6605 9590 0012 4444	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	B. Received by (Printed Name)
1. Article Addressed to: KENN SCHMIDT 146 S DILLON STREET LOS ANGELES, CA 90057	C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

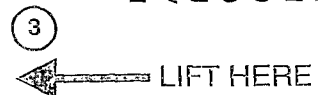
Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 4444	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	B. Received by (Printed Name)
1. Article Addressed to: KENN SCHMIDT 146 S DILLON STREET LOS ANGELES, CA 90057	C. Date of Delivery	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124444
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





Special Service
CERTIFIED MAIL RECEIPT
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Delivery Information: www.usps.com

7110 6605 9590 0012 4451

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

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4451

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

Batch #: 2192
 Article #: 71106605959000124451
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8111/107

2. Article Number

7110 6605 9590 0012 4451

1. Article Addressed to:

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

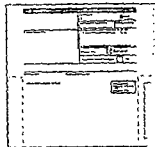
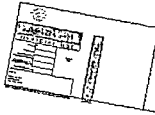
B. Received by (Printed Name) C. Date of Delivery

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

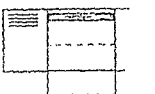
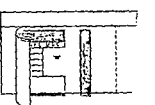
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TO ENVELOPE TO THE FRONT OF THE RETURN AD



2. Article Number

7110 6605 9590 0012 4451

1. Article Addressed to:

KENNEDY MINERALS LTD
500 W TEXAS, STE 655
MIDLAND, TX 79701

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

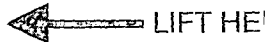
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124451
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:

3





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7110 6605 9590 0012 4468

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
 Kenneth & Elsie Blancett Lvg Tr
 303 Road 3000
 Aztec, NM 87410

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 4468

KENNETH & ELSIE BLANCETT LVG TR
 303 ROAD 3000
 AZTEC, NM 87410

Batch #: 2192
 Article #: 71106605959000124468
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4468

1. Article Addressed to:

KENNETH & ELSIE BLANCETT LVG TR
 303 ROAD 3000
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

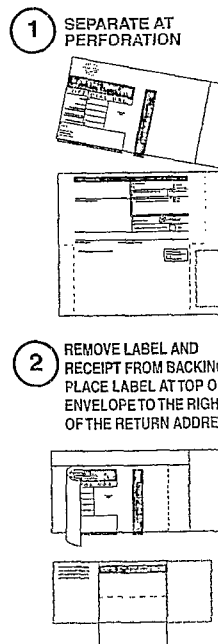
A. Signature Agent Addressee
 X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4468

1. Article Addressed to:

KENNETH & ELSIE BLANCETT LVG TR
 303 ROAD 3000
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Elsie Blancett

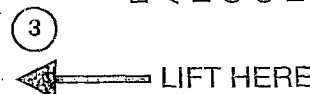
B. Received by (Printed Name) C. Date of Delivery
 ELSIE BLANCETT 9/2/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124468
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4475

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: **KENNETH ROBERT SCHMIDT**
 6819 OAK LAWN WY
 FAIROAKS, CA 95628

Postmark: [Blank]

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4475

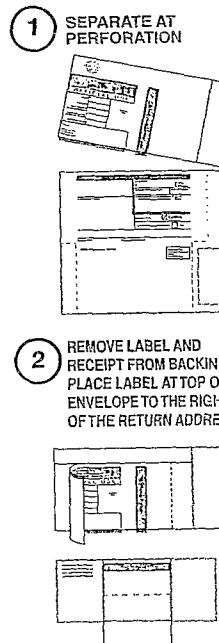
KENNETH ROBERT SCHMIDT
 6819 OAK LAWN WY
 FAIROAKS, CA 95628

Batch #: 2192
 Article #: 71106605959000124475
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4475	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KENNETH ROBERT SCHMIDT 6819 OAK LAWN WY FAIROAKS, CA 95628	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

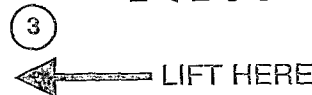
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4475	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KENNETH ROBERT SCHMIDT 6819 OAK LAWN WY FAIROAKS, CA 95628	<i>Kenneth Schmidt</i> 8/31/10	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124475
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4482

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
 KEVIN K LEONARD
 PO BOX 50688
 MIDLAND, TX 79710

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4482

KEVIN K LEONARD
PO BOX 50688
MIDLAND, TX 79710

Batch #: 2192
 Article #: 71106605959000124482
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number
7110 6605 9590 0012 4482

1. Article Addressed to:
 KEVIN K LEONARD
 PO BOX 50688
 MIDLAND, TX 79710

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

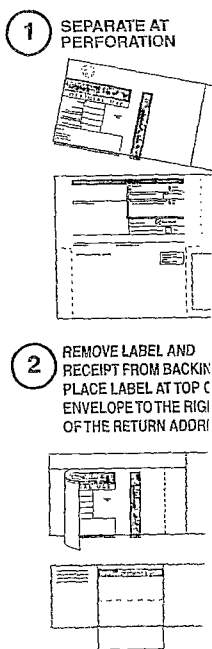
A. Signature
 X Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
7110 6605 9590 0012 4482

1. Article Addressed to:
 KEVIN K LEONARD
 PO BOX 50688
 MIDLAND, TX 79710

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kevin K Leonard* Agent
 Addressee

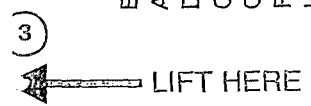
B. Received by (Printed Name) C. Date of Delivery
 Kevin K Leonard 9-8-10

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

Batch #: 2192
 Article #: 71106605959000124482
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 3675

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	

sent To **KEVIN MICHAEL O'HORNETT**
PO BOX 80
GOLDEN, CO 80402-0080

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

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 3675

KEVIN MICHAEL O'HORNETT
 PO BOX 80

GOLDEN, CO 80402-0080

Batch #: 2272
 Article #: 71106605959000133675
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3675

1. Article Addressed to:

KEVIN MICHAEL O'HORNETT
PO BOX 80
GOLDEN, CO 80402-0080

COMPLETE THIS SECTION ON DELIVERY

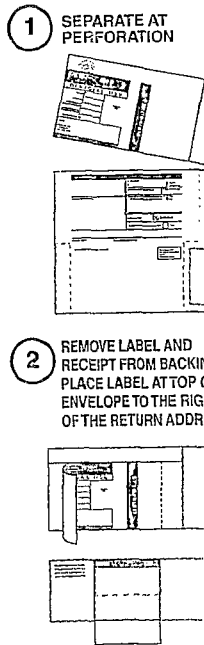
A. Signature Agent
 Addressee

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 3675

1. Article Addressed to:

KEVIN MICHAEL O'HORNETT
PO BOX 80
GOLDEN, CO 80402-0080

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kevin O'Hornett 9/20/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133675
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 4499

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	

Postmark Here

Post To
 KEYES BABER PROPERTIES
 P.O. BOX 5383
 DENVER, CO 80217

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4499

KEYES BABER PROPERTIES
P.O. BOX 5383
DENVER, CO 80217

Batch #: 2192
 Article #: 71106605959000124499
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4499

1. Article Addressed to:

KEYES BABER PROPERTIES
P.O. BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

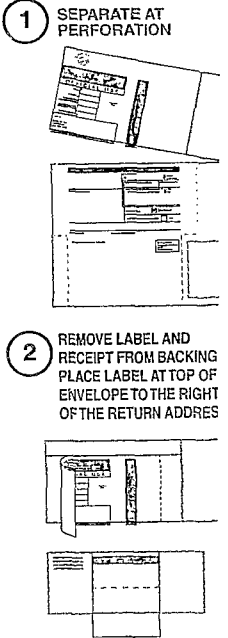
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4499

1. Article Addressed to:

KEYES BABER PROPERTIES
P.O. BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Matthew J. ...

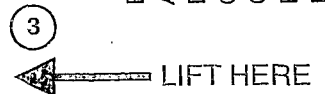
B. Received by (Printed Name) C. Date of Delivery
 Matthew J. ... 9-7-10

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

Batch #: 2192
 Article #: 71106605959000124499
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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7110 6605 9590 0012 4505

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

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4505

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

Batch #: 2192
 Article #: 71106605959000124505
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 4505

1. Article Addressed to:

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

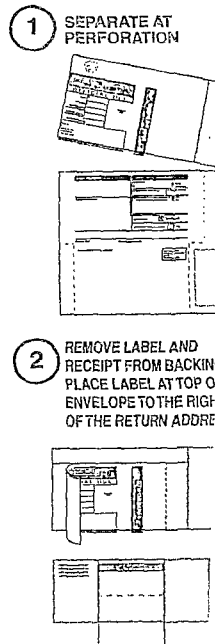
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4505

1. Article Addressed to:

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUIL PARK
SAN ANTONIO, TX 78250

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

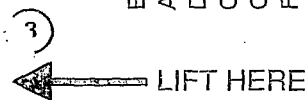
B. Received by (Printed Name) C. Date of Delivery
Khristi Moritz 9/7/2010

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

Batch #: 2192
 Article #: 71106605959000124505
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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

7110 6605 9590 0012 4512

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
KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

Code: Allocation Project - D.Howell



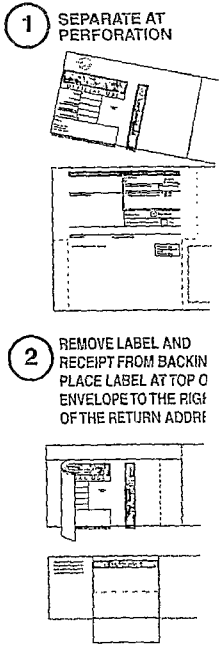
7110 6605 9590 0012 4512

KIM MCKIM DUNN
302 HUMPHRIES
EDGEWOOD, TX 75117-2312

Batch #: 2192
Article #: 71106605959000124512
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2008 See Reverse for Instructions

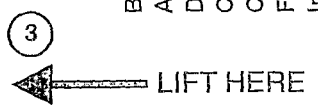
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4512	A. Signature <input checked="" type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KIM MCKIM DUNN 302 HUMPHRIES EDGEWOOD, TX 75117-2312		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4512	A. Signature <input type="checkbox"/> Agent X <i>Kim Dunn</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
KIM MCKIM DUNN 302 HUMPHRIES EDGEWOOD, TX 75117-2312	<i>KIM DUNN</i>	<i>9/1/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2192
Article #: 71106605959000124512
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD-81 01/07





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided

7110 6605 9590 0012 4529

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 Office to
 KIMBELL OIL CO OF TEXAS
 777 TAYLOR STREET, PII A
 FORT WORTH, TX 76102

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4529

KIMBELL OIL CO OF TEXAS
 777 TAYLOR STREET, PII A
 FORT WORTH, TX 76102

Batch #: 2192
 Article #: 71106605959000124529
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4529

1. Article Addressed to:

KIMBELL OIL CO OF TEXAS
 777 TAYLOR STREET, PII A
 FORT WORTH, TX 76102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

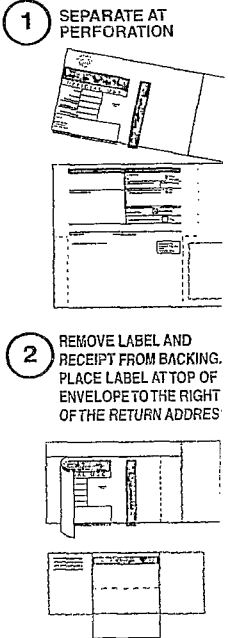
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4529

1. Article Addressed to:

KIMBELL OIL CO OF TEXAS
 777 TAYLOR STREET, PII A
 FORT WORTH, TX 76102

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

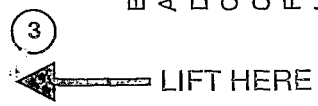
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192
 Article #: 71106605959000124529
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

7110 6605 9590 0013 3682

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	

sent To **KIMBERLEE J BENART**
930 CATTAIL CREEK RD
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4 **DILLWYN, VA 23936**

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3682

KIMBERLEE J BENART
930 CATTAIL CREEK RD
DILLWYN, VA 23936

Batch #: 2272
 Article #: 71106605959000133682
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3682

1. Article Addressed to:

KIMBERLEE J BENART
930 CATTAIL CREEK RD
DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

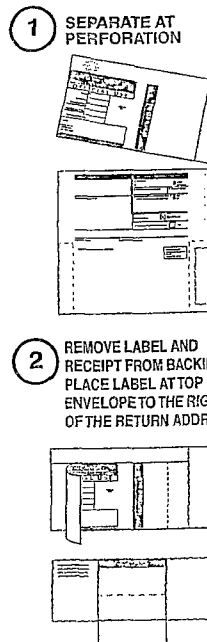
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3682

1. Article Addressed to:

KIMBERLEE J BENART
930 CATTAIL CREEK RD
DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Kimberlee J Benart **9-20-10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133682
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



U.S. Postal Service
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(Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 4536

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: **KOCH INDUSTRIES INC**
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4536

KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

Batch #: 2192
 Article #: 71106605959000124536
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4536

1. Article Addressed to:

KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

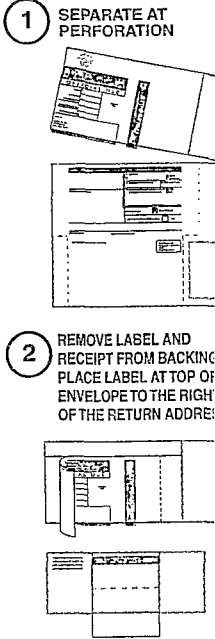
B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4536

1. Article Addressed to:

KOCH INDUSTRIES INC
C/O KOCH EXPLORATION
9777 PYRAMID CRT., STE 210
ENGLEWOOD, CO 80112

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery 9/5/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124536
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

7110 6605 9590 0012 4543

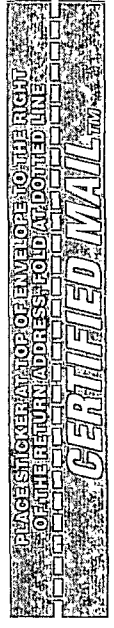
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4543

KRIS ANN SHINE
 7420 PECOS TR NW
 ALBUQUERQUE, NM 87120

Batch #: 2192
 Article #: 71106605959000124543
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 4543

1. Article Addressed to:

KRIS ANN SHINE
7420 PECOS TR NW
ALBUQUERQUE, NM 87120

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

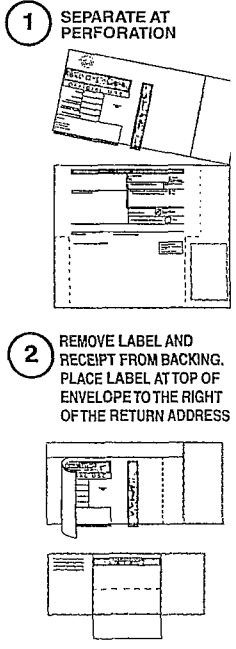
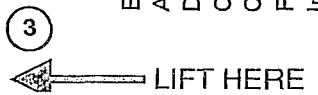
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2192
 Article #: 71106605959000124543
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

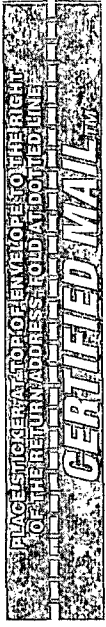
7110 6605 9590 0012 4543

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
 KRIS ANN SHINE
 7420 PECOS TR NW
 ALBUQUERQUE, NM 87120

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4543

KRIS ANN SHINE
 7420 PECOS TR NW
 ALBUQUERQUE, NM 87120

Batch #: 2192
 Article #: 71106605959000124543
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2 Article Number

7110 6605 9590 0012 4543

1. Article Addressed to:

KRIS ANN SHINE
 7420 PECOS TR NW
 ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

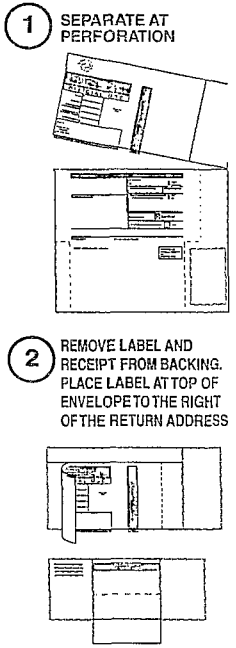
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 4543

1. Article Addressed to:

KRIS ANN SHINE
 7420 PECOS TR NW
 ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *K. Shine*

B. Received by (Printed Name) C. Date of Delivery
Joe Shine *9/2/10*

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

Batch #: 2192
 Article #: 71106605959000124543
 Date/Time: 8/31/2010 12:16:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

