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7110 6605 9590 0012 4550

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

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Sent To
L DORIS WILLIAMS TRUST
Street, Apt. No.; or PO Box No.
P O BOX 20606
City, State, Zip+4
HOUSTON, TX 77225-0606

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

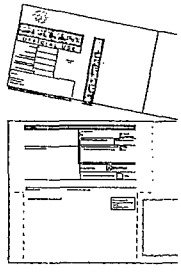
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4550

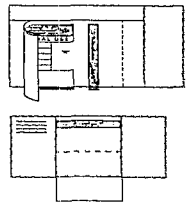
L DORIS WILLIAMS TRUST
P O BOX 20606
HOUSTON, TX 77225-0606

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD - Rev. 01/07

2. Article Number
7110 6605 9590 0012 4550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2192
Article #: 71106605959000124550
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 4567

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

Postmark Here

Sent To
L GRADEN & BETTY WEINLAND FAMILY T
BETTY M WEINLAND, TRUSTEE
Street, Apt. No.; or PO Box No.
1106 E NORTHLINE RD APT 7
City, State, Zip+4
TUSCOLA, IL 61953

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

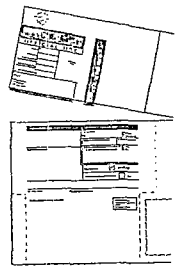
USE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4567

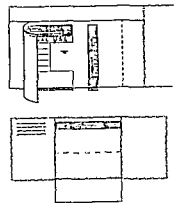
L GRADEN & BETTY WEINLAND FAMILY TR
BETTY M WEINLAND, TRUSTEE
1106 E NORTHLINE RD APT 7
TUSCOLA, IL 61953

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 4567

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 4567

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4574

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

Postmark Here

Sent To
L J & R R MONEY 1990 TR
Street, Apt. No.; or PO Box No.
3939 WALNUT AVE #307
City, State, Zip+4
CARMICHAEL, CA 95608

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
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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 #:

2. Article Number

7110 6605 9590 0012 4574

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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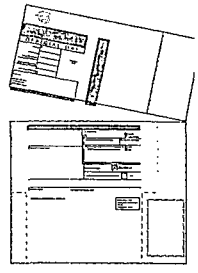
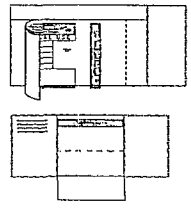
Reorder Form LCD-8[illegible] rev. 01/07

1 SEPARATE AT PERFORATION



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



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Lisa Hunter, Land Department
SJBU ConocoPhillips
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
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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

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

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

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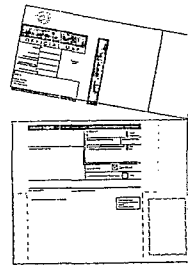
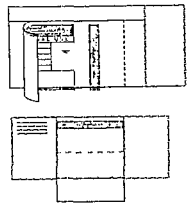
L KEITH WAYT FAMILY TRUST
5000 BOARDWALK DR, APT 32
FORT COLLINS, CO 80524

Batch #: 2192
Article #: 71106605959000124581
Date/Time: 8/31/2010 12:16:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 4581

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4581

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marian Wayt ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

Sent To
LA FAMILIA DE LOS CANDELARIAS REV T
Street, Apt. No.; or PO Box No.
3603 N BUENA VISTA
City, State, Zip+4
FARMINGTON, NM 87401-2313

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

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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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

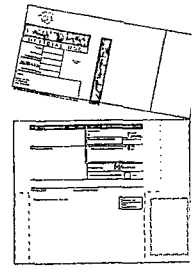
1. Article Addressed to:
LA FAMILIA DE LOS CANDELARIAS REV T
3603 N BUENA VISTA
FARMINGTON, NM 87401-2313

3. Service Type ☒ Certified

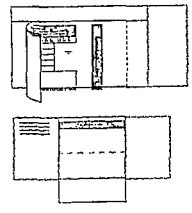
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 4598

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
LA FAMILIA DE LOS CANDELARIAS REV T
3603 N BUENA VISTA
FARMINGTON, NM 87401-2313

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

Sent To
LAKEY IRREVOCABLE MINERAL TRUST
Street, Apt. No.; or PO Box No.
PO BOX 186
City, State, Zip+4
SAYRE, OK 73662

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

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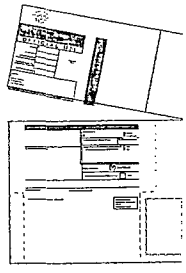
Code: Allocation Project - D.Howell

7110 6605 9590 0012 4604

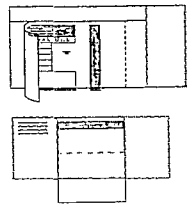
LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 4604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 4604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sue Ann Lakey ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
LAKEY IRREVOCABLE MINERAL TRUST
PO BOX 186
SAYRE, OK 73662

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SAYRE OK 73662
SEP 07 2010
USPS

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

7110 6605 9590 0012 4611

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

Postmark Here

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

LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

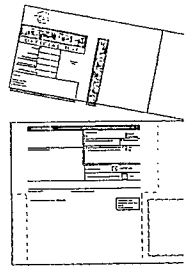
CERTIFIED MAIL™

7110 6605 9590 0012 4611

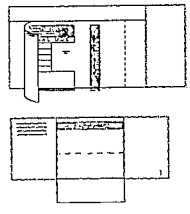
LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

Batch #: 2192
Article #: 71106605959000124611
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 4611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X (Lance Reemtsma) ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LANCE REEMTSMA
2601 GRANT STREET
BERKELEY, CA 94703

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124611
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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U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4628

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

Postmark Here

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

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

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

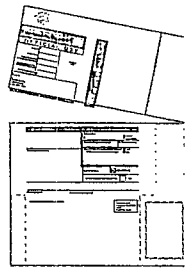
CERTIFIED MAIL™

7110 6605 9590 0012 4628

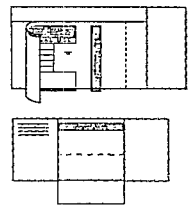
LANGDON C HARRISON
9415 N SUMMER HILL
FOUNTAIN HILLS, AZ 85268

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number (Transfer from service label)

7110 6605 9590 0012 4628

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 4635

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

Postmark Here

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

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

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 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 #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 4635

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

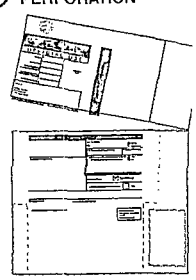
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

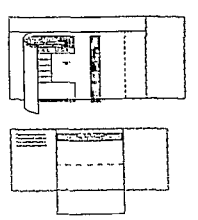
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 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 4635

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 4642

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

Postmark Here

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

LARRY SMITH
1150 LOTUS PL
BOONE, IA 50036-7162

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

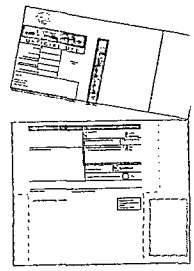
CERTIFIED MAIL™

7110 6605 9590 0012 4642

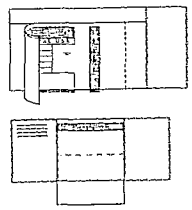
LARRY SMITH
1150 LOTUS PL
BOONE, IA 50036-7162

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 4642

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LARRY SMITH
1150 LOTUS PL
BOONE, IA 50036-7162

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4642

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Larry L. Smith ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

LARRY SMITH
1150 LOTUS PL
BOONE, IA 50036-7162

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 4659

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

Postmark Here

Sent To
LAS COLINAS MINERALS LP
Street, Apt. No.; or PO Box No.
125 E JOHN CARPENTER FWY, STE 600
City, State, Zip+4
IRVING, TX 75062

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 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 #:

2. Article Number

7110 6605 9590 0012 4659

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

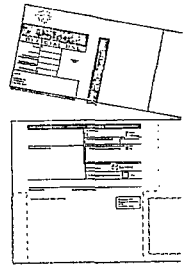
3. Service Type ☒ Certified

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

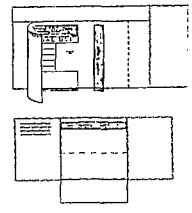
Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4659

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 4666

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

Postmark Here

Sent To
LASALLE ADAMS FUND
C/O EDITH C STEIN PRESIDENT
Street, Apt. No.; or PO Box No.
281 MOUNTAIN RD
City, State, Zip+4
NORFOLK, CT 6058

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

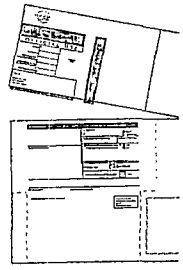
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4666

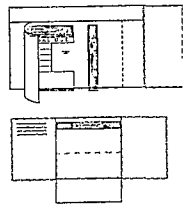
LASALLE ADAMS FUND
C/O EDITH C STEIN PRESIDENT
281 MOUNTAIN RD
NORFOLK, CT 6058

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4666

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4666

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cathy Stein ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Cathy Stein C. Date of Delivery 9-14-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

S Postal Service™
TIFIED MAIL™ RECEIPT
o Mail Only; No Insurance Coverage Provided
delivery information visit our website at www.usps.com

7110 6605 9590 0012 4673

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee ndorsement Required)	$2.30
lestricted Delivery Fee ndorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

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

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

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

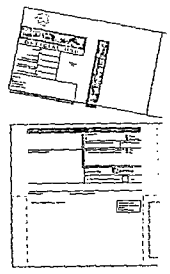
CERTIFIED MAIL™

7110 6605 9590 0012 4673

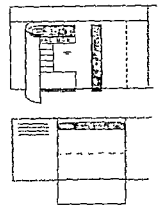
LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 4673

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4673

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

SAMUEL PALMER 9/7/2010

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

1. Article Addressed to:

LATTNER HOLDING LLC
524 CONNECTICUT ST
SAN FRANCISCO, CA 94107

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 4680

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

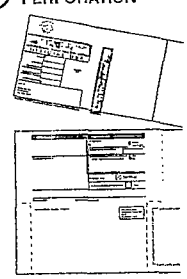
CERTIFIED MAIL

7110 6605 9590 0012 4680

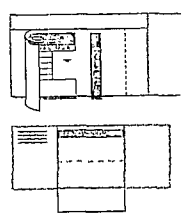
LAURA A GUNN
13408 VISTA DEL PRADO
SAN ANTONIO, TX 78216-2227

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4680

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4680

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 13 2010 SAN ANTONIO TEXAS 78

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 4697

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

Postmark Here

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

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

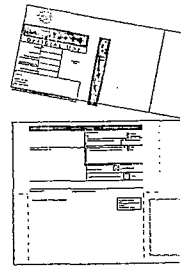
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4697

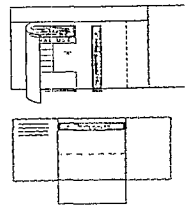
LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

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

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4697

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0012 4697

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LAURA DICHTER
203 JACKSON ST
DENVER, CO 80206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

L. Dichter 9-3-10

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 4703

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

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

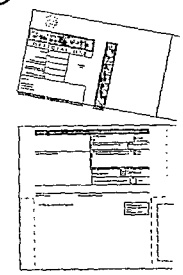
CERTIFIED MAIL™

7110 6605 9590 0012 4703

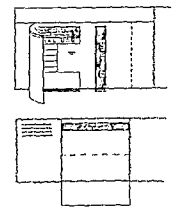
LAURENCE B KELLY LIVING TRUST
LAURENCE B KELLY TRUSTEE
839 SUMMIT RD MONTECITO
SANTA BARBARA, CA 93108

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4703

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4703

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laurence Kelly ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SANTA BARBARA CA STATION SEP 2010

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

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0013 3699

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

Postmark Here

Sent To: LAVERNE MYATT
Street, Apt. No.; or PO Box No.: 4620 FM 1836
City, State, Zip+4: 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 #:

Reorder Form LCD-8 Rev. 01/07

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
X ☐ Agent ☐ Addressee

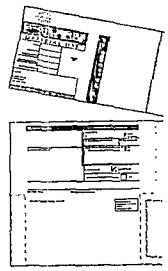
B. Received by (Printed Name) | C. Date of Delivery

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

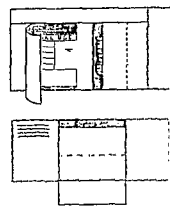
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



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
X LaVerne Myatt ☐ Agent ☐ Addressee

B. Received by (Printed Name) LAVERNE MYATT | C. Date of Delivery 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4710

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

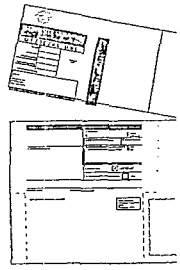
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4710

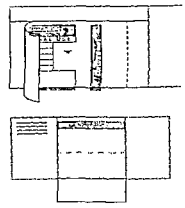
LAWRENCE J GARCIA
PO BOX 65412
ALBUQUERQUE, NM 87193-5412

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lawrence J Garcia ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3026

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

Postmark Here

Sent To: LEAH B DOWNEY EST
Street, Apt. No.; or PO Box No.: PO BOX 225
City, State, Zip+4: MIDLAND, TX 79702

PS Form 3800, August 2006 — See Reverse for Instructions

PEEL STICKER AT 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 #:

Reorder Form LCD-8 Rev. 01/07

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
X ☐ Agent ☐ Addressee

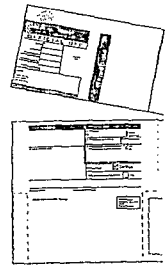
B. Received by (*Printed Name*) | C. Date of Delivery

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

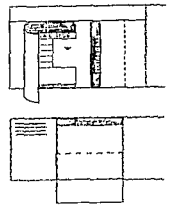
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



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



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 Estate
X Monty D. Johnson Agent
B. Received by (*Printed Name*) Monty D. Johnson | C. Date of Delivery SEP 20 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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 3736

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

Postmark Here

Sent To: LEE LOPEZ
Street, Apt. No.; or PO Box No.: PO BOX 1632
City, State, Zip+4: ARBOLES, CO 81121

PS Form 3800, August 2006 — See Reverse for Instructions

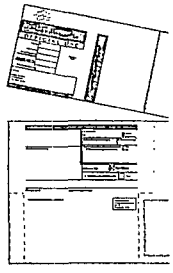
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3736

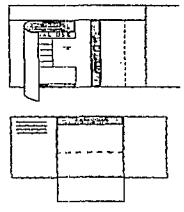
LEE LOPEZ
PO BOX 1632
ARBOLES, CO 81121

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number (Transfer from service label)

7110 6605 9590 0013 3736

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LEE LOPEZ
PO BOX 1632

ARBOLES, CO 81121

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

3 LIFT HERE

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

7110 6605 9590 0012 4727

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

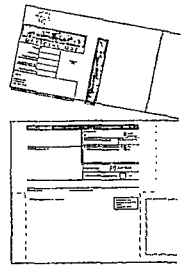
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4727

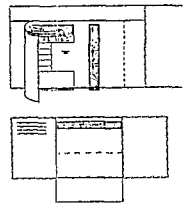
LELAND FIKES FOUNDATION
500 N AKARD, ST 1919
DALLAS, TX 75201

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4727

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4727

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 ← LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 4734

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

Postmark Here

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

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

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

Code: Allocation Project - D.Howell

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

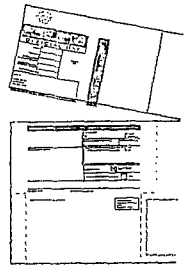
CERTIFIED MAIL™

7110 6605 9590 0012 4734

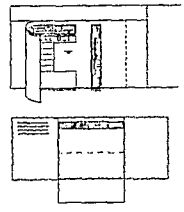
LELAND STANFORD JUNIOR UNIVERSITY
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 4734

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4734

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124734
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 4758

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

Postmark Here

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

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

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

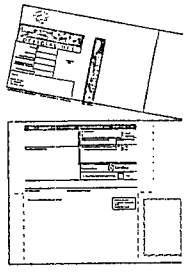
CERTIFIED MAIL™

7110 6605 9590 0012 4758

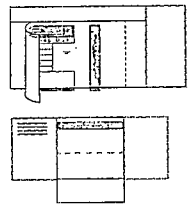
LEOLA S. LUCHETTI
8591 HIGHWAY 285 SOUTH
ALAMOSA, CO 81101

Batch #: 2192
Article #: 71106605959000124758
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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-9[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 4758

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4758

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leola Luchetti ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

USPS

Batch #: 2192
Article #: 71106605959000124758
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0013 3033

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

Postmark Here

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

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

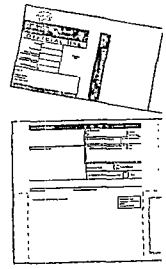
CERTIFIED MAIL™

7110 6605 9590 0013 3033

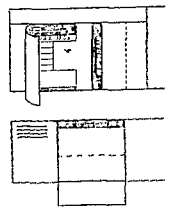
LEOLA S LUCHETTI
85910 HWY 285 S
ALAMOSA, CO 81101

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

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
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

P

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
X Leola S Luchetti ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4741

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

Postmark Here

Sent To
LEO J MOMSEN
Street, Apt. No.; or PO Box No.
2377 HICKORY
City, State, Zip+4
SAN DIEGO, CA 92103

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
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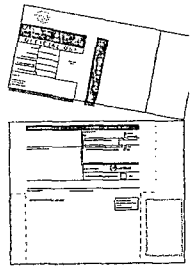
7110 6605 9590 0012 4741

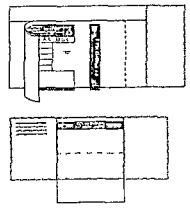
LEO J MOMSEN
2377 HICKORY
SAN DIEGO, CA 92103

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4741

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LEO J MOMSEN
2377 HICKORY
SAN DIEGO, CA 92103

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4741

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

LEO J MOMSEN
2377 HICKORY
SAN DIEGO, CA 92103

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

HILLCREST STATION SAN DIEGO CA 92103
OCT - 1 2010
USPS

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

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

Postmark Here

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

LESA M FLOECK
3705 QUAY RD 64 5
TUCUMCARI, NM 88401

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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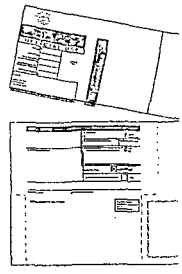
7110 6605 9590 0012 4765

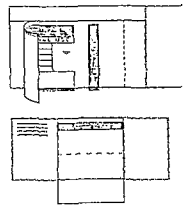
LESA M FLOECK
3705 QUAY RD 64 5
TUCUMCARI, NM 88401

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 4765

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LESA M FLOECK
3705 QUAY RD 64 5
TUCUMCARI, NM 88401

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

F

2. Article Number

7110 6605 9590 0012 4765

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lesa Floeck ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LESA M FLOECK
3705 QUAY RD 64 5
TUCUMCARI, NM 88401

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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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7110 6605 9590 0012 4772

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

Postmark Here

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

LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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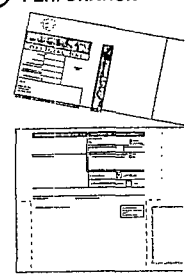
7110 6605 9590 0012 4772

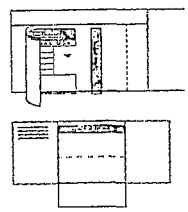
LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4772

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4772

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leslie O'Shea ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LESLIE OSHEA
PO BOX 409
EAST MEADOW, NY 11554

EAST MEADOW NY 11554-9998
SEP 10 2010
USPS

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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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7110 6605 9590 0012 4789

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

Postmark Here

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

LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 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
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4789

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

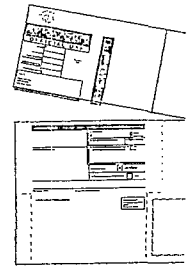
LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

3. Service Type ☒ Certified

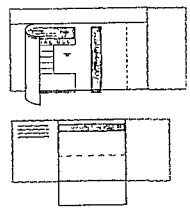
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4789

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynda Low ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) LYNDA LOW C. Date of Delivery 9-8-10

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

1. Article Addressed to:

LEWIS T BARRINGER JR
2422 WINDROW DRIVE
PRINCETON, NJ 8540

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124789
Date/Time: 8/31/2010 12:16:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4802

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

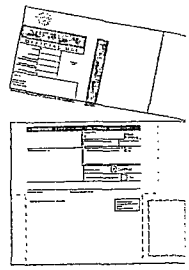
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4802

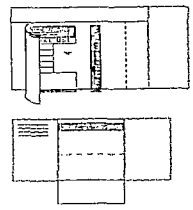
LINDA ANNE BELL
PO BOX 1027
CASTLE ROCK, CO 80104-1027

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

KIRK BELL
SEP - 3 2010
USPS

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
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7110 6605 9590 0012 4796

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

Postmark Here

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

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

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 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[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 4796

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

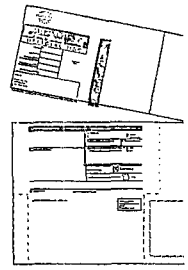
LILLY L NEWKIRK
218 W HILLCREST AVE
INDIANOLA, IA 50125-3708

3. Service Type ☒ Certified

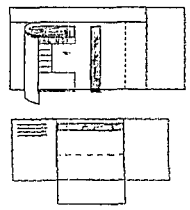
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4796

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4819

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

Postmark Here

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

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

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

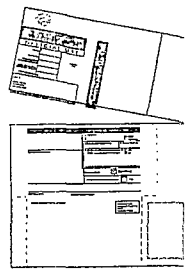
CERTIFIED MAIL

7110 6605 9590 0012 4819

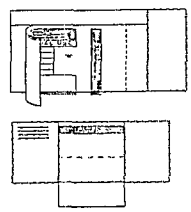
LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4819

1. Article Addressed to:

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4819

1. Article Addressed to:

LINDA CALVERT
2404 W CERRO RD
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Calvert ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP - 7 2010
ARTESIA NM
SPS 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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

CERTIFIED MAIL™

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

ConocoPhillips

7110 6605 9590 0012 4833

UNITED STATES POS

02 1R
000655758
MAILED FRO

SEP 03 2010

SEP 13 2010

LINDA JEANNE LUNDELL LINDSEY
P O BOX 631565

RETURNED TO SENDER

UNCLAIMED

APPROVED

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

7110 6605 9590 0012 4826

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

Postmark Here

Sent To
LINDA JANE WILLIAMS LIV TR DTD 8/26
Street, Apt. No.; or PO Box No.
802 BAIRD CIRCLE
City, State, Zip+4
AZTEC, NM 87410

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

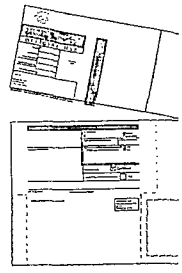
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4826

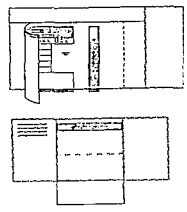
LINDA JANE WILLIAMS LIV TR DTD 8/26
802 BAIRD CIRCLE
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 4826

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4826

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4840

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

Postmark Here

Sent To
LINDA L WHITE
Street, Apt. No.; or PO Box No.
24197 IVES AVE
City, State, Zip+4
GLENWOOD, IA 51534

Code: Allocation Project - D.Howell

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 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

2. Article Number

7110 6605 9590 0012 4840

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

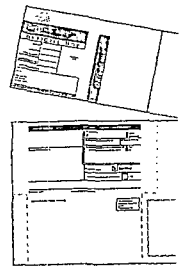
LINDA L WHITE
24197 IVES AVE
GLENWOOD, IA 51534

3. Service Type ☒ Certified

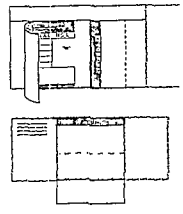
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4840

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda White ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Linda White | C. Date of Delivery 9-1-10

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

1. Article Addressed to:

LINDA L WHITE
24197 IVES AVE
GLENWOOD, IA 51534

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3743

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

Postmark Here

Sent To: LINDA LEE LAYLAND HADLEY
Street, Apt. No.; or PO Box No.: 1207 CRESTVIEW DR
City, State, Zip+4: 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

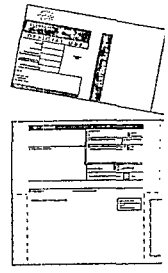
CERTIFIED MAIL™

7110 6605 9590 0013 3743

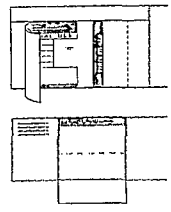
LINDA LEE LAYLAND HADLEY
1207 CRESTVIEW DR
CLEBURNE, TX 76033

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0013 3743

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY
1207 CRESTVIEW DR

CLEBURNE, TX 76033

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3743

COMPLETE THIS SECTION ON DELIVERY

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

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

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

1. Article Addressed to:

LINDA LEE LAYLAND HADLEY
1207 CRESTVIEW DR

CLEBURNE, TX 76033

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 #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 4857

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

Postmark Here

Sent To
LINDA M SMITH
Street, Apt. No.; or PO Box No.
16880 US HWY 550
City, State, Zip+4
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 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[illegible] 01/07

2. Article Number
7110 6605 9590 0012 4857

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

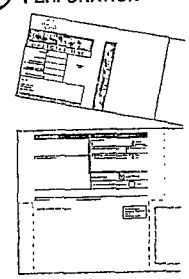
LINDA M SMITH
16880 US HWY 550
AZTEC, NM 87410

3. Service Type ☒ Certified

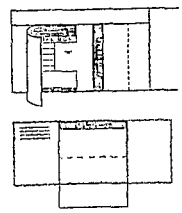
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 4857

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bill Mas ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LINDA M SMITH
16880 US HWY 550
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 4864

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

Postmark Here

Sent To
LINDA MARIE MCCARTNEY
Street, Apt. No.; or PO Box No.
295 LAZY TWO M RANCH
City, State, Zip+4
OLLA, LA 71465

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

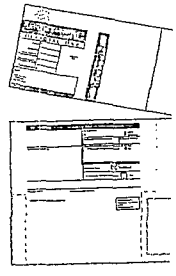
PLACE CERTIFIED MAIL™ LABEL AT RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

7110 6605 9590 0012 4864

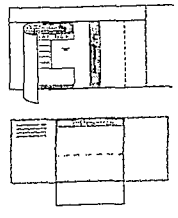
LINDA MARIE MCCARTNEY
295 LAZY TWO M RANCH
OLLA, LA 71465

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 4864

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
LINDA MARIE MCCARTNEY
295 LAZY TWO M RANCH
OLLA, LA 71465

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 4864

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda M McCartney ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
LINDA MARIE MCCARTNEY
295 LAZY TWO M RANCH
OLLA, LA 71465

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 4871

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

Postmark Here

Sent To
LINDA MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL™

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

7110 6605 9590 0012 4871

LINDA MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

Batch #: 2193
Article #: 71106605959000124871
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

2. Article Number
7110 6605 9590 0012 4871

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

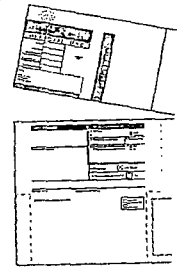
LINDA MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

3. Service Type ☒ Certified

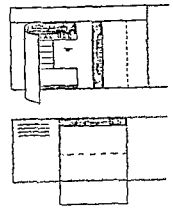
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 4871

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X LMC ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) LMC | C. Date of Delivery 8/31/10

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

1. Article Addressed to:

LINDA MARTINEZ
6822 TIMBERHILL
SAN ANTONIO, TX 78238

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

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7110 6605 9590 0012 4888

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

Postmark Here

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

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

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

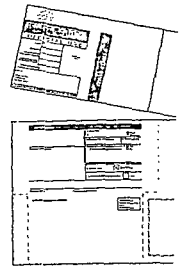
LINDA STROBEL LIFE TENANT
12872 GLEN CIRCLE RD
POWAY, CA 92064

3. Service Type ☒ Certified

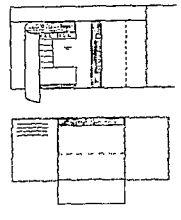
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4888

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000124888
Date/Time: 8/31/2010 12:27:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 4895

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

Postmark Here

Sent To
LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 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 #:

Reorder Form LCD-81 01/07

2. Article Number
7110 6605 9590 0012 4895

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

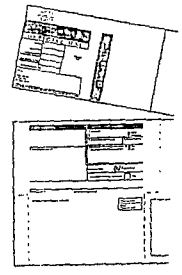
LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001

3. Service Type ☒ Certified

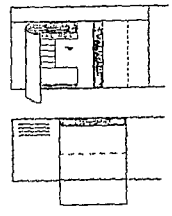
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 4895

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara McMay ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LINDALE RESOURCES LLC
1472 LIL BEN TRL
FLAGSTAFF, AZ 86001

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 4901

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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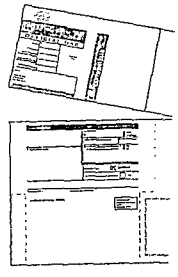
7110 6605 9590 0012 4901

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 #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
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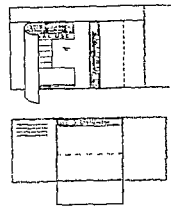
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B Scheel ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

3

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

San Juan Busin nit
PO Box 4289
Farmington NM 87499-4289

CERTIFIED MAIL™

UNITED STATES PO
02 1R
0006557
MAILED FF

ConocoPhillips

7110 6605 9590 0012 4918

REASON CHECKED
Moved, Left No Address
Forwarding Order Expired
No Mail Receptacle
Attempted - Not Known
Unclaimed
No Such Street
Insufficient Address
To Forward
Refused
No Such Number

9/4/10
2711

NV
913

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

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 4918

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 4918

LISA BRIGHTBILL
15367 MATURIN 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-[illegible] rev. 01/07

2. Article Number
7110 6605 9590 0012 4918

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

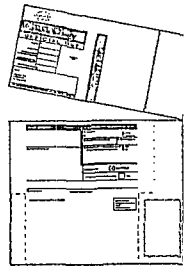
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

PS Form 3811 **Domestic Return Receipt**

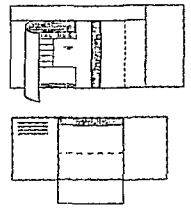
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



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



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 #:

3 FOLD HERE

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

7110 6605 9590 0012 4925

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

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

LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

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

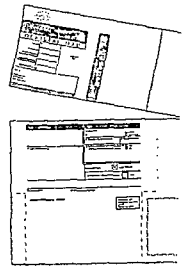
CERTIFIED MAIL™

7110 6605 9590 0012 4925

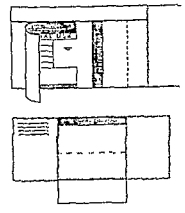
LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

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

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 Number

7110 6605 9590 0012 4925

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article

7110 6605 9590 0012 4925

A LORA ALVERSON BENTLEY ☐ Addressee

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

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

1. Article Addressed to:

LORA ALVERSON BENTLEY
32536 HILL ST
EUSTIS, FL 32736

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

EUSTIS SEP 09 2010 USPS

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 ...LIFT HERE

PS Form 3811 — Domestic Return Receipt

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

7110 6605 9590 0012 4932

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

Postmark Here

Sent To
LORIE GORDON
Street, Apt. No.; or PO Box No.
7 STERLING AVE
City, State, Zip+4
CHERRY HILLS VILLAGE, CO 80113

Code: Allocation Project - D.Howell

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 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 #:

2. Article Number

7110 6605 9590 0012 4932

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LORIE GORDON
7 STERLING AVE
CHERRY HILLS VILLAGE, CO 80113

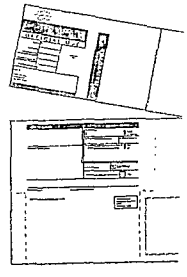
3. Service Type ☒ Certified

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

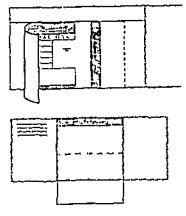
Code: Allocation Project - D.Howell

Reorder Form LCD-811 Rev. 01/07

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 4932

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LORIE GORDON
7 STERLING AVE
CHERRY HILLS VILLAGE, CO 80113

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

3 LIFT HERE

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7110 6605 9590 0012 4949

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

Postmark Here

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City, State, Zip+4

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

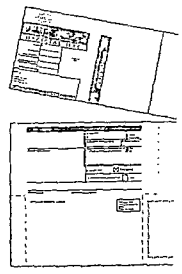
CERTIFIED MAIL™

7110 6605 9590 0012 4949

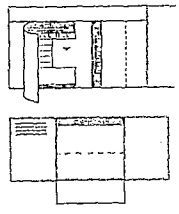
LORNA R HARVEY
2948 N VIEW DR
GRAND JUNCTION, CO 81504

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

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[illegible] 01/07

2. Article Number

7110 6605 9590 0012 4949

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4949

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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For delivery information visit our website at www.usps.com
7110 6605 9590 0012 4956

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

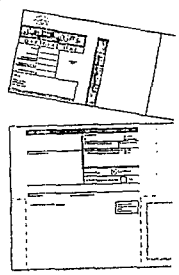
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4956

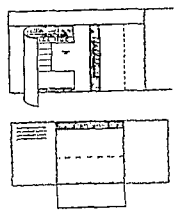
LORRAYN GAY HACKER
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-81 , 01/07

2. Article Number

7110 6605 9590 0012 4956

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4956

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[signature]* ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 4963

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

Postmark Here

Sent To
LORRINE G LUCERO
Street, Apt. No.; or PO Box No.
4890 PRADERA ST
City, State, Zip+4
SPARKS, NV 89436

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

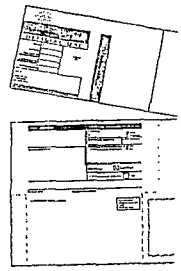
LORRINE G LUCERO
4890 PRADERA ST
SPARKS, NV 89436

3. Service Type ☒ Certified

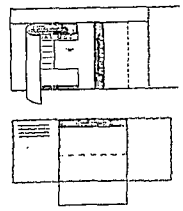
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 4963

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X T. Allzmiedi ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LORRINE G LUCERO
4890 PRADERA ST
SPARKS, NV 89436

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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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7110 6605 9590 0012 4970

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

Postmark Here

Sent To
LOU ANN PATTERSON
Street, Apt. No.; or PO Box No.
1807 BRISCOE
City, State, Zip+4
ARTESIA, NM 88210-2223

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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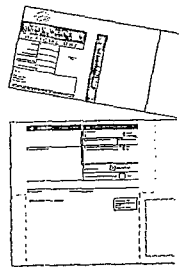
7110 6605 9590 0012 4970

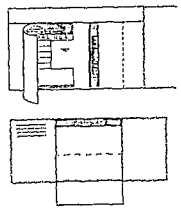
LOU ANN PATTERSON
1807 BRISCOE
ARTESIA, NM 88210-2223

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4970

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LOU ANN PATTERSON
1807 BRISCOE
ARTESIA, NM 88210-2223

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

P

2. Article Number

7110 6605 9590 0012 4970

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tracy Patterson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Tracy Patterson | C. Date of Delivery 9-2

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

1. Article Addressed to:

LOU ANN PATTERSON
1807 BRISCOE
ARTESIA, NM 88210-2223

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000124970
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 4987

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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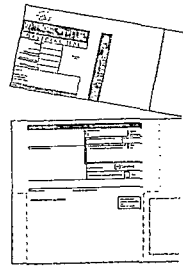
7110 6605 9590 0012 4987

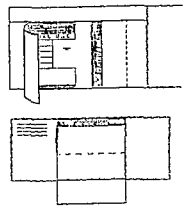
LOUIS M CUMMINS
JANNA LONGENETTE, CONSERVATOR
13151 ST HIGHWAY 140
HESPERUS, CO 81326

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 4987

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4987

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janna Longenette ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000124987
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 4994

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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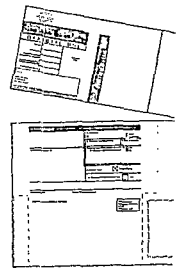
7110 6605 9590 0012 4994

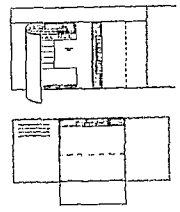
LOWE ROYALTY PARTNERS LP
P O BOX 4887 DEPT 4
HOUSTON, TX 77210-4887

Batch #: 2193
Article #: 71106605959000124994
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 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
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 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
X Dorothy M. Lowe ☐ Agent ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 5007

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

Postmark Here

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

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

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

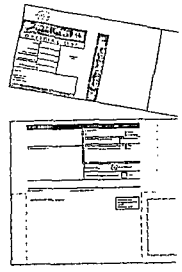
CERTIFIED MAIL™

7110 6605 9590 0012 5007

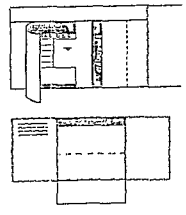
LOWELL M PARRISH JR
P O BOX 1922
FARMINGTON, NM 87499

Batch #: 2193
Article #: 71106605959000125007
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6, 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
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 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
X Lowell Parrish ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lowell Parrish | C. Date of Delivery 9-2-10

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

FARMINGTON NM 87401 SEP 2 2010 USPS

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 5014

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

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

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

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

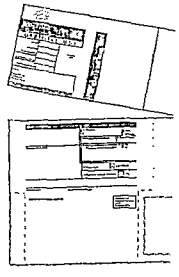
CERTIFIED MAIL™

7110 6605 9590 0012 5014

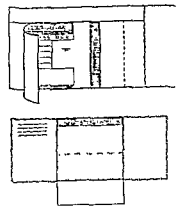
LUCIA ANN RAWSON BRANDT
3734 WICKERSHAM LN
HOUSTON, TX 77027-4014

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 5014

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 5014

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L Brandt ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

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7110 6605 9590 0012 5069

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

Postmark Here

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

LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

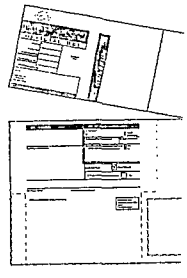
CERTIFIED MAIL™

7110 6605 9590 0012 5069

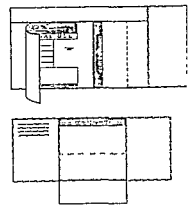
LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carlos Gonzales ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LUSELLA GONZALES
#17 CR 3004
AZTEC, NM 87410

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

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7110 6605 9590 0012 5021

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

Postmark Here

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

LUCILLE MILLER
6530 HOPEDALE CT
SAN DIEGO, CA 92120

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

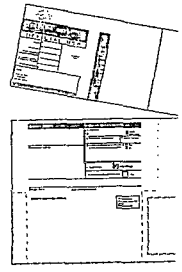
CERTIFIED MAIL™

7110 6605 9590 0012 5021

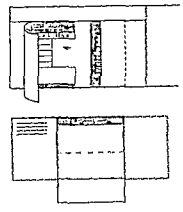
LUCILLE MILLER
6530 HOPEDALE CT
SAN DIEGO, CA 92120

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LUCILLE MILLER
6530 HOPEDALE CT
SAN DIEGO, CA 92120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lucille A Miller ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

LUCILLE MILLER
6530 HOPEDALE CT
SAN DIEGO, CA 92120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 5038

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

Postmark Here

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

LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

SUGGESTED METHOD OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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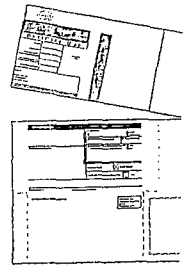
7110 6605 9590 0012 5038

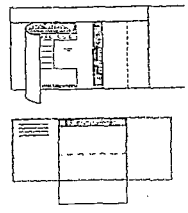
LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5038

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5038

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

LUCINDA DAVENPORT
2750 PARMAN RD
DANSVILLE, MI 48819

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 5045

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

Postmark Here

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

LUCY W JAMES
6464 S DOWNING
LITTLETON, CO 80121

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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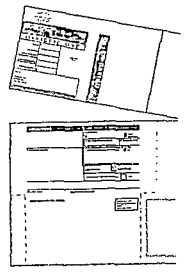
7110 6605 9590 0012 5045

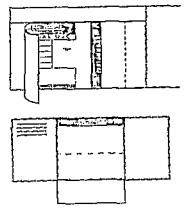
LUCY W JAMES
6464 S DOWNING
LITTLETON, CO 80121

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5045

1. Article Addressed to:

LUCY W JAMES
6464 S DOWNING
LITTLETON, CO 80121

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 5045

1. Article Addressed to:

LUCY W JAMES
6464 S DOWNING
LITTLETON, CO 80121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John F. James ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) John F. James | 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

Batch #: 2193
Article #: 71106605959000125045
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 5052

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

Postmark Here

Sent To
LUELLEN AGEE
Street, Apt. No.; or PO Box No.
407 LEAFLAND
City, State, Zip+4
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 THE RETURN ADDRESS, FOLD AT DOTTED LINE

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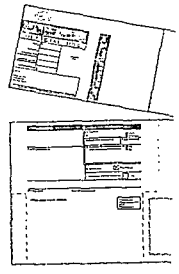
7110 6605 9590 0012 5052

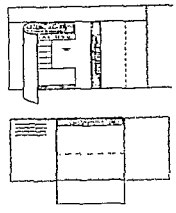
LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5052

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5052

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X LuEllen Agee ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

CENTRALIA IL 62801 SEP 11 2010 USPS

LUELLEN AGEE
407 LEAFLAND
CENTRALIA, IL 62801

LuEllen Agee
BY - DAVE AGEE

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0012 5076

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

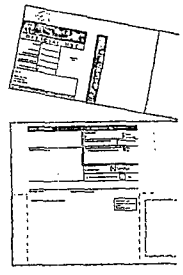
CERTIFIED MAIL™

7110 6605 9590 0012 5076

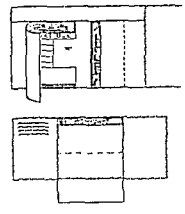
LYNDA C BLANCETT IRREVOC MARITAL TR
278 COUNTY ROAD 3000
AZTEC, NM 87410

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 5076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 03 2010

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

PS Form 3811 **Domestic Return Receipt**

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

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

LYNDA WILSON
1119 N 9TH
TEMPLE, TX 76501

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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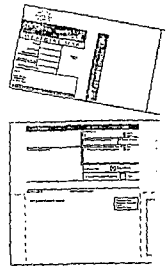
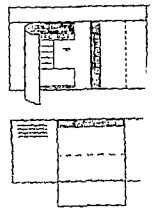
LYNDA WILSON
1119 N 9TH
TEMPLE, TX 76501

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 5083

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

LYNDA WILSON
1119 N 9TH
TEMPLE, TX 76501

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5083

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

LYNDA WILSON
1119 N 9TH
TEMPLE, TX 76501

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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

Postmark Here

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

LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

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

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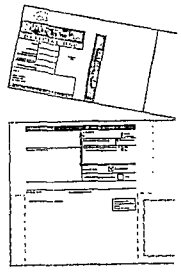
7110 6605 9590 0012 5090

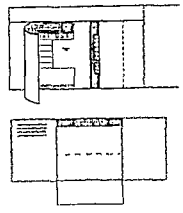
LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 5090

1. Article Addressed to:

LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

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 5090

1. Article Addressed to:

LYNN E DESPER
380 LOS RANCHOS RD
ALBUQUERQUE, NM 87107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Lynn Desper 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

Batch #: 2193
Article #: 71106605959000125090
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
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7110 6605 9590 0012 5106

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 5106

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Lynn M Shaw* ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) *Lynn M Shaw* C. Date of Delivery *9/1*

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

KALISPELL MT 599 SEP 1 2010 USPS

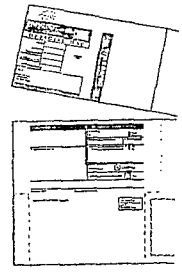
3. Service Type ☒ Certified

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

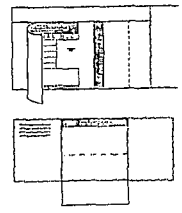
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

1 SEPARATE AT PERFORATION



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



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Internal Code #:

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