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7110 6605 9590 0012 4550

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: **L DORIS WILLIAMS TRUST**  
**P O BOX 20606**  
**HOUSTON, TX 77225-0606**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

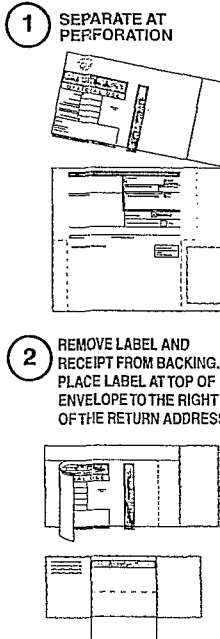


7110 6605 9590 0012 4550

**L DORIS WILLIAMS TRUST**  
**P O BOX 20606**  
**HOUSTON, TX 77225-0606**

Batch #: 2192  
 Article #: 71106605959000124550  
 Date/Time: 8/31/2010 12:16:11 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4550	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>L DORIS WILLIAMS TRUST</b> <b>P O BOX 20606</b> <b>HOUSTON, TX 77225-0606</b>	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

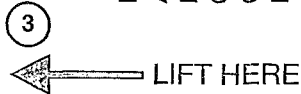
UNITED STATES POSTAL SERVICE



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 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

Batch #: 2192  
 Article #: 71106605959000124550  
 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



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7110 6605 9590 0012 4567

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

**L GRADEN & BETTY WEINLAND FAMILY TR**  
**BETTY M WEINLAND, TRUSTEE**  
**1106 E NORTHLINE RD APT 7**  
**TUSCOLA, IL 61953**

Code: Allocation Project - D.Howell



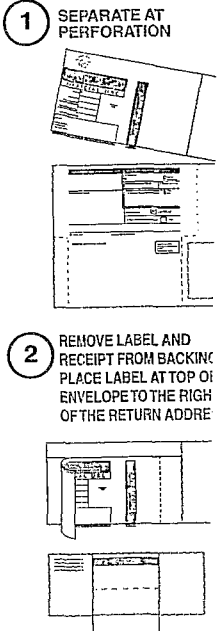
7110 6605 9590 0012 4567

**L GRADEN & BETTY WEINLAND FAMILY TR**  
**BETTY M WEINLAND, TRUSTEE**  
**1106 E NORTHLINE RD APT 7**  
**TUSCOLA, IL 61953**

Batch #: 2192  
 Article #: 71106605959000124567  
 Date/Time: 8/31/2010 12:16:11 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

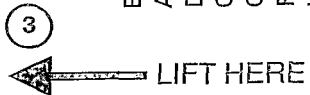
Form 3800, August 2006 See Reverse for Instructions

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4567	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
L GRADEN & BETTY WEINLAND FAMILY TR BETTY M WEINLAND, TRUSTEE 1106 E NORTHLINE RD APT 7 TUSCOLA, IL 61953	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4567	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
L GRADEN & BETTY WEINLAND FAMILY TR BETTY M WEINLAND, TRUSTEE 1106 E NORTHLINE RD APT 7 TUSCOLA, IL 61953	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 #: 71106605959000124567  
 Date/Time: 8/31/2010 12:16:11 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-01/07



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7110 6605 9590 0012 4574

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  
**L J & R R MONEY 1990 TR**  
**3939 WALNUT AVE #307**  
**CARMICHAEL, CA 95608**

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 4574

L J & R R MONEY 1990 TR  
3939 WALNUT AVE #307  
CARMICHAEL, CA 95608

Batch #: 2192  
 Article #: 71106605959000124574  
 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 4574

1. Article Addressed to:  
**L J & R R MONEY 1990 TR**  
**3939 WALNUT AVE #307**  
**CARMICHAEL, CA 95608**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

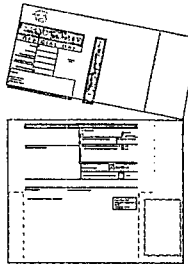
B. Received by (Printed Name) C. Date of Delivery

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

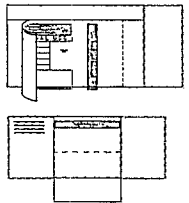
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



PS Form 3811

Domestic Return Receipt

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Permit No. G-10

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

Batch #: 2192  
 Article #: 71106605959000124574  
 Date/Time: 8/31/2010 12:16:11 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 4581

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: **L KEITH WAYT FAMILY TRUST**  
**5000 BOARDWALK DR, APT 32**  
**FORT COLLINS, CO 80524**

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4581

**L KEITH WAYT FAMILY TRUST**  
**5000 BOARDWALK DR, APT 32**  
**FORT COLLINS, CO 80524**

Batch #: 2192  
Article #: 71106605959000124581  
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**

7110 6605 9590 0012 4581

1. Article Addressed to:

**L KEITH WAYT FAMILY TRUST**  
**5000 BOARDWALK DR, APT 32**  
**FORT COLLINS, CO 80524**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

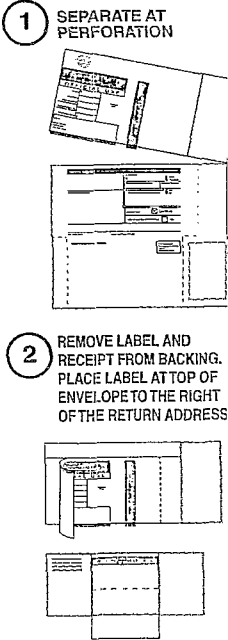
A. Signature  Agent  Addressee  
**X**

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 4581

1. Article Addressed to:

**L KEITH WAYT FAMILY TRUST**  
**5000 BOARDWALK DR, APT 32**  
**FORT COLLINS, CO 80524**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Marian Wayt**

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

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 #: 71106605959000124581  
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 4598

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

**LA FAMILIA DE LOS CANDELARIAS REV T**  
**3603 N BUENA VISTA**  
**FARMINGTON, NM 87401-2313**

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4598

**LA FAMILIA DE LOS CANDELARIAS REV T**  
**3603 N BUENA VISTA**  
**FARMINGTON, NM 87401-2313**

Batch #: 2192  
 Article #: 71106605959000124598  
 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 4598

1. Article Addressed to:

**LA FAMILIA DE LOS CANDELARIAS REV T**  
**3603 N BUENA VISTA**  
**FARMINGTON, NM 87401-2313**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

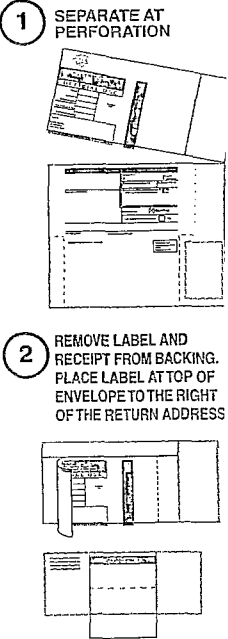
A. Signature  Agent  Addressee  
**X**

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 4598

1. Article Addressed to:

**LA FAMILIA DE LOS CANDELARIAS REV T**  
**3603 N BUENA VISTA**  
**FARMINGTON, NM 87401-2313**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *[Signature]*

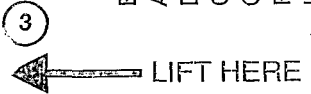
B. Received by (Printed Name) C. Date of Delivery  
*Castal Candelarias*

D. Is 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 #: 71106605959000124598  
 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 4604

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

Post To  
**LAKEY IRREVOCABLE MINERAL TRUST**  
PO BOX 186  
SAYRE, OK 73662

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4604

**LAKEY IRREVOCABLE MINERAL TRUST**  
PO BOX 186  
SAYRE, OK 73662

Batch #: 2192  
Article #: 71106605959000124604  
Date/Time: 8/31/2010 12:16:12 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 4604

1. Article Addressed to:

**LAKEY IRREVOCABLE MINERAL TRUST**  
PO BOX 186  
SAYRE, OK 73662

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

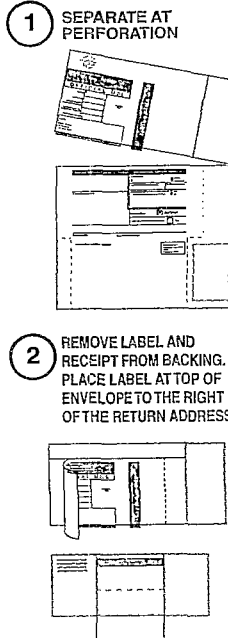
A. Signature  Agent  
**X**  Addressee

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 4604

1. Article Addressed to:

**LAKEY IRREVOCABLE MINERAL TRUST**  
PO BOX 186  
SAYRE, OK 73662

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

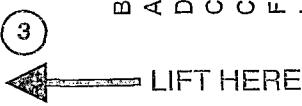
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192  
Article #: 71106605959000124604  
Date/Time: 8/31/2010 12:16:12 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:





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7110 6605 9590 0012 4611

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

**LANCE REEMTSMA  
 2601 GRANT STREET  
 BERKELEY, CA 94703**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4611

LANCE REEMTSMA  
2601 GRANT STREET  
BERKELEY, CA 94703

Batch #: 2192  
 Article #: 71106605959000124611  
 Date/Time: 8/31/2010 12:16:12 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 4611

1. Article Addressed to:

**LANCE REEMTSMA  
 2601 GRANT STREET  
 BERKELEY, CA 94703**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

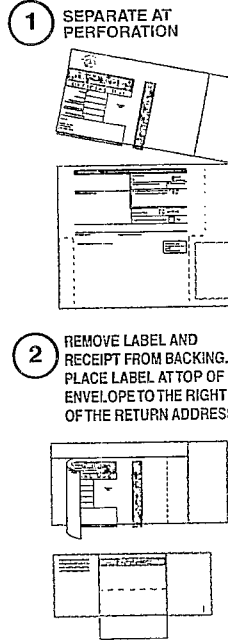
A. Signature  Agent  
**X**  Addressee

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 4611

1. Article Addressed to:

**LANCE REEMTSMA  
 2601 GRANT STREET  
 BERKELEY, CA 94703**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee  
*Lance Reemtsma*

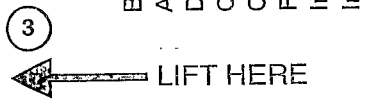
B. Received by (Printed Name) C. Date of Delivery  
**Lance Reemtsma** **Sept 16, 2010**

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 #: 71106605959000124611  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 4628

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: **LANGDON C HARRISON**  
**9415 N SUMMER HILL**  
**FOUNTAIN HILLS, AZ 85268**

Postnet, 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 4628

**LANGDON C HARRISON**  
**9415 N SUMMER HILL**  
**FOUNTAIN HILLS, AZ 85268**

Batch #: 2192  
 Article #: 71106605959000124628  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number: 7110 6605 9590 0012 4628

1. Article Addressed to:  
**LANGDON C HARRISON**  
**9415 N SUMMER HILL**  
**FOUNTAIN HILLS, AZ 85268**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

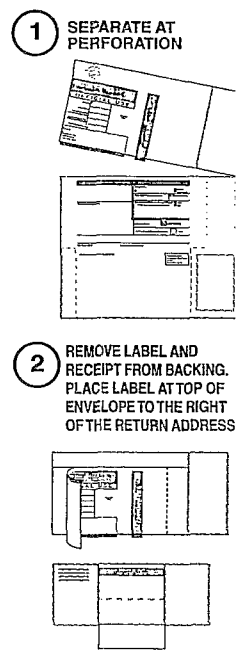
A. Signature: **X**  Agent  Addressee

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

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

3. Service Type:  Certified

4. Restricted Delivery? (Extra Fee)  Yes



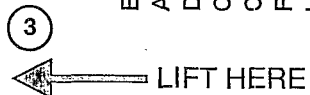
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2192  
 Article #: 71106605959000124628  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
(Mail Only, No Insurance Coverage Provided)  
Information Visit Our Website at www.usps.com

7110 6605 9590 0012 4635

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

**LANGDON D HARRISON REVOC TRUST B**  
**C/O ZIA DATA SEARCH**  
**PO DRAWER 2188**  
**ROSWELL, NM 88202**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4635

**LANGDON D HARRISON REVOC TRUST B**  
**C/O ZIA DATA SEARCH**  
**PO DRAWER 2188**  
**ROSWELL, NM 88202**

Batch #: 2192  
 Article #: 71106605959000124635  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2005 See Reverse for Instructions

Florder Form LCD-8 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 4635

1. Article Addressed to:

**LANGDON D HARRISON REVOC TRUST B**  
**C/O ZIA DATA SEARCH**  
**PO DRAWER 2188**  
**ROSWELL, NM 88202**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

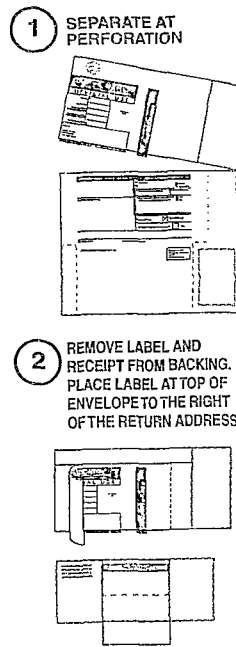
**X**

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 4635

1. Article Addressed to:

**LANGDON D HARRISON REVOC TRUST B**  
**C/O ZIA DATA SEARCH**  
**PO DRAWER 2188**  
**ROSWELL, NM 88202**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X** *J. B. [Signature]*

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

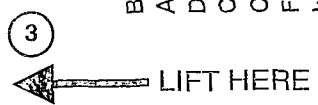
*J. B. [Signature]* 9/3/2010

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 #: 71106605959000124635  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Mail Only, No Insurance Coverage Provided)  
Information Visit Our Website at www.usps.com

7110 6605 9590 0012 4642

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  
**LARRY SMITH**  
1150 LOTUS PL  
BOONE, IA 50036-7162

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 4642

LARRY SMITH  
1150 LOTUS PL  
BOONE, IA 50036-7162

Batch #: 2192  
Article #: 71106605959000124642  
Date/Time: 8/31/2010 12:16:12 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 4642

1. Article Addressed to:  
**LARRY SMITH**  
1150 LOTUS PL  
BOONE, IA 50036-7162

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

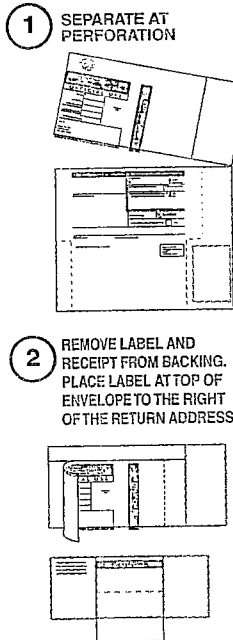
A. Signature  Agent  
**X**  Addressee

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 4642

1. Article Addressed to:  
**LARRY SMITH**  
1150 LOTUS PL  
BOONE, IA 50036-7162

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Larry L. Smith*  Addressee

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

3  
LIFT HERE

Batch #: 2192  
Article #: 71106605959000124642  
Date/Time: 8/31/2010 12:16:12 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:



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

7110 6605 9590 0012 4659

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: **LAS COLINAS MINERALS LP**  
**125 E JOHN CARPENTER FWY, STE 600**  
**IRVING, TX 75062**

Form 3800, August 2006 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4659

**LAS COLINAS MINERALS LP**  
**125 E JOHN CARPENTER FWY, STE 600**  
**IRVING, TX 75062**

Batch #: 2192  
 Article #: 71106605959000124659  
 Date/Time: 8/31/2010 12:16:12 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 4659

1. Article Addressed to:  
**LAS COLINAS MINERALS LP**  
**125 E JOHN CARPENTER FWY, STE 600**  
**IRVING, TX 75062**

**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 4659

1. Article Addressed to:  
**LAS COLINAS MINERALS LP**  
**125 E JOHN CARPENTER FWY, STE 600**  
**IRVING, TX 75062**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

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

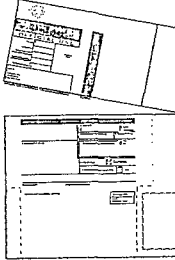
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

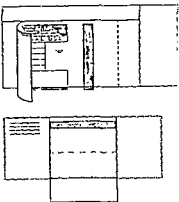
4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2192  
 Article #: 71106605959000124659  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

← LIFT HERE



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7110 6605 9590 0012 4666

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

LASALLE ADAMS FUND  
C/O EDITH C STEIN PRESIDENT  
281 MOUNTAIN RD  
NORFOLK, CT 6058

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4666

LASALLE ADAMS FUND  
C/O EDITH C STEIN PRESIDENT  
281 MOUNTAIN RD  
NORFOLK, CT 6058

Batch #: 2192  
Article #: 71106605959000124666  
Date/Time: 8/31/2010 12:16:12 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD-8 v. 01/07

**2. Article Number**

7110 6605 9590 0012 4666

1. Article Addressed to:

LASALLE ADAMS FUND  
C/O EDITH C STEIN PRESIDENT  
281 MOUNTAIN RD  
NORFOLK, CT 6058

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

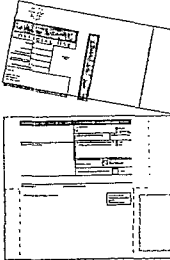
B. Received by (Printed Name) C. Date of Delivery

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

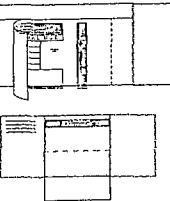
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

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 4666

1. Article Addressed to:

LASALLE ADAMS FUND  
C/O EDITH C STEIN PRESIDENT  
281 MOUNTAIN RD  
NORFOLK, CT 6058

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

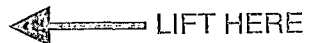
D. Is delivery address different from item 1?  Yes  
If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

3

Batch #: 2192  
Article #: 71106605959000124666  
Date/Time: 8/31/2010 12:16:12 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:





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

7110 6605 9590 0012 4673

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: **LATTNER HOLDING LLC**  
**524 CONNECTICUT ST**  
**SAN FRANCISCO, CA 94107**

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 4673

**LATTNER HOLDING LLC**  
**524 CONNECTICUT ST**  
**SAN FRANCISCO, CA 94107**

Batch #: 2192  
 Article #: 71106605959000124673  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8111 01/07

**2. Article Number**

7110 6605 9590 0012 4673

1. Article Addressed to:

**LATTNER HOLDING LLC**  
**524 CONNECTICUT ST**  
**SAN FRANCISCO, CA 94107**

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

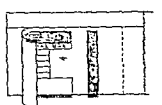
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 4673

1. Article Addressed to:

**LATTNER HOLDING LLC**  
**524 CONNECTICUT ST**  
**SAN FRANCISCO, CA 94107**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 SAMUEL P. PALMISANO 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 #: 71106605959000124673  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:

3 LIFT HERE



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7110 6605 9590 0012 4680

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  
**LAURA A GUNN**  
 13408 VISTA DEL PRADO  
 SAN ANTONIO, TX 78216-2227

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 4680

**LAURA A GUNN**  
 13408 VISTA DEL PRADO  
 SAN ANTONIO, TX 78216-2227

Batch #: 2192  
 Article #: 71106605959000124680  
 Date/Time: 8/31/2010 12:16:12 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 4680

1. Article Addressed to:

**LAURA A GUNN**  
 13408 VISTA DEL PRADO  
 SAN ANTONIO, TX 78216-2227

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

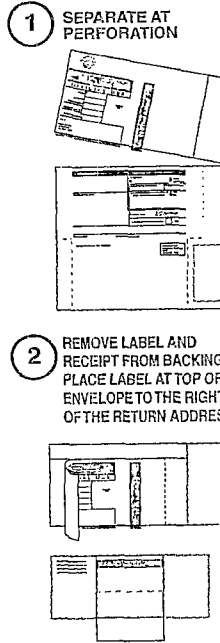
A. Signature  Agent  
 Addressee

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



**Article Number**

7110 6605 9590 0012 4680

1. Article Addressed to:

**LAURA A GUNN**  
 13408 VISTA DEL PRADO  
 SAN ANTONIO, TX 78216-2227

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

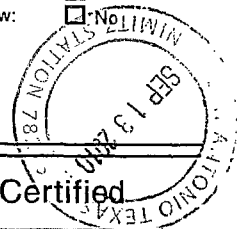
B. Received by (Printed Name) C. Date of Delivery

**JAMES E GUNN**

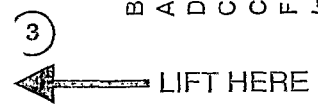
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2192  
 Article #: 71106605959000124680  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(No Insurance Coverage Provided)

7110 6605 9590 0012 4697

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

**LAURA DICHTER**  
**203 JACKSON ST**  
**DENVER, CO 80206**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4697

**LAURA DICHTER**  
**203 JACKSON ST**  
**DENVER, CO 80206**

Batch #: 2192  
 Article #: 71106605959000124697  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD- rev. 01/07

**2. Article Number**

7110 6605 9590 0012 4697

1. Article Addressed to:

**LAURA DICHTER**  
**203 JACKSON ST**  
**DENVER, CO 80206**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

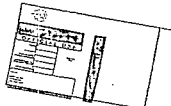
B. Received by (Printed Name) C. Date of Delivery

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

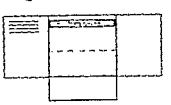
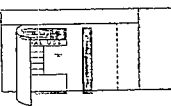
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

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 4697

1. Article Addressed to:

**LAURA DICHTER**  
**203 JACKSON ST**  
**DENVER, CO 80206**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*L. Dichter* 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 #: 71106605959000124697  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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7110 6605 9590 0012 4703

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

Postage To: **LAURENCE B KELLY LIVING TRUST**  
**LAURENCE B KELLY TRUSTEE**  
**839 SUMMIT RD MONTECITO**  
**SANTA BARBARA, CA 93108**

Form 3800 August 2006 See Reverse for Instructions



7110 6605 9590 0012 4703

LAURENCE B KELLY LIVING TRUST  
 LAURENCE B KELLY TRUSTEE  
 839 SUMMIT RD MONTECITO  
 SANTA BARBARA, CA 93108

Code: Allocation Project - D.Howell

Batch #: 2192  
 Article #: 71106605959000124703  
 Date/Time: 8/31/2010 12:16:12 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 4703

1. Article Addressed to:

**LAURENCE B KELLY LIVING TRUST**  
**LAURENCE B KELLY TRUSTEE**  
**839 SUMMIT RD MONTECITO**  
**SANTA BARBARA, CA 93108**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

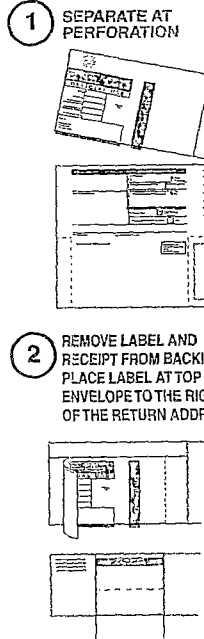
A. Signature  Agent  Addressee  
**X**

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 4703

1. Article Addressed to:

**LAURENCE B KELLY LIVING TRUST**  
**LAURENCE B KELLY TRUSTEE**  
**839 SUMMIT RD MONTECITO**  
**SANTA BARBARA, CA 93108**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

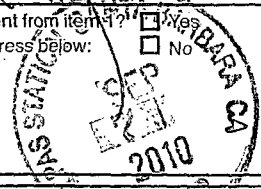
A. Signature  Agent  Addressee  
**X** *Laurence Kelly*

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

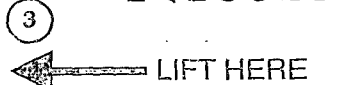
D. Is delivery address different from item 1?  Yes  No  
 If YES enter delivery address below:

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2192  
 Article #: 71106605959000124703  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:







**U.S. Postal Service**  
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 For more information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 3699

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: **LAVERNE MYATT**  
**4620 FM 1836**  
**KAUFMAN, TX 75142**

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 3699

LAVERNE MYATT  
 4620 FM 1836

KAUFMAN, TX 75142

Batch #: 2272  
 Article #: 71106605959000133699  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3699

1. Article Addressed to:

LAVERNE MYATT  
 4620 FM 1836  
 KAUFMAN, TX 75142

**COMPLETE THIS SECTION ON DELIVERY**

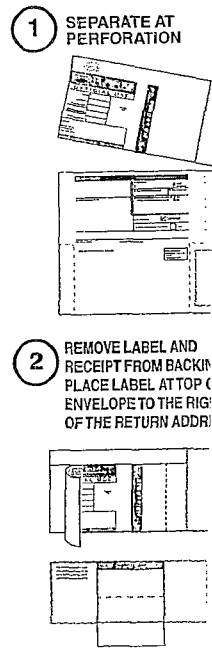
A. Signature  Agent  
**X**  Addressee

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 3699

1. Article Addressed to:

LAVERNE MYATT  
 4620 FM 1836  
 KAUFMAN, TX 75142

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *La Verne Myatt*  Addressee

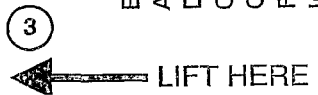
B. Received by (Printed Name) C. Date of Delivery  
 LAVERNE MYATT 9-17-10

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 #: 71106605959000133699  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0012 4710

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

**LAWRENCE J GARCIA**  
**PO BOX 65412**  
**ALBUQUERQUE, NM 87193-5412**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4710

LAWRENCE J GARCIA  
 PO BOX 65412  
 ALBUQUERQUE, NM 87193-5412

Batch #: 2192  
 Article #: 71106605959000124710  
 Date/Time: 8/31/2010 12:16:12 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 4710

1. Article Addressed to:

**LAWRENCE J GARCIA**  
**PO BOX 65412**  
**ALBUQUERQUE, NM 87193-5412**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

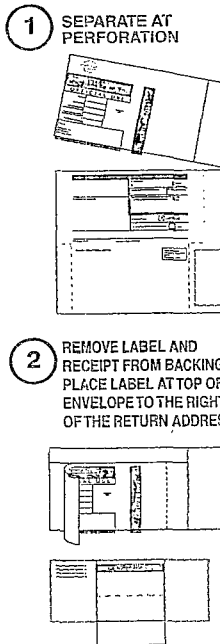
B. Received by (Printed Name) C. Date of Delivery

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 4710

1. Article Addressed to:

**LAWRENCE J GARCIA**  
**PO BOX 65412**  
**ALBUQUERQUE, NM 87193-5412**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

**LAWRENCE J GARCIA** **9-3-10**

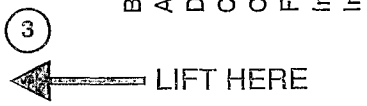
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2192  
 Article #: 71106605959000124710  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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(Certified Mail Only, No Insurance Coverage Provided)  
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7110 6605 9590 0013 3026

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 **LEAH B DOWNEY EST**  
**PO BOX 225**  
 Street, Apt. No.,  
 PO Box No.  
 City, State, Zip+4 **MIDLAND, TX 79702**

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3026

**LEAH B DOWNEY EST**  
**PO BOX 225**  
**MIDLAND, TX 79702**

Batch #: 2269  
 Article #: 71106605959000133026  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3026

1. Article Addressed to:

**LEAH B DOWNEY EST**  
**PO BOX 225**  
**MIDLAND, TX 79702**

**COMPLETE THIS SECTION ON DELIVERY**

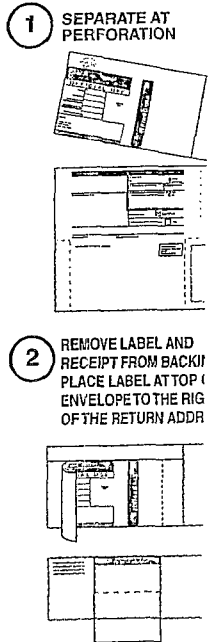
A. Signature  Agent  
**X**  Addressee

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 3026

1. Article Addressed to:

**LEAH B DOWNEY EST**  
**PO BOX 225**  
**MIDLAND, TX 79702**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Downey Estab*  Agent  
**X** *Montez D. Johnson*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Montez D. Johnson* SEP 2 2 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 #: 2269  
 Article #: 71106605959000133026  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07



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For information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 3736

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

ent To **LEE LOPEZ**  
**PO BOX 1632**  
 reet, Apt. No.;  
 PO Box No.  
 ity, State, Zip+4 **ARBOLES, CO 81121**

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 3736  
 LEE LOPEZ  
 PO BOX 1632  
 ARBOLES, CO 81121

Batch #: 2273  
 Article #: 71106605959000133736  
 Date/Time: 9/14/2010 3:35:38 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3736

1. Article Addressed to:  
**LEE LOPEZ**  
**PO BOX 1632**  
**ARBOLES, CO 81121**

**COMPLETE THIS SECTION ON DELIVERY**

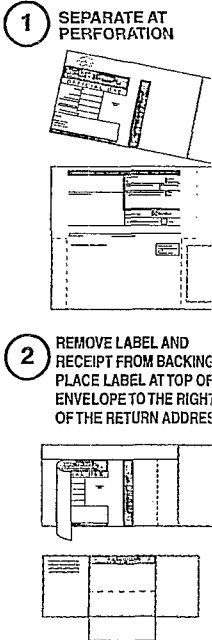
A. Signature  Agent  
**X**  Addressee

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



Reorder Form LCD 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 #: 2273  
 Article #: 71106605959000133736  
 Date/Time: 9/14/2010 3:35:38 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**3**  
 LIFT HERE



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

7110 6605 9590 0012 4727

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

**LELAND FIKES FOUNDATION**  
**500 N AKARD, ST 1919**  
**DALLAS, TX 75201**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4727

**LELAND FIKES FOUNDATION**  
**500 N AKARD, ST 1919**  
**DALLAS, TX 75201**

Batch #: 2192  
 Article #: 71106605959000124727  
 Date/Time: 8/31/2010 12:16:12 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 4727

1. Article Addressed to:

**LELAND FIKES FOUNDATION**  
**500 N AKARD, ST 1919**  
**DALLAS, TX 75201**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

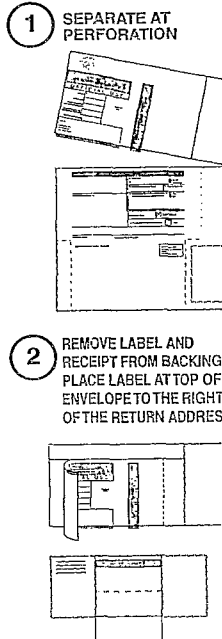
A. Signature  Agent  
**X**  Addressee

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 4727

1. Article Addressed to:

**LELAND FIKES FOUNDATION**  
**500 N AKARD, ST 1919**  
**DALLAS, TX 75201**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

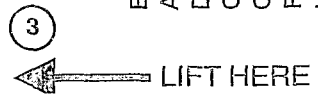
B. Received by (Printed Name) C. Date of Delivery

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

Batch #: 2192  
 Article #: 71106605959000124727  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0012 4734

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: **LELAND STANFORD JUNIOR UNIVERSITY**  
**C/O BANK OF AMERICA NA**  
**PO BOX 840738**  
**DALLAS, TX 75284**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4734

**LELAND STANFORD JUNIOR UNIVERSITY**  
**C/O BANK OF AMERICA NA**  
**PO BOX 840738**  
**DALLAS, TX 75284**

Batch #: 2192  
Article #: 71106605959000124734  
Date/Time: 8/31/2010 12:16:12 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

**2. Article Number**

7110 6605 9590 0012 4734

1. Article Addressed to:

**LELAND STANFORD JUNIOR UNIVERSITY**  
**C/O BANK OF AMERICA NA**  
**PO BOX 840738**  
**DALLAS, TX 75284**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

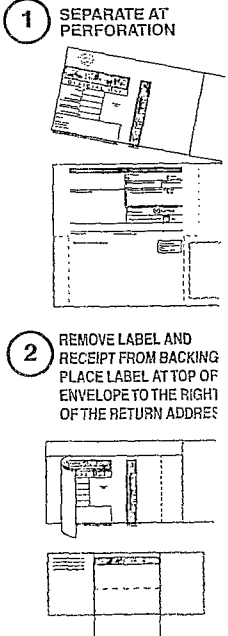
A. Signature  Agent  
**X**  Addressee

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 4734

1. Article Addressed to:

**LELAND STANFORD JUNIOR UNIVERSITY**  
**C/O BANK OF AMERICA NA**  
**PO BOX 840738**  
**DALLAS, TX 75284**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

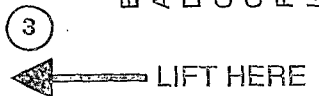
B. Received by (Printed Name) C. Date of Delivery  
**SEP 04 2010**

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 #: 71106605959000124734  
Date/Time: 8/31/2010 12:16:12 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:



Reorder Form LCD-8 v. 01/07



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7110 6605 9590 0012 4758

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  
**LEOLA S. LUCHETTI**  
**8591 HIGHWAY 285 SOUTH**  
**ALAMOSA, CO 81101**

Form 3800, August 2006 Edition. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4758

**LEOLA S. LUCHETTI**  
**8591 HIGHWAY 285 SOUTH**  
**ALAMOSA, CO 81101**

Batch #: 2192  
 Article #: 71106605959000124758  
 Date/Time: 8/31/2010 12:16:12 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 4758

1. Article Addressed to:

**LEOLA S. LUCHETTI**  
**8591 HIGHWAY 285 SOUTH**  
**ALAMOSA, CO 81101**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

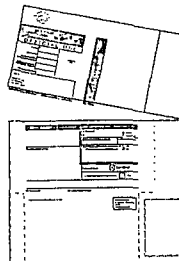
B. Received by (Printed Name) C. Date of Delivery

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

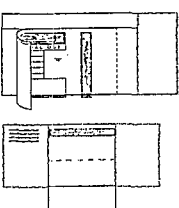
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

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 4758

1. Article Addressed to:

**LEOLA S. LUCHETTI**  
**8591 HIGHWAY 285 SOUTH**  
**ALAMOSA, CO 81101**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Leola Luchetti*

B. Received by (Printed Name) C. Date of Delivery  
 SEP 15 2010

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 #: 71106605959000124758  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE



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

7110 6605 9590 0013 3033

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 **LEOLA S LUCHETTI**  
**85910 HWY 285 S**  
 Street, Apt. No.;  
 PO Box No.  
 City, State, Zip+4 **ALAMOSA, CO 81101**

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3033

**LEOLA S LUCHETTI**  
**85910 HWY 285 S**  
**ALAMOSA, CO 81101**

Batch #: 2269  
 Article #: 71106605959000133033  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3033

1. Article Addressed to:

**LEOLA S LUCHETTI**  
**85910 HWY 285 S**  
**ALAMOSA, CO 81101**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

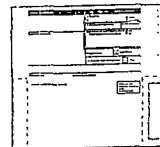
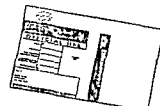
B. Received by (Printed Name) C. Date of Delivery

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

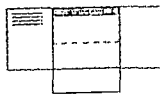
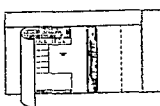
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0013 3033

1. Article Addressed to:

**LEOLA S LUCHETTI**  
**85910 HWY 285 S**  
**ALAMOSA, CO 81101**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Leola S Luchetti*  Addressee

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

D. Is 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 #: 71106605959000133033  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3 **LIFT HERE**

Reorder Form LCD-8 Rev. 01/07





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

7110 6605 9590 0012 4741

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: **LEO J MOMSEN**  
**2377 HICKORY**  
**SAN DIEGO, CA 92103**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4741

**LEO J MOMSEN**  
**2377 HICKORY**  
**SAN DIEGO, CA 92103**

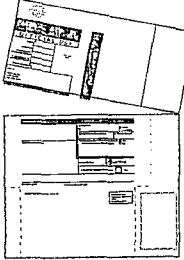
Batch #: 2192  
 Article #: 71106605959000124741  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

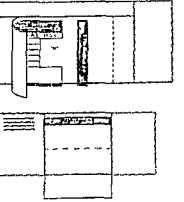
<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4741	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>LEO J MOMSEN</b> <b>2377 HICKORY</b> <b>SAN DIEGO, CA 92103</b>	B. Received by (Printed Name)	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

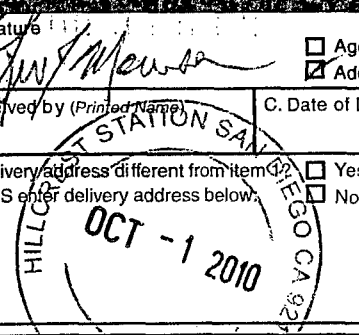


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4741	A. Signature <b>X</b> <i>Leo J Mosen</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <b>LEO J MOMSEN</b> <b>2377 HICKORY</b> <b>SAN DIEGO, CA 92103</b>	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 #: 71106605959000124741  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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For information visit our website at www.usps.com

7110 6605 9590 0012 4765

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  
 LESAM FLOECK  
 3705 QUAY RD 64 5  
 TUCUMCARI, NM 88401

Form 3800 August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4765

LESAM FLOECK  
 3705 QUAY RD 64 5  
 TUCUMCARI, NM 88401

Batch #: 2192  
 Article #: 71106605959000124765  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD rev. 01/07

**2. Article Number**  
 7110 6605 9590 0012 4765

1. Article Addressed to:  
 LESAM FLOECK  
 3705 QUAY RD 64 5  
 TUCUMCARI, NM 88401

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

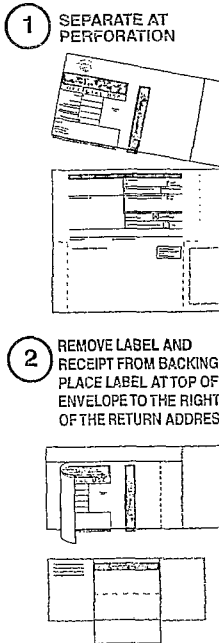
A. Signature  Agent  
 Addressee

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 4765

1. Article Addressed to:  
 LESAM FLOECK  
 3705 QUAY RD 64 5  
 TUCUMCARI, NM 88401

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

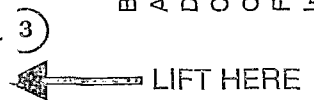
B. Received by (Printed Name) C. Date of Delivery  
 Lesa Floeck 9-2-10

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 #: 71106605959000124765  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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**CERTIFIED MAIL™ RECEIPT**  
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For delivery information, visit our website at www.usps.com

7110 6605 9590 0012 4772

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  
 LESLIE OSHEA  
 PO BOX 409  
 EAST MEADOW, NY 11554

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4772

LESLIE OSHEA  
 PO BOX 409  
 EAST MEADOW, NY 11554

Batch #: 2192  
 Article #: 71106605959000124772  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 v. 01/07

**2. Article Number**  
7110 6605 9590 0012 4772

1. Article Addressed to:  
 LESLIE OSHEA  
 PO BOX 409  
 EAST MEADOW, NY 11554

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

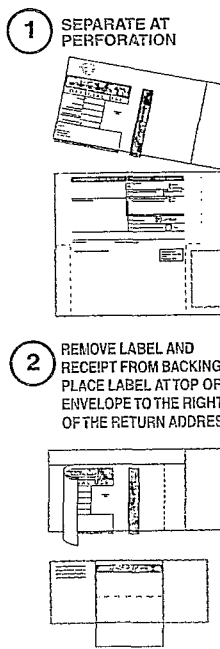
A. Signature  Agent  
**X**  Addressee

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

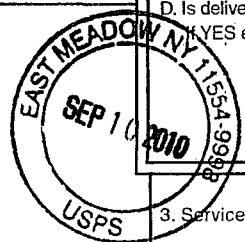
4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**  
7110 6605 9590 0012 4772

1. Article Addressed to:  
 LESLIE OSHEA  
 PO BOX 409  
 EAST MEADOW, NY 11554

Code: Allocation Project - D.Howell



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

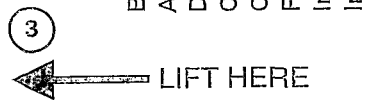
B. Received by (Printed Name) C. Date of Delivery  
 Leslie O'Shea 9/10/10

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

Batch #: 2192  
 Article #: 71106605959000124772  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0012 4789

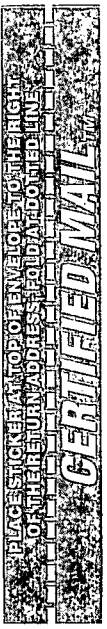
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

**LEWIS T BARRINGER JR  
 2422 WINDROW DRIVE  
 PRINCETON, NJ 8540**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4789

LEWIS T BARRINGER JR  
2422 WINDROW DRIVE  
PRINCETON, NJ 8540

Batch #: 2192  
 Article #: 71106605959000124789  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 4789

**1. Article Addressed to:**

LEWIS T BARRINGER JR  
2422 WINDROW DRIVE  
PRINCETON, NJ 8540

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

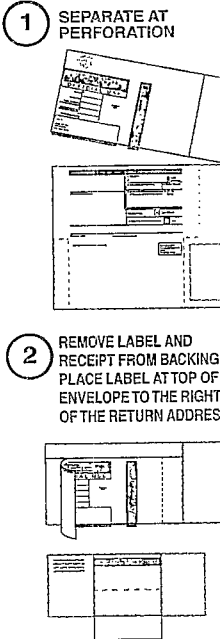
A. Signature  Agent  
**X**  Addressee

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 4789

**1. Article Addressed to:**

LEWIS T BARRINGER JR  
2422 WINDROW DRIVE  
PRINCETON, NJ 8540

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

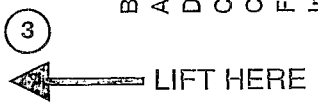
B. Received by (Printed Name) C. Date of Delivery  
 LYNDIA LOW 8-28-10

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 #: 71106605959000124789  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0012 4802

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  
**LINDA ANNE BELL  
 PO BOX 1027  
 CASTLE ROCK, CO 80104-1027**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4802

LINDA ANNE BELL  
PO BOX 1027  
CASTLE ROCK, CO 80104-1027

Batch #: 2192  
 Article #: 71106605959000124802  
 Date/Time: 8/31/2010 12:16:12 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 4802

1. Article Addressed to:  
**LINDA ANNE BELL  
 PO BOX 1027  
 CASTLE ROCK, CO 80104-1027**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

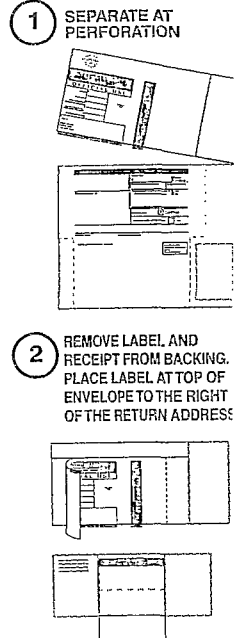
A. Signature  Agent  Addressee  
**X**

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 4802

1. Article Addressed to:  
**LINDA ANNE BELL  
 PO BOX 1027  
 CASTLE ROCK, CO 80104-1027**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
**KIRK BELL** **SEP - 3 2010**

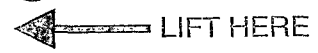
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

3

Batch #: 2192  
 Article #: 71106605959000124802  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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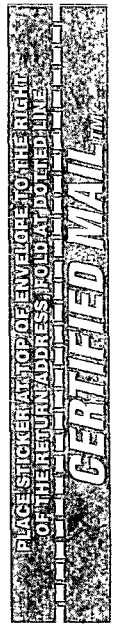
7110 6605 9590 0012 4796

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  
 Lilly L Newkirk  
 218 W Hillcrest Ave  
 Indianola, IA 50125-3708

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4796

LILLY L NEWKIRK  
 218 W HILLCREST AVE  
 INDIANOLA, IA 50125-3708

Batch #: 2192  
 Article #: 71106605959000124796  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8-000 rev. 01/07

**2. Article Number**

7110 6605 9590 0012 4796

1. Article Addressed to:

LILLY L NEWKIRK  
 218 W HILLCREST AVE  
 INDIANOLA, IA 50125-3708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

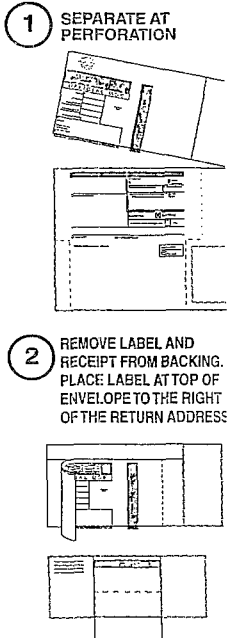
B. Received by (Printed Name) C. Date of Delivery

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 4796

1. Article Addressed to:

LILLY L NEWKIRK  
 218 W HILLCREST AVE  
 INDIANOLA, IA 50125-3708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Lilly L Newkirk*

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

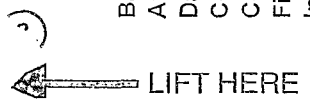
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2192  
 Article #: 71106605959000124796  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 4819

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  
 Linda Calvert  
 2404 W CERRO RD  
 ARTESIA, NM 88210

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4819

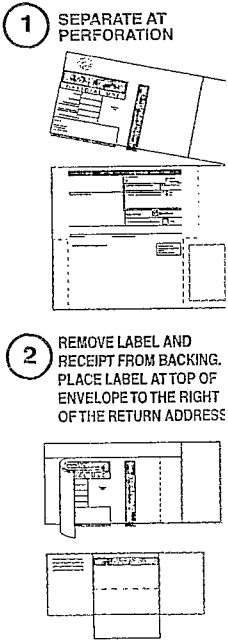
LINDA CALVERT  
 2404 W CERRO RD  
 ARTESIA, NM 88210

Batch #: 2192  
 Article #: 71106605959000124819  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4819	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
LINDA CALVERT 2404 W CERRO RD ARTESIA, NM 88210	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4819	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
LINDA CALVERT 2404 W CERRO RD ARTESIA, NM 88210	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 #: 71106605959000124819  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

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

# ConocoPhillips

7110 6605 9590 0012 4833

04181819271115M

LINDA JEANNE LUNDELL LINDSEY  
P O BOX 631565



UNCLAIMED



02 1R  
000655758  
MAILED FRO  
UNITED STATES POST

*Handwritten signature*

SEP 03 2010

SEP 18 2010







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7110 6605 9590 0012 4826

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  
 Linda Jane Williams Liv Tr Dtd 8/26  
 802 Baird Circle  
 Aztec, NM 87410

Code: Allocation Project - D.Howell



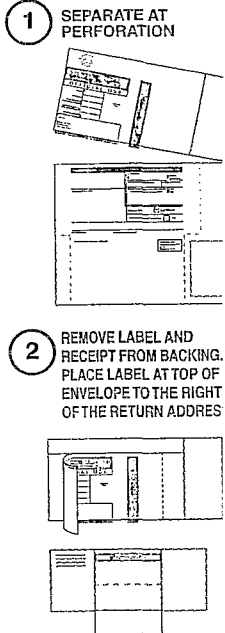
7110 6605 9590 0012 4826

LINDA JANE WILLIAMS LIV TR DTD 8/26  
 802 BAIRD CIRCLE  
 AZTEC, NM 87410

Batch #: 2192  
 Article #: 71106605959000124826  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

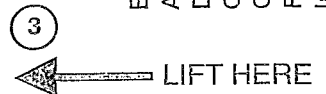
Form 3800, August 2006. See Reverse for Instructions.

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4826	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA JANE WILLIAMS LIV TR DTD 8/26 802 BAIRD CIRCLE AZTEC, NM 87410	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4826	A. Signature <b>X</b> <i>Linda J. Williams</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LINDA JANE WILLIAMS LIV TR DTD 8/26 802 BAIRD CIRCLE AZTEC, NM 87410	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	9/2/10
	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 #: 71106605959000124826  
 Date/Time: 8/31/2010 12:16:12 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Recorder Form LCD-8 Rev. 01/07



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

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  
**LINDA L WHITE**  
**24197 IVES AVE**  
**GLENWOOD, IA 51534**

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

Form 3800, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



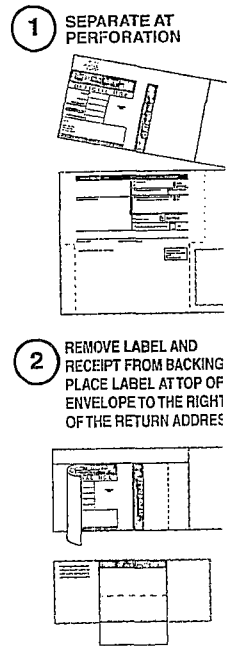
7110 6605 9590 0012 4840

LINDA L WHITE  
 24197 IVES AVE  
 GLENWOOD, IA 51534

Batch #: 2193  
 Article #: 71106605959000124840  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4840	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <b>LINDA L WHITE</b> <b>24197 IVES AVE</b> <b>GLENWOOD, IA 51534</b>	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4840	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <b>LINDA L WHITE</b> <b>24197 IVES AVE</b> <b>GLENWOOD, IA 51534</b>	B. Received by (Printed Name) <i>Linda White</i>	C. Date of Delivery <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 #: 2193  
 Article #: 71106605959000124840  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service™**  
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*(Certified Mail Only; No Insurance Coverage Provided)*  
 For more information visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 3743

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  
 LINDA LEE LAYLAND HADLEY  
 1207 CRESTVIEW DR  
 CLEBURNE, TX 76033

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 3743

LINDA LEE LAYLAND HADLEY  
 1207 CRESTVIEW DR  
 CLEBURNE, TX 76033

Batch #: 2273  
 Article #: 71106605959000133743  
 Date/Time: 9/14/2010 3:35:38 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 3743

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY  
 1207 CRESTVIEW DR  
 CLEBURNE, TX 76033

**COMPLETE THIS SECTION ON DELIVERY**

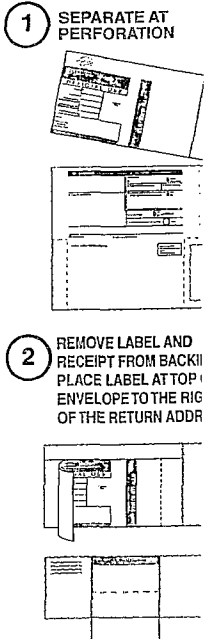
A. Signature  
**X**  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 3743

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY  
 1207 CRESTVIEW DR  
 CLEBURNE, TX 76033

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *Linda L. Hadley*  Agent  
 Addressee

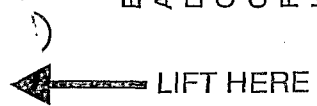
B. Received by (Printed Name) C. Date of Delivery  
*Linda L Hadley* 9-17-10

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 #: 2273  
 Article #: 71106605959000133743  
 Date/Time: 9/14/2010 3:35:38 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-001 Rev. 01/07



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

7110 6605 9590 0012 4857

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

LINDA M SMITH  
 16880 US HWY 550  
 AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4857

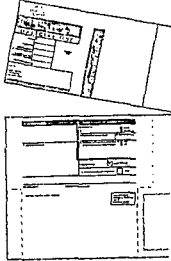
LINDA M SMITH  
 16880 US HWY 550  
 AZTEC, NM 87410

Batch #: 2193  
 Article #: 71106605959000124857  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

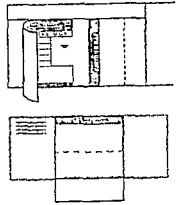
Reorder Form LCD-81 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4857	A. Signature <input type="checkbox"/> Agent <b>X</b> <input 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	
LINDA M SMITH 16880 US HWY 550 AZTEC, NM 87410	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4857	A. Signature <input type="checkbox"/> Agent <b>X</b> <input 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	
LINDA M SMITH 16880 US HWY 550 AZTEC, NM 87410	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193  
 Article #: 71106605959000124857  
 Date/Time: 8/31/2010 12:27:42 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)

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

**LINDA MARIE MCCARTNEY**  
**295 LAZY TWO M RANCH**  
**OLLA, LA 71465**

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

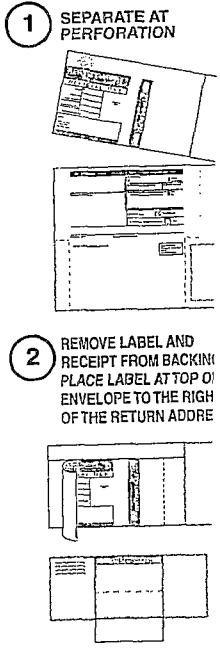
7110 6605 9590 0012 4864

LINDA MARIE MCCARTNEY  
 295 LAZY TWO M RANCH  
 OLLA, LA 71465

Batch #: 2193  
 Article #: 71106605959000124864  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4864	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	
LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4864	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	
LINDA MARIE MCCARTNEY 295 LAZY TWO M RANCH OLLA, LA 71465	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2193  
 Article #: 71106605959000124864  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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

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	

7110 6605 9590 0012 4871

Code: Allocation Project - D.Howell

7110 6605 9590 0012 4871

LINDA MARTINEZ  
6822 TIMBERHILL  
SAN ANTONIO, TX 78238



Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0012 4871

1. Article Addressed to:

LINDA MARTINEZ  
6822 TIMBERHILL  
SAN ANTONIO, TX 78238

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

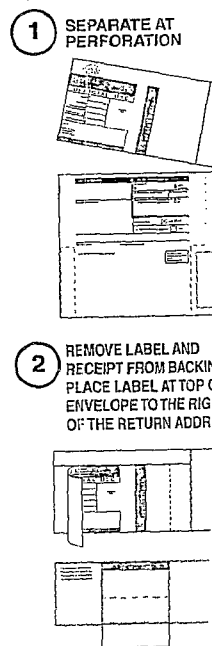
A. Signature  Agent  
 Addressee

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 4871

1. Article Addressed to:

LINDA MARTINEZ  
6822 TIMBERHILL  
SAN ANTONIO, TX 78238

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 #: 2193  
Article #: 71106605959000124871  
Date/Time: 8/31/2010 12:27:42 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Mail Only, No Insurance Coverage Provided)  
 Information is located on our website at www.usps.com  
 7110 6605 9590 0012 4888

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  
 Linda Strobel Life Tenant  
 12872 GLEN CIRCLE RD  
 POWAY, CA 92064

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4888

LINDA STROBEL LIFE TENANT  
 12872 GLEN CIRCLE RD  
 POWAY, CA 92064

Batch #: 2193  
 Article #: 71106605959000124888  
 Date/Time: 8/31/2010 12:27:42 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 4888

1. Article Addressed to:  
 LINDA STROBEL LIFE TENANT  
 12872 GLEN CIRCLE RD  
 POWAY, CA 92064

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

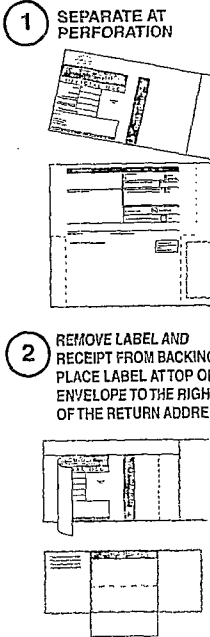
A. Signature  
 X  Agent  
 Addressee

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 4888

1. Article Addressed to:  
 LINDA STROBEL LIFE TENANT  
 12872 GLEN CIRCLE RD  
 POWAY, CA 92064

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Linda Strobel*  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 #: 2193  
 Article #: 71106605959000124888  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Mail Only, No Insurance Coverage Provided  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0012 4895

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  
 Lindale Resources LLC  
 1472 LIL BEN TRL  
 FLAGSTAFF, AZ 86001

Code: Allocation Project - D.Howell



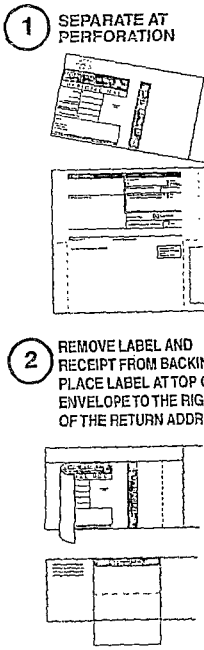
7110 6605 9590 0012 4895

LINDALE RESOURCES LLC  
 1472 LIL BEN TRL  
 FLAGSTAFF, AZ 86001

Batch #: 2193  
 Article #: 71106605959000124895  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

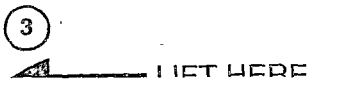
PS Form 3811, August 2006 See Reverse for Instructions

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 4895	A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDALE RESOURCES LLC 1472 LIL BEN TRL FLAGSTAFF, AZ 86001	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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0012 4895	A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDALE RESOURCES LLC 1472 LIL BEN TRL FLAGSTAFF, AZ 86001	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 #: 2193  
 Article #: 71106605959000124895  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:







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: LINDSAY PRODUCTION & ROYALTIES LTD  
 112 E PECAN STREET SUITE 500  
 SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4901

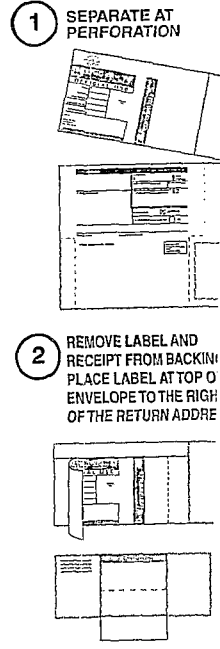
LINDSAY PRODUCTION & ROYALTIES LTD  
 112 E PECAN STREET SUITE 500  
 SAN ANTONIO, TX 78205

Batch #: 2193  
 Article #: 71106605959000124901  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4901	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:  LINDSAY PRODUCTION & ROYALTIES LTD 112 E PECAN STREET SUITE 500 SAN ANTONIO, TX 78205	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4901	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>B. Scheel</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:  LINDSAY PRODUCTION & ROYALTIES LTD 112 E PECAN STREET SUITE 500 SAN ANTONIO, TX 78205	B. Received by (Printed Name) <i>B. Scheel</i>	C. Date of Delivery <i>9-7-10</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 #: 2193  
 Article #: 71106605959000124901  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

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

# ConocoPhillips

7110 6605 9590 0012 4916

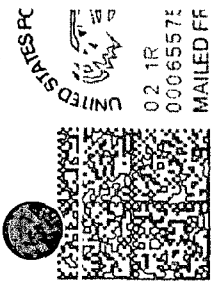


**REASON CHECKED**  
 Forwarding Order Expired  
 No Address  
 Not Forwarded  
 Not Known  
 Refused  
 No Such Street  
 No Such Number  
 Incorrect Address

*Handwritten initials: MB*

LISA BRIGHTBILL  
15367 MATORIN DR, APT 171  
SAN DIEGO, CA 92127

GENUINE MAIL





**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(No Mail Only, No Insurance Coverage Provided)*  
 For information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0012 4918

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 **LISA BRIGHTBILL**  
**15367 MATORIN DR, APT 171**  
**SAN DIEGO, CA 92127**  
 Street, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4918

LISA BRIGHTBILL  
 15367 MATORIN DR, APT 171  
 SAN DIEGO, CA 92127

Batch #: 2193  
 Article #: 71106605959000124918  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

**2 Article Number**

7110 6605 9590 0012 4918

1. Article Addressed to:

LISA BRIGHTBILL  
 15367 MATORIN DR, APT 171  
 SAN DIEGO, CA 92127

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

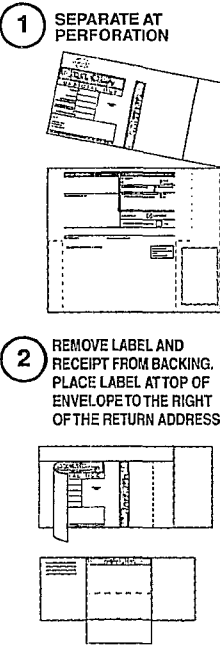
A. Signature  Agent  Addressee  
**X**

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



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 #: 2193  
 Article #: 71106605959000124918  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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

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**  
**LORA ALVERSON BENTLEY**  
**32536 HILL ST**  
**EUSTIS, FL 32736**

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

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4925

LORA ALVERSON BENTLEY  
 32536 HILL ST  
 EUSTIS, FL 32736

Batch #: 2193  
 Article #: 71106605959000124925  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0012 4925

**1. Article Addressed to:**

LORA ALVERSON BENTLEY  
 32536 HILL ST  
 EUSTIS, FL 32736

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X**

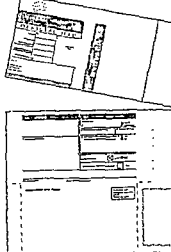
B. Received by (Printed Name) C. Date of Delivery

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

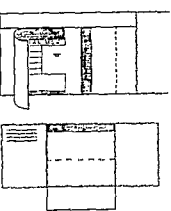
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

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 Rev. 01/07

**2. Article**

7110 6605 9590 0012 4925

**1. Article Addressed to:**

LORA ALVERSON BENTLEY  
 32536 HILL ST  
 EUSTIS, FL 32736

Code: Allocation Project - D.Howell

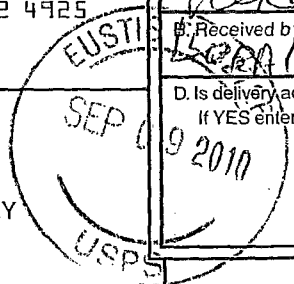
A. Signature  Agent  Addressee  
**LORA ALVERSON BENTLEY**

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

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 #: 2193  
 Article #: 71106605959000124925  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com  
 7110 6605 9590 0012 4932

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: **LORIE GORDON**  
**7 STERLING AVE**  
**CHERRY HILLS VILLAGE, CO 80113**

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

Form 3800, August 2005. See Reverse for Instructions

Code: Allocation Project - D.Howell



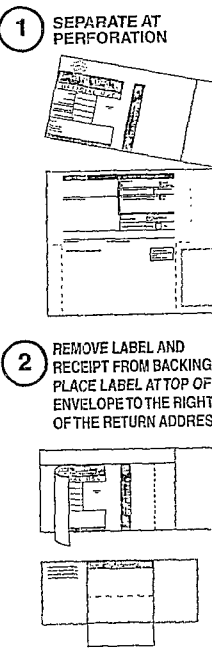
7110 6605 9590 0012 4932

**LORIE GORDON**  
**7 STERLING AVE**  
**CHERRY HILLS VILLAGE, CO 80113**

Batch #: 2193  
 Article #: 71106605959000124932  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811, Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4932	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>LORIE GORDON</b> <b>7 STERLING AVE</b> <b>CHERRY HILLS VILLAGE, CO 80113</b>	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 4932	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:  <b>LORIE GORDON</b> <b>7 STERLING AVE</b> <b>CHERRY HILLS VILLAGE, CO 80113</b>	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 #: 2193  
 Article #: 71106605959000124932  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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**CERTIFIED MAIL™ RECEIPT**  
(Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com  
 7110 6605 9590 0012 4949

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  
 LORNA R HARVEY  
 2948 N VIEW DR  
 GRAND JUNCTION, CO 81504

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4949

LORNA R HARVEY  
 2948 N VIEW DR  
 GRAND JUNCTION, CO 81504

Batch #: 2193  
 Article #: 71106605959000124949  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8101/07

**2. Article Number**  
 7110 6605 9590 0012 4949

1. Article Addressed to:  
 LORNA R HARVEY  
 2948 N VIEW DR  
 GRAND JUNCTION, CO 81504

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

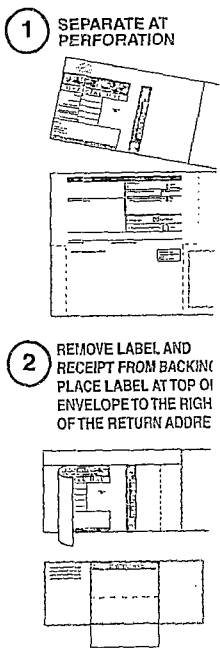
A. Signature  Agent  Addressee  
 X

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 4949

1. Article Addressed to:  
 LORNA R HARVEY  
 2948 N VIEW DR  
 GRAND JUNCTION, CO 81504

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Lorna Harvey*

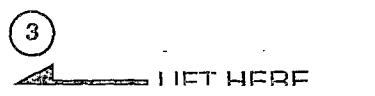
B. Received by (Printed Name) C. Date of Delivery  
 L Harvey 8-31-10

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 #: 2193  
 Article #: 71106605959000124949  
 Date/Time: 8/31/2010 12:27:42 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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**CERTIFIED MAIL RECEIPT**  
 (Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com  
 7110 6605 9590 0012 4956

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: LORRAYN GAY HACKER  
 C/O JAMES M RAYMOND-POA  
 PO BOX 291445  
 KERRVILLE, TX 78029-1445

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 4956

LORRAYN GAY HACKER  
 C/O JAMES M RAYMOND-POA  
 PO BOX 291445  
 KERRVILLE, TX 78029-1445

Batch #: 2193  
 Article #: 71106605959000124956  
 Date/Time: 8/31/2010 12:27:43 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 4956

1. Article Addressed to:

LORRAYN GAY HACKER  
 C/O JAMES M RAYMOND-POA  
 PO BOX 291445  
 KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

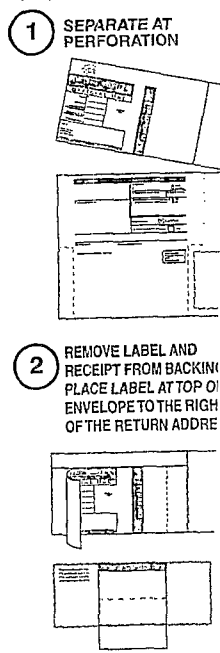
A. Signature  Agent  
**X**  Addressee

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 4956

1. Article Addressed to:

LORRAYN GAY HACKER  
 C/O JAMES M RAYMOND-POA  
 PO BOX 291445  
 KERRVILLE, TX 78029-1445

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Nicole Goversen 09/08/10

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 #: 2193  
 Article #: 71106605959000124956  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 7110 6605 9590 0012 4963

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: **LORRINE G LUCERO**  
**4890 PRADERA ST**  
**SPARKS, NV 89436**

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 4963

LORRINE G LUCERO  
 4890 PRADERA ST  
 SPARKS, NV 89436

Batch #: 2193  
 Article #: 71106605959000124963  
 Date/Time: 8/31/2010 12:27:43 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 4963

1. Article Addressed to:

**LORRINE G LUCERO**  
**4890 PRADERA ST**  
**SPARKS, NV 89436**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

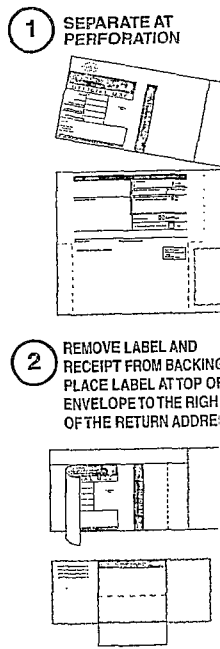
A. Signature  Agent  
**X**  Addressee

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 4963

1. Article Addressed to:

**LORRINE G LUCERO**  
**4890 PRADERA ST**  
**SPARKS, NV 89436**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *T. Alzamil*  Addressee

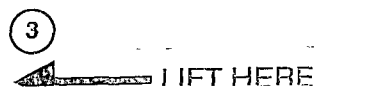
B. Received by (Printed Name) C. Date of Delivery  
*T. Alzamil* 9-4-10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2193  
 Article #: 71106605959000124963  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







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 For delivery information, visit our website at www.usps.com  
 7110 6605 9590 0012 4970

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.15</b>	

Delivered To: **LOU ANN PATTERSON**  
**1807 BRISCOE**  
**ARTESIA, NM 88210-2223**

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4970

LOU ANN PATTERSON  
 1807 BRISCOE  
 ARTESIA, NM 88210-2223

Batch #: 2193  
 Article #: 71106605959000124970  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 v. 01/07

**2. Article Number**  
 7110 6605 9590 0012 4970

1. Article Addressed to:  
**LOU ANN PATTERSON**  
**1807 BRISCOE**  
**ARTESIA, NM 88210-2223**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

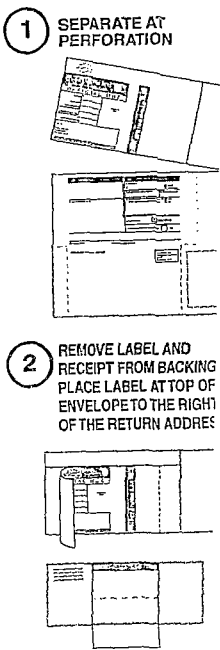
A. Signature  Agent  
 Addressee

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 4970

1. Article Addressed to:  
**LOU ANN PATTERSON**  
**1807 BRISCOE**  
**ARTESIA, NM 88210-2223**

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 #: 2193  
 Article #: 71106605959000124970  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 Mail Only. No Insurance Coverage Provided.  
 For more information visit our website at www.usps.com  
 7110 6605 9590 0012 4987

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

Send To: LOUIS M CUMMINS  
 JANNA LONGENETTE, CONSERVATOR  
 13151 ST HIGHWAY 140  
 HESPERUS, CO 81326

Form 3811, 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 0012 4987

LOUIS M CUMMINS  
 JANNA LONGENETTE, CONSERVATOR  
 13151 ST HIGHWAY 140  
 HESPERUS, CO 81326

Batch #: 2193  
 Article #: 71106605959000124987  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 4987

1. Article Addressed to:  
 LOUIS M CUMMINS  
 JANNA LONGENETTE, CONSERVATOR  
 13151 ST HIGHWAY 140  
 HESPERUS, CO 81326

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

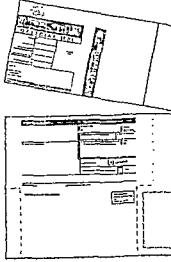
B. Received by (Printed Name) C. Date of Delivery

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

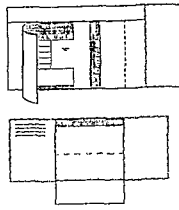
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

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 4987

1. Article Addressed to:  
 LOUIS M CUMMINS  
 JANNA LONGENETTE, CONSERVATOR  
 13151 ST HIGHWAY 140  
 HESPERUS, CO 81326

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

Batch #: 2193  
 Article #: 71106605959000124987  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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 7110 6605 9590 0012 4994

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  
 LOWE ROYALTY PARTNERS LP  
 P O BOX 4887 DEPT 4  
 HOUSTON, TX 77210-4887

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 4994

LOWE ROYALTY PARTNERS LP  
 P O BOX 4887 DEPT 4  
 HOUSTON, TX 77210-4887

Batch #: 2193  
 Article #: 71106605959000124994  
 Date/Time: 8/31/2010 12:27:43 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 4994

1. Article Addressed to:  
 LOWE ROYALTY PARTNERS LP  
 P O BOX 4887 DEPT 4  
 HOUSTON, TX 77210-4887

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

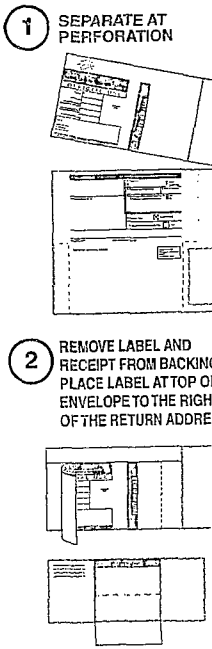
A. Signature  Agent  
**X**  Addressee

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 4994

1. Article Addressed to:  
 LOWE ROYALTY PARTNERS LP  
 P O BOX 4887 DEPT 4  
 HOUSTON, TX 77210-4887

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Dorothy M. Lopez*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 SEP 09 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 #: 2193  
 Article #: 71106605959000124994  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**U.S. Postal Service**  
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(Certified Mail Only, No Insurance Coverage Provided)  
 For more information, visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0012 5007

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  
 LOWELL M PARRISH JR  
 P O BOX 1922  
 FARMINGTON, NM 87499

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 5007

LOWELL M PARRISH JR  
 P O BOX 1922  
 FARMINGTON, NM 87499

Batch #: 2193  
 Article #: 71106605959000125007  
 Date/Time: 8/31/2010 12:27:43 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 5007

1. Article Addressed to:

LOWELL M PARRISH JR  
 P O BOX 1922  
 FARMINGTON, NM 87499

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

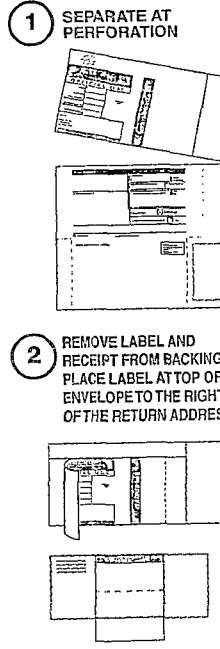
A. Signature  Agent  
**X**  Addressee

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



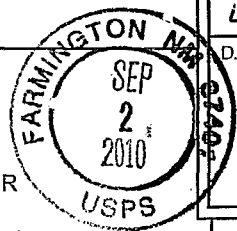
**2. Article Number**

7110 6605 9590 0012 5007

1. Article Addressed to:

LOWELL M PARRISH JR  
 P O BOX 1922  
 FARMINGTON, NM 87499

Code: Allocation Project - D.Howell



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Lowell Parrish*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Lowell Parrish 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 #: 2193  
 Article #: 71106605959000125007  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 7110 6605 9590 0012 5014

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

**LUCIA ANN RAWSON BRANDT**  
**3734 WICKERSHAM LN**  
**HOUSTON, TX 77027-4014**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5014

LUCIA ANN RAWSON BRANDT  
 3734 WICKERSHAM LN  
 HOUSTON, TX 77027-4014

Batch #: 2193  
 Article #: 71106605959000125014  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 5014

1. Article Addressed to:

**LUCIA ANN RAWSON BRANDT**  
**3734 WICKERSHAM LN**  
**HOUSTON, TX 77027-4014**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

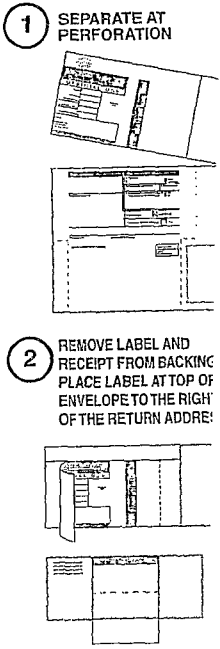
A. Signature  
**X**  Agent  
 Addressee

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 5014

1. Article Addressed to:

**LUCIA ANN RAWSON BRANDT**  
**3734 WICKERSHAM LN**  
**HOUSTON, TX 77027-4014**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

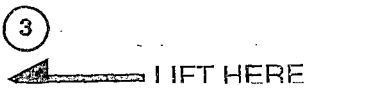
A. Signature  
**X L Brandt**  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
**L BRANDT** **9-22-10**

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 #: 2193  
 Article #: 71106605959000125014  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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 7110 6605 9590 0012 5069

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  
**LUSELLA GONZALES**  
 #17 CR 3004  
 AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5069

LUSELLA GONZALES  
 #17 CR 3004  
 AZTEC, NM 87410

Batch #: 2193  
 Article #: 71106605959000125069  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-3800 Rev. 01/07

**2. Article Number**  
 7110 6605 9590 0012 5069

1. Article Addressed to:  
**LUSELLA GONZALES**  
 #17 CR 3004  
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

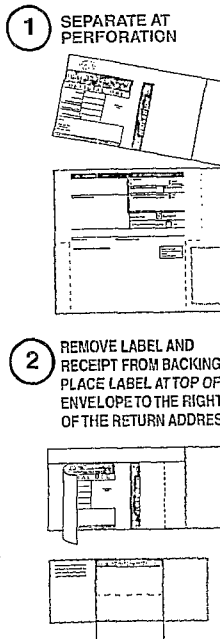
A. Signature  Agent  
 Addressee

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 5069

1. Article Addressed to:  
**LUSELLA GONZALES**  
 #17 CR 3004  
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

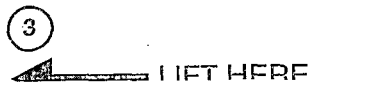
B. Received by (Printed Name) C. Date of Delivery  
*Lusella Gonzales* 9-22-10

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 #: 2193  
 Article #: 71106605959000125069  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 7110 6605 9590 0012 5021

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

**LUCILLE MILLER**  
**6530 HOPEDALE CT**  
**SAN DIEGO, CA 92120**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5021

**LUCILLE MILLER**  
**6530 HOPEDALE CT**  
**SAN DIEGO, CA 92120**

Batch #: 2193  
 Article #: 71106605959000125021  
 Date/Time: 8/31/2010 12:27:43 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 5021

1. Article Addressed to:

**LUCILLE MILLER**  
**6530 HOPEDALE CT**  
**SAN DIEGO, CA 92120**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

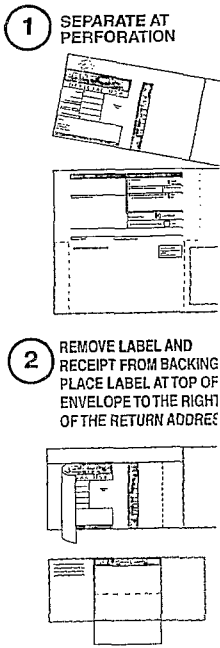
A. Signature  Agent  
**X**  Addressee

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 5021

1. Article Addressed to:

**LUCILLE MILLER**  
**6530 HOPEDALE CT**  
**SAN DIEGO, CA 92120**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

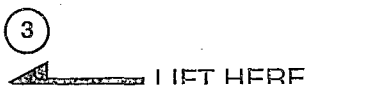
B. Received by (Printed Name) C. Date of Delivery  
*Lucille A Miller* 9/2/10

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 #: 2193  
 Article #: 71106605959000125021  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 5038

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

**LUCINDA DAVENPORT**  
**2750 PARMAN RD**  
**DANSVILLE, MI 48819**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



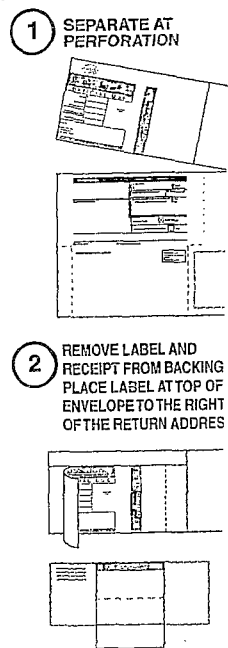
7110 6605 9590 0012 5038

LUCINDA DAVENPORT  
 2750 PARMAN RD  
 DANSVILLE, MI 48819

Batch #: 2193  
 Article #: 71106605959000125038  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

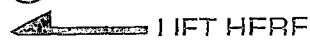
<b>2. Article Number</b>  7110 6605 9590 0012 5038	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>LUCINDA DAVENPORT</b> <b>2750 PARMAN RD</b> <b>DANSVILLE, MI 48819</b>	B. Received by (Printed 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		



<b>2. Article Number</b>  7110 6605 9590 0012 5038	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	A. Signature <b>X</b> <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>LUCINDA DAVENPORT</b> <b>2750 PARMAN RD</b> <b>DANSVILLE, MI 48819</b>	B. Received by (Printed Name) <i>TRUD CORNELL</i>	C. Date of Delivery <i>9-7-10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" 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 #: 2193  
 Article #: 71106605959000125038  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3







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 7110 6605 9590 0012 5045

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: **LUCY W JAMES**  
**6464 S DOWNING**  
**LITTLETON, CO 80121**

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

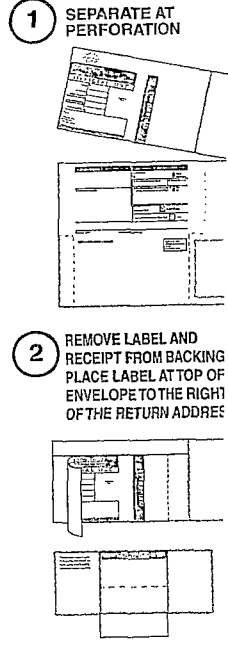
7110 6605 9590 0012 5045

**LUCY W JAMES**  
**6464 S DOWNING**  
**LITTLETON, CO 80121**

Batch #: 2193  
 Article #: 71106605959000125045  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5045	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span> <b>X</b>	
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	
<b>LUCY W JAMES</b> <b>6464 S DOWNING</b> <b>LITTLETON, CO 80121</b>	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 5045	A. Signature <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b> <i>John F. James</i>	
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 checked="" type="checkbox"/> No	
<b>LUCY W JAMES</b> <b>6464 S DOWNING</b> <b>LITTLETON, CO 80121</b>	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2193  
 Article #: 71106605959000125045  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

TEAR HERE



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7110 6605 9590 0012 5052

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

**LUELLEN AGEE**  
**407 LEAFLAND**  
**CENTRALIA, IL 62801**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.  
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7110 6605 9590 0012 5052

**LUELLEN AGEE**  
**407 LEAFLAND**  
**CENTRALIA, IL 62801**

Batch #: 2193  
 Article #: 71106605959000125052  
 Date/Time: 8/31/2010 12:27:43 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 5052

1. Article Addressed to:

**LUELLEN AGEE**  
**407 LEAFLAND**  
**CENTRALIA, IL 62801**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

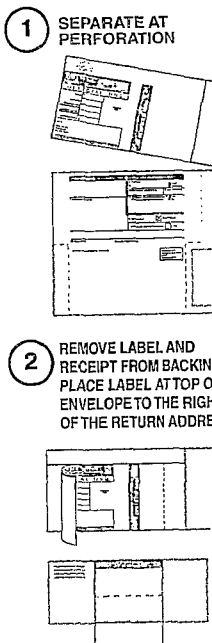
A. Signature  Agent  Addressee  
**X**

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



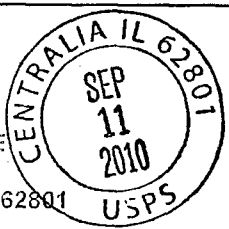
**2. Article Number**

7110 6605 9590 0012 5052

1. Article Addressed to:

**LUELLEN AGEE**  
**407 LEAFLAND**  
**CENTRALIA, IL 62801**

Code: Allocation Project - D.Howell



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Luellen AgEE**

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:  
**LUELLEN AGEE**  
**BY - DAVE AGEE**

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2193  
 Article #: 71106605959000125052  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 5076

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

**LYNDA C BLANCETT IRREVOC MARITAL TR**  
**278 COUNTY ROAD 3000**  
**AZTEC, NM 87410**

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



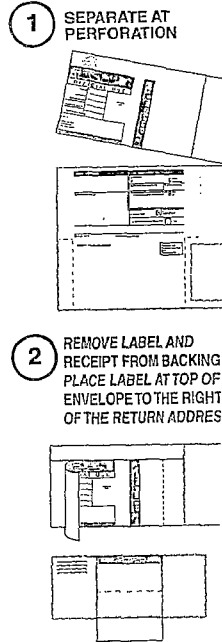
7110 6605 9590 0012 5076

**LYNDA C BLANCETT IRREVOC MARITAL TR**  
**278 COUNTY ROAD 3000**  
**AZTEC, NM 87410**

Batch #: 2193  
 Article #: 71106605959000125076  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 5076	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNDA C BLANCETT IRREVOC MARITAL TR 278 COUNTY ROAD 3000 AZTEC, NM 87410		
	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 5076	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNDA C BLANCETT IRREVOC MARITAL TR 278 COUNTY ROAD 3000 AZTEC, NM 87410		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" 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 #: 2193  
 Article #: 71106605959000125076  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 5083

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  
 LYNDA WILSON  
 1119 N 9TH  
 TEMPLE, TX 76501

PS Form 3800, August 2009 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 5083

LYNDA WILSON  
 1119 N 9TH  
 TEMPLE, TX 76501

Batch #: 2193  
 Article #: 71106605959000125083  
 Date/Time: 8/31/2010 12:27:43 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 5083

1. Article Addressed to:

LYNDA WILSON  
 1119 N 9TH  
 TEMPLE, TX 76501

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

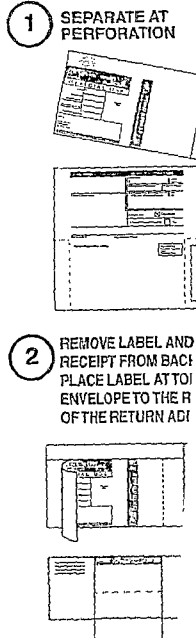
A. Signature  Agent  
**X**  Addressee

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 5083

1. Article Addressed to:

LYNDA WILSON  
 1119 N 9TH  
 TEMPLE, TX 76501

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

3

Batch #: 2193  
 Article #: 71106605959000125083  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:



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

7110 6605 9590 0012 5090

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

**LYNN E DESPER**  
**380 LOS RANCHOS RD**  
**ALBUQUERQUE, NM 87107**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



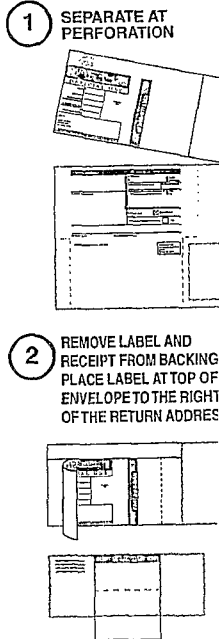
7110 6605 9590 0012 5090

LYNN E DESPER  
 380 LOS RANCHOS RD  
 ALBUQUERQUE, NM 87107

Batch #: 2193  
 Article #: 71106605959000125090  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

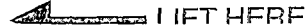
<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 5090	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
LYNN E DESPER 380 LOS RANCHOS RD ALBUQUERQUE, NM 87107		
	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 5090	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Lynn Desper</i>	C. Date of Delivery <i>9/3/10</i>
LYNN E DESPER 380 LOS RANCHOS RD ALBUQUERQUE, NM 87107	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 #: 2193  
 Article #: 71106605959000125090  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Mail Only Insurance Coverage Provided  
For more information visit our website at www.usps.com

7110 6605 9590 0012 5106

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  
 LYNN M SHAW  
 1490 MEMORY LN  
 KALISPELL, MT 59901-5108

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 5106

LYNN M SHAW  
 1490 MEMORY LN  
 KALISPELL, MT 59901-5108

Batch #: 2193  
 Article #: 71106605959000125106  
 Date/Time: 8/31/2010 12:27:43 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 5106

1. Article Addressed to:

LYNN M SHAW  
 1490 MEMORY LN  
 KALISPELL, MT 59901-5108

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

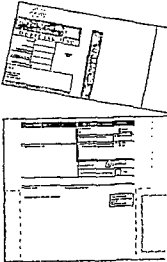
B. Received by (Printed Name) C. Date of Delivery

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

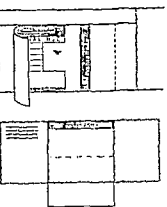
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

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 5106

1. Article Addressed to:

LYNN M SHAW  
 1490 MEMORY LN  
 KALISPELL, MT 59901-5108

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

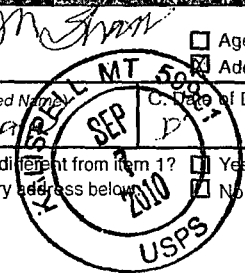
A. Signature  Agent  
**X**  Addressee

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

D. Is 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 #: 2193  
 Article #: 71106605959000125106  
 Date/Time: 8/31/2010 12:27:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3