



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

7110 6605 9590 0012 5113

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

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

PS Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5113

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5113	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: M ROBERT THOMPSON 15 IVY STREET DENVER, CO 80220-5844 Code: Allocation Project - D.Howell	

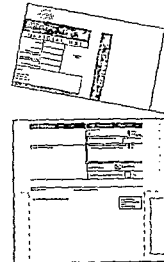
PS Form 3811

2. Article Number 7110 6605 9590 0012 5113	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: M ROBERT THOMPSON 15 IVY STREET DENVER, CO 80220-5844 Code: Allocation Project - D.Howell	

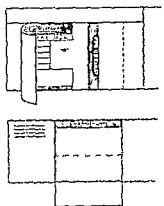
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
Information visit our Website at www.usps.com

7110 6605 9590 0012 5120

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

Code: Allocation Project - D.Howell

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

M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

PS Form 3800, August 2008 See Reverse for Instructions



7110 6605 9590 0012 5120

M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Batch #: 2193
Article #: 71106605959000125120
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

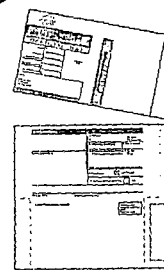
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5120	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
M SEAN SMITH C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON, TX 77002	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

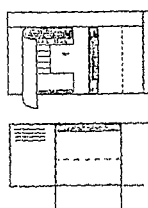
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5120	A. Signature X <i>Stacy Triplett</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Stacy Triplett</i>	C. Date of Delivery <i>9-7-10</i>
M SEAN SMITH C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON, TX 77002	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 BACK! PLACE LABEL AT TOP OF THE RETURN ADDRESS



Batch #: 2193
Article #: 71106605959000125120
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:

3





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

7110 6605 9590 0013 3750

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

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

M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3750

M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 3750

1. Article Addressed to:

M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

COMPLETE THIS SECTION ON DELIVERY

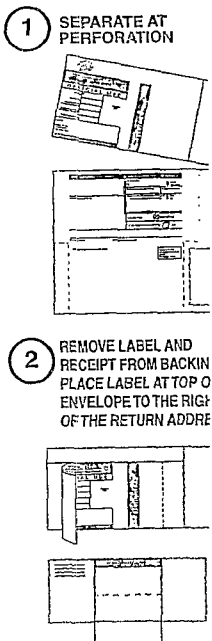
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 3750

1. Article Addressed to:

M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5137

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

Code: Allocation Project - D.Howell

sent To

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

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 5137

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

Batch #: 2193
Article #: 71106605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 5137	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MABEL GLENN HAM REVOC TRUST C/O KATHLYN NORA BLACK, TRUSTEE PO BOX 15040 SANTA FE, NM 87506	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5137	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kathy Black</i> B. Received by (Printed Name) <i>KARY BLACK</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MABEL GLENN HAM REVOC TRUST C/O KATHLYN NORA BLACK, TRUSTEE PO BOX 15040 SANTA FE, NM 87506	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

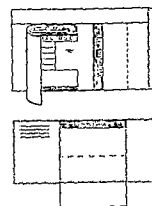
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:

1. LIFT HERE



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

7110 6605 9590 0012 5144

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

MABEL OTSTOT & COMPANY
 2420 W 107TH DR
 WESTMINSTER, CO 80234-3160

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5144

MABEL OTSTOT & COMPANY
 2420 W 107TH DR
 WESTMINSTER, CO 80234-3160

Batch #: 2193
 Article #: 71106605959000125144
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

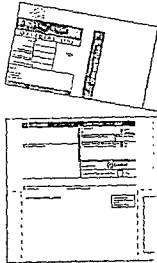
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5144		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MABEL OTSTOT & COMPANY 2420 W 107TH DR WESTMINSTER, CO 80234-3160		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

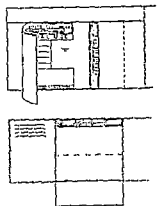
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5144		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MABEL OTSTOT & COMPANY 2420 W 107TH DR WESTMINSTER, CO 80234-3160		D. Is delivery address different from item 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 BACK. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



Batch #: 2193
 Article #: 71106605959000125144
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:

3



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Postage and Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 5151

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

Post To
MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5151

MABELLE H SOWERS
5026 AUGUSTA CIR
COLLEGE STATION, TX 77845-8983

Batch #: 2193
Article #: 71106605959000125151
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 5151	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MABELLE H SOWERS 5026 AUGUSTA CIR COLLEGE STATION, TX 77845-8983	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

PS Form 3811

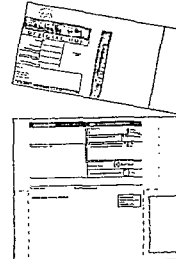
Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5151	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MABELLE H SOWERS 5026 AUGUSTA CIR COLLEGE STATION, TX 77845-8983	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

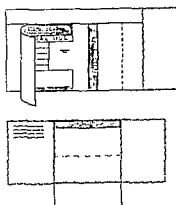
PS Form 3811

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



Batch #: 2193
Article #: 71106605959000125151
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIST HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information visit our website at www.usps.com

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

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

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5168

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

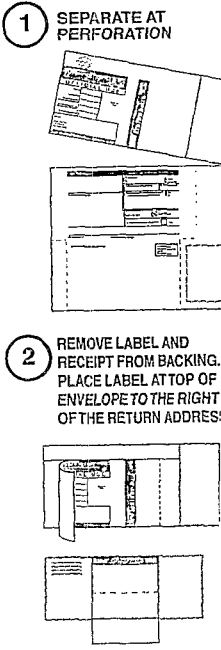
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5168	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MACK H WOOLDRIDGE PO BOX 3217 ALBANY, TX 76430	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5168	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MACK H WOOLDRIDGE PO BOX 3217 ALBANY, TX 76430	KEN LAWRENCE 9-4-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

APPROVED

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

7110 6605 9590 0012 5175

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

sent To

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

MACLONDON ENERGY LP
 PO BOX 14230
 ODESSA, TX 79768

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5175

MACLONDON ENERGY LP
 PO BOX 14230
 ODESSA, TX 79768

Batch #: 2193
 Article #: 71106605959000125175
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0012 5175

1. Article Addressed to:

MACLONDON ENERGY LP
 PO BOX 14230
 ODESSA, TX 79768

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

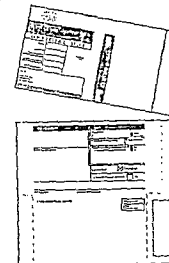
3. Service Type

☒ Certified

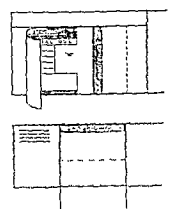
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5175

1. Article Addressed to:

MACLONDON ENERGY LP
 PO BOX 14230
 ODESSA, TX 79768

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Erica Rodriguez

C. Date of Delivery

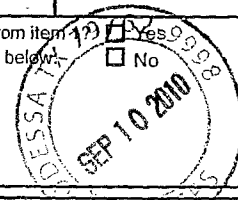
D. Is delivery address different from item 1? ☐ Yes
 If YES enter delivery address below: ☒ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes



Batch #: 2193
 Article #: 71106605959000125175
 Date/Time: 8/31/2010 12:27:43 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3



7110 6605 9590 0013 3040

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

sent To
MADALYN JOY JOHNSON
PO BOX 7371
TAHOE CITY, CA 96145

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3040

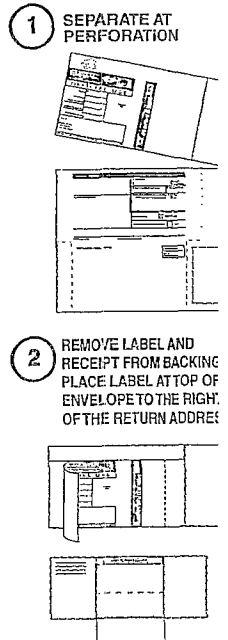
MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

Batch #: 2269
Article #: 71106605959000133040
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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3040	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MADALYN JOY JOHNSON PO BOX 7371 TAHOE CITY, CA 96145	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3040	A. Signature X <i>M. Johnson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MADALYN JOY JOHNSON PO BOX 7371 TAHOE CITY, CA 96145	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>Madalyn Joy Johnson</i>
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3057

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

sent To **MAE GERSBACH**
52 RD 6050
Farmington, NM 87401

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 3057

MAE GERSBACH
52 RD 6050
FARMINGTON, NM 87401

Batch #: 2269
Article #: 71106605959000133057
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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3057		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
MAE GERSBACH 52 RD 6050 FARMINGTON, NM 87401		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2269
Article #: 71106605959000133057
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



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

7110 6605 9590 0013 3064

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

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

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

Form 3800, August 2006 See Reverse for Instructions

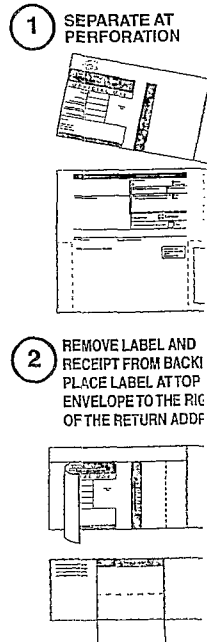


7110 6605 9590 0013 3064

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

Batch #: 2269
Article #: 71106605959000133064
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3064	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAHONEY HOLDINGS LLC 7675 W 14TH AVE STE #102 LAKEWOOD, CO 80214	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3064	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAHONEY HOLDINGS LLC 7675 W 14TH AVE STE #102 LAKEWOOD, CO 80214	T-J. INFANTINO 09/17/2010
	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 #: 71106605959000133064
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 3767

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

ent To
MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN

street, Apt. No.,
or PO Box No.
City, State, Zip+4
DALLAS, TX 75252

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3767

MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN
DALLAS, TX 75252

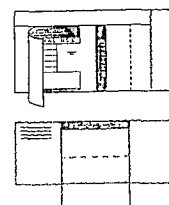
Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3767	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MALCOLM EDWARD SMITH JR 6720 SUMMER MEADOW LN DALLAS, TX 75252	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION

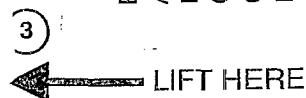


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3767	A. Signature X <i>James Smith</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MALCOLM EDWARD SMITH JR 6720 SUMMER MEADOW LN DALLAS, TX 75252	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5182

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

Post To

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

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

PS Form 3800, August 2005 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



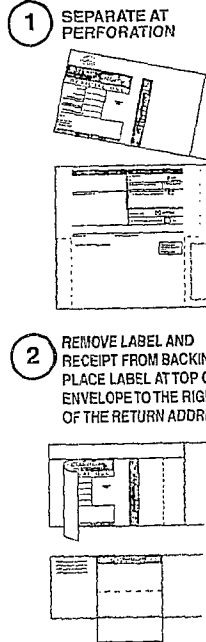
7110 6605 9590 0012 5182

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

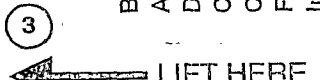
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 5182	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 5182	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
--	---

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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

7110 6605 9590 0012 5199

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

sent To

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

MANSFIELD FAMILY 2001 REV TR
2615 EVERETT DR
RENO, NV 89503

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5199

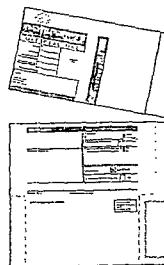
MANSFIELD FAMILY 2001 REV TR
2615 EVERETT DR
RENO, NV 89503

Batch #: 2193
Article #: 71106605959000125199
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

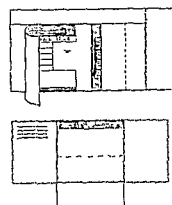
Reorder Form LCP rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5199	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MANSFIELD FAMILY 2001 REV TR 2615 EVERETT DR RENO, NV 89503	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



PS Form 3811 Domestic Return Receipt

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5199	A. Signature <i>BEN MANSFIELD</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>BEN MANSFIELD</i> SEP 4 2010
MANSFIELD FAMILY 2001 REV TR 2615 EVERETT DR RENO, NV 89503	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125199
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 5205

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

ant To

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

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5205

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5205	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MANUEL A FERRAN 435 AMHERST NE ALBUQUERQUE, NM 87106	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

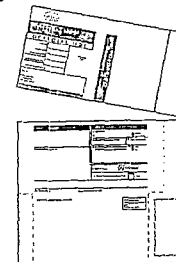
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5205	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 8/31/10
MANUEL A FERRAN 435 AMHERST NE ALBUQUERQUE, NM 87106	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

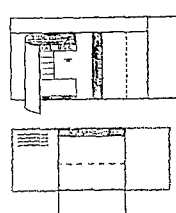
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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

7110 6605 9590 0013 3774

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

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

MANUEL F MARTINEZ JR
992 S BROADWAY
TRUTH OR CONSEQUENCE, NM 87901

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3774

MANUEL F MARTINEZ JR
992 S BROADWAY

TRUTH OR CONSEQUENCE, NM 87901

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3774	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MANUEL F MARTINEZ JR 992 S BROADWAY TRUTH OR CONSEQUENCE, NM 87901	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

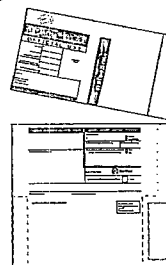
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

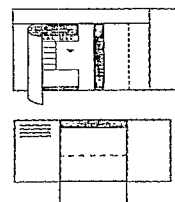
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 5212

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

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5212

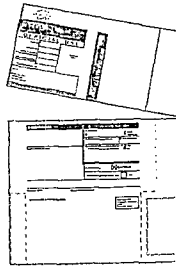
MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

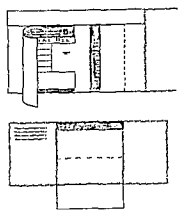
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5212	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MANUEL S & BERNADETTE GOMEZ LIV TR P O BOX 455 DULCE, NM 87528	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5212	A. Signature X Estella ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-2-10
MANUEL S & BERNADETTE GOMEZ LIV TR P O BOX 455 DULCE, NM 87528	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 5236

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

ent To

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

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5236

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5236

1. Article Addressed to:

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

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

PS Form 3811

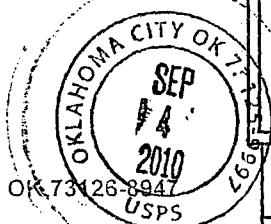
Domestic Return Receipt

2. Article Number

7110 6605 9590 0012 5236

1. Article Addressed to:

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947



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

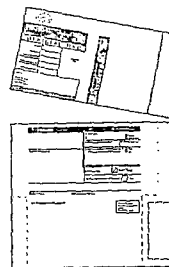
4. Restricted Delivery? (Extra Fee)

☐ Yes

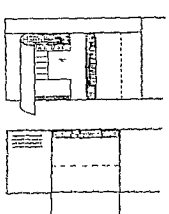
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

LEFT HERE



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

7110 6605 9590 0012 5229

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

sent To

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

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

PS Form 3811, August 2006 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5229

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5229	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MAP 92 96 MGD PO BOX 268984 OKLAHOMA CITY, OK 73126-8984	
Code: Allocation Project - D.Howell	

PS Form 3811

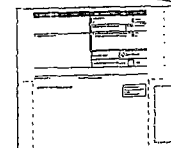
Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5229	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MAP 92 96 MGD PO BOX 268984 OKLAHOMA CITY, OK 73126-8984	
Code: Allocation Project - D.Howell	

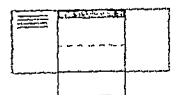
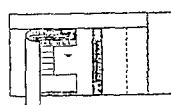
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
7110 6605 9590 0012 5243

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	

MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5243

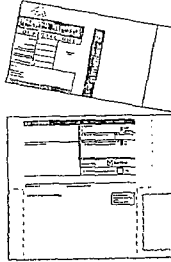
MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Batch #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

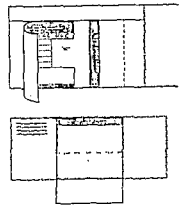
Reorder Form LCD 10-01 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5243	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAP K&W OK C/O MINERAL ACQUISITION PRTRNS PO BOX 269031 OKLAHOMA CITY, OK 73126-9031	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

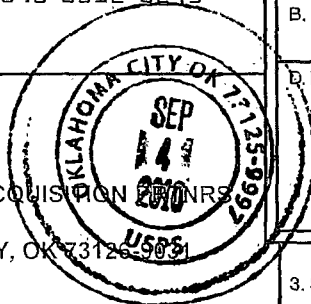
1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5243	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAP K&W OK C/O MINERAL ACQUISITION PRTRNS PO BOX 269031 OKLAHOMA CITY, OK 73126-9031	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
For Mail Only; No Insurance Coverage Provided
7110 6605 9590 0012 5250

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	

MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



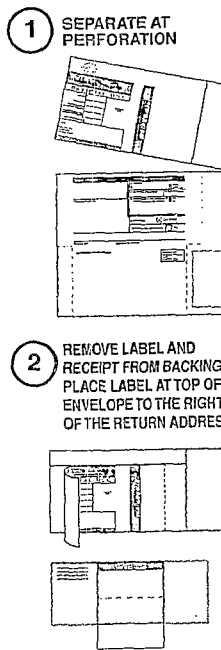
7110 6605 9590 0012 5250

MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

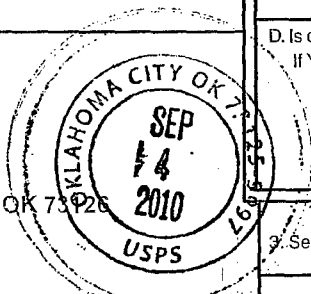
Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5250	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MAP2001-NET PO BOX 268988 OKLAHOMA CITY, OK 73126 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5250	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MAP2001-NET PO BOX 268988 OKLAHOMA CITY, OK 73126 Code: Allocation Project - D.Howell	



Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information Visit our website at www.usps.com
7110 6605 9590 0012 5274

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	

MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

sent To

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5274

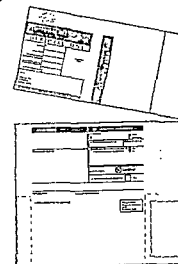
MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

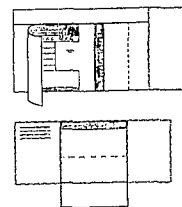
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5274	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAR OIL & GAS CORPORATION ATTN M A ROMERO PO BOX 5155 SANTA FE, NM 87502	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5274	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAR OIL & GAS CORPORATION ATTN M A ROMERO PO BOX 5155 SANTA FE, NM 87502	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 5281

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	

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

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5281

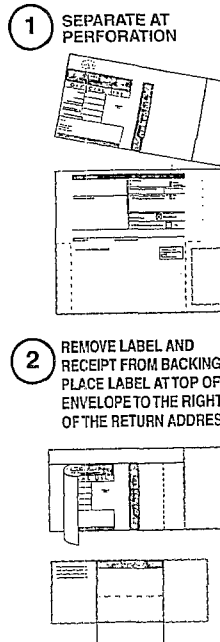
MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5281	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARALEX RESOURCES INC PO BOX 338 IGNACIO, CO 81137 Code: Allocation Project - D.Howell	

PS Form 3811



2. Article Number 7110 6605 9590 0012 5281	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Joe C. Herrera</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery JOE C. HERRERA 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARALEX RESOURCES INC PO BOX 338 IGNACIO, CO 81137 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0013 3071

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

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

MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745
HOBBS, NM 88241

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3071

MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745

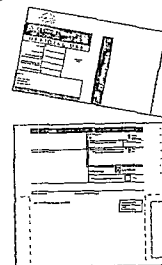
HOBBS, NM 88241

Batch #: 2269
Article #: 71106605959000133071
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

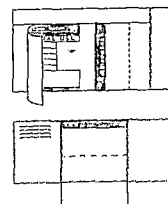
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3071	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARCIA L BERGER EDUCATIONAL FOUNDAT PO BOX 745 HOBBS, NM 88241	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3071	A. Signature X <i>Larry Scott</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARCIA L BERGER EDUCATIONAL FOUNDAT PO BOX 745 HOBBS, NM 88241	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 #: 71106605959000133071
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
PS Form 3811, August 2006
7110 6605 9590 0012 5298

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	

1. Article Addressed to:
MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



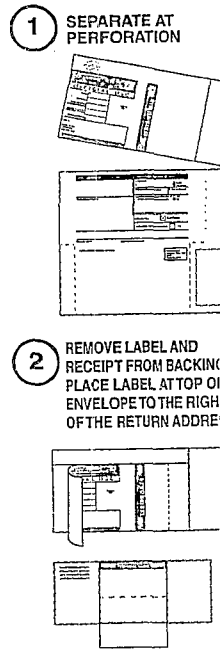
7110 6605 9590 0012 5298

MARCIA BERGER ESTATE
C/O PETRO ASSET MANAGENT LLC
PO BOX 745
HOBBS, NM 88241

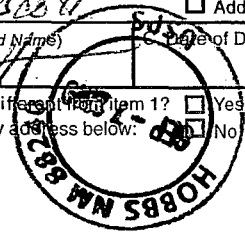
Batch #: 2193
Article #: 71106605959000125298
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC-100 R rev. 01/07

2. Article Number 7110 6605 9590 0012 5298	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARCIA BERGER ESTATE C/O PETRO ASSET MANAGENT LLC PO BOX 745 HOBBS, NM 88241 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5298	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Harry Scott</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARCIA BERGER ESTATE C/O PETRO ASSET MANAGENT LLC PO BOX 745 HOBBS, NM 88241 Code: Allocation Project - D.Howell	



Batch #: 2193
Article #: 71106605959000125298
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

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

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

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5304

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

Batch #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 5304	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET A KEARNS TRUST 1440 OSPREY AVE NAPLES, FL 34102-3464 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



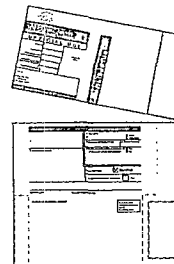
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

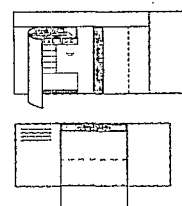
Batch #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 5328

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	

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

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

PS Form 3800, August 2006, V. 1. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5328

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC-100 R rev. 01/07

2. Article Number 7110 6605 9590 0012 5328	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET ALLINSON LAYCOCK 2003 LOST CREEK BLVD AUSTIN, TX 78746 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

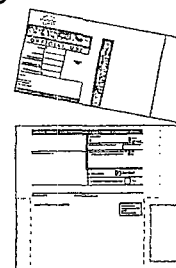
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

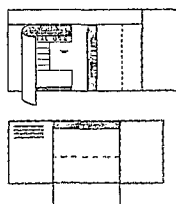
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 5311

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

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5311

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number 7110 6605 9590 0012 5311	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET A MOMSEN 3135 47TH ST PHOENIX, AZ 85018 Code: Allocation Project - D.Howell	

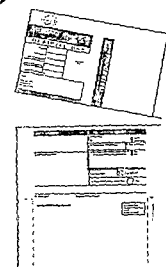
PS Form 3811

Domestic Return Receipt

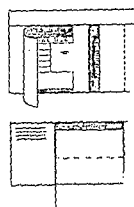
2. Article Number 7110 6605 9590 0012 5311	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No UNCLAIMED 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET A MOMSEN 3135 47TH ST PHOENIX, AZ 85018	

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAG PLACE LABEL ATTACHED TO THE ENVELOPE TO THE OF THE RETURN A



Domestic Return Receipt

11FT HI



US Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery Information Visit Our Website at www.usps.com
7110 6605 9590 0012 5335

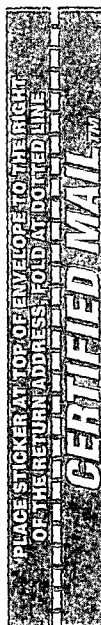
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5335

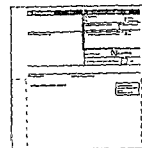
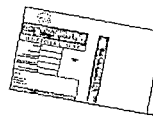
MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

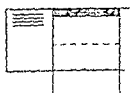
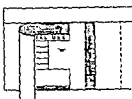
Reorder Form LCD-811 01/07

2. Article Number 7110 6605 9590 0012 5335	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARGARET C BURGESS 7181 E CAMELBACK RD, APT 905 SCOTTSDALE, AZ 85251	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5335	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/4/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARGARET C BURGESS 7181 E CAMELBACK RD, APT 905 SCOTTSDALE, AZ 85251	

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 5342

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	

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

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 5342

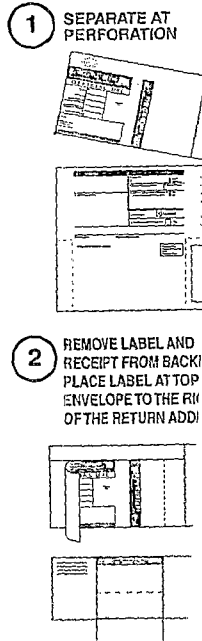
MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number 7110 6605 9590 0012 5342	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET C PARGIN PO BOX 665 TOME, NM 87060 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5342	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Depto D. Pargin 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
1. Article Addressed to: MARGARET C PARGIN PO BOX 665 TOME, NM 87060 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
REGISTERED MAIL™ RECEIPT
Mail Only, No Insurance Coverage Provided
 Delivery information visit our website at www.usps.com
 7110 6605 9590 0012 5359

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	

ent To
 itreet, Apt. No.:
 or PO Box No.
 City, State, Zip+4

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



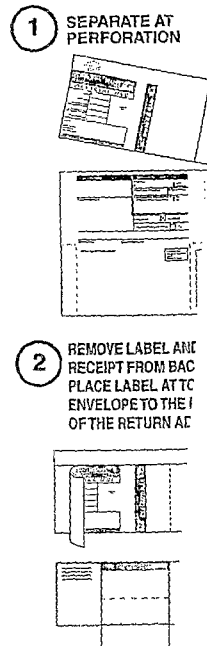
7110 6605 9590 0012 5359

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

Batch #: 2193
 Article #: 71106605959000125359
 Date/Time: 8/31/2010 12:27:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5359	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509		
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5359	A. Signature ☐ Agent X <i>M. Houser-Silva</i> ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509	<i>M. Houser-Silva</i>	9/4/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2193
 Article #: 71106605959000125359
 Date/Time: 8/31/2010 12:27:44 PM
 Code: Allocation Project - D.Howell
 Code2:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
 (Mail Only; No Insurance Coverage Provided)
 Delivery Information Visit our website at www.usps.com

7110 6605 9590 0012 5366

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

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

MARGARET FREDERKING IRREV FAMILY TR
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5366

MARGARET FREDERKING IRREV FAMILY TR
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2193
 Article #: 71106605959000125366
 Date/Time: 8/31/2010 12:27:44 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5366	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET FREDERKING IRREV FAMILY TR PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECEPT FROM BACK PLACE LABEL ATT ENVELOPE TO THE OF THE RETURN A

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5366	A. Signature X	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET FREDERKING IRREV FAMILY TR PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2193
 Article #: 71106605959000125366
 Date/Time: 8/31/2010 12:27:44 PM
 Code: Allocation Project - D.Howell
 Code2:

3



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

7110 6605 9590 0012 5373

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

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

MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

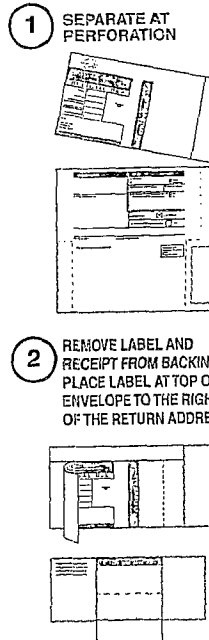


7110 6605 9590 0012 5373

MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5373	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET H. WYGOCKI 721 ROBINS ROAD LANSING, MI 48917	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5373	A. Signature X <i>Betty Wysocki</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET H. WYGOCKI 721 ROBINS ROAD LANSING, MI 48917	<i>Bill Wysocki</i> <i>9-4-10</i>
Code: Allocation Project - D.Howell	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 #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PROVED
MAIL SERVICE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Mail Only; No Insurance Coverage Provided
Delivery information visit our website at www.usps.com
7110 6605 9590 0012 5380

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	

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 5380

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

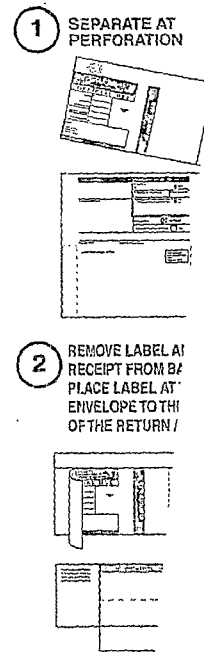
ent To
MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201
Street, Apt. No.,
or PO Box No.
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

Batch #: 2193
Article #: 711066059590000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811H, Rev. 01/07

2. Article Number 7110 6605 9590 0012 5380	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARGARET HUNT HILL AI G HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	



2. Article Number 7110 6605 9590 0012 5380	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARGARET HUNT HILL AI G HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	

Batch #: 2193
Article #: 711066059590000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell



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

7110 6605 9590 0012 5397

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

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Code: Allocation Project - D.Howell



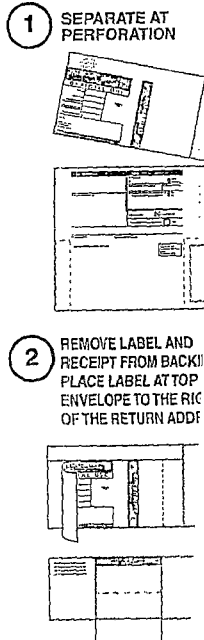
7110 6605 9590 0012 5397

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 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 5397	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET HUNT HILL CODY WIKERT TRUS 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5397	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Patty Salarino</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Patty Salarino</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET HUNT HILL CODY WIKERT TRUS 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	
Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:



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

7110 6605 9590 0012 5441

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

Post To
MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



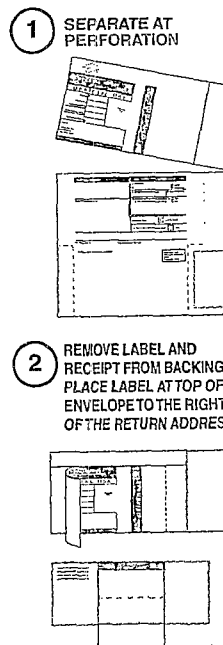
7110 6605 9590 0012 5441

MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number 7110 6605 9590 0012 5441	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 5441	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Colleen Gilbert</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Colleen Gilbert 9.8.10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5403

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	

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

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5403

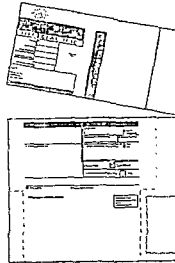
MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

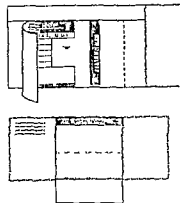
Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5403	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL ELISA HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5403	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL ELISA HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5410

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

sent To

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

MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5410

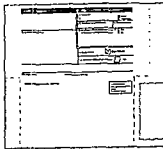
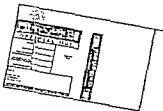
MARGARET HUNT HILL HEATHER HILL TRU
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125410
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

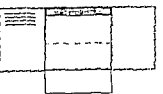
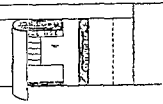
Reorder Form LCD-Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5410	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL HEATHER HILL TRU 1601 ELM, STE 5000 DALLAS, TX 75201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5410	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
MARGARET HUNT HILL HEATHER HILL TRU 1601 ELM, STE 5000 DALLAS, TX 75201	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 #: 2193
Article #: 71106605959000125410
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5427

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

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

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5427

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

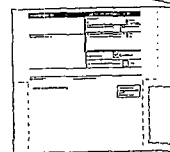
Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

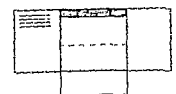
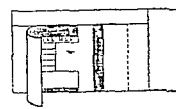
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5427	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL MARGRETTA WIKERT 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5427	A. Signature X <i>Patty Satarino</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL MARGRETTA WIKERT 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	<i>Patty Satarino</i>	
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5434

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

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

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5434

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

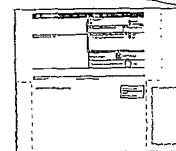
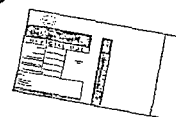
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5434	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL MICHAEL WISENBAK 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

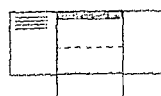
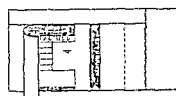
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5434	A. Signature X <i>Patty Satarino</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>PATTY SATARINO 8-8-10</i>
MARGARET HUNT HILL MICHAEL WISENBAK 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	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 SACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3

Batch #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5458

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

Int To

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

MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5458

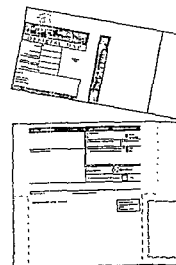
MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

Batch #: 2193
Article #: 71106605959000125458
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

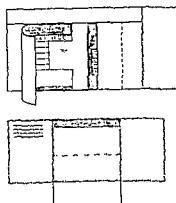
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5458	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARITA L ARCHULETA PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5458	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARITA L ARCHULETA PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125458
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 5465

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

sent To

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

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5465

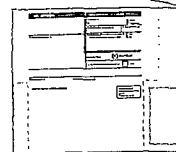
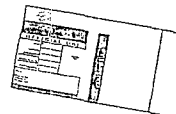
MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code 2:
File #:
Internal File #:
Internal Code #:

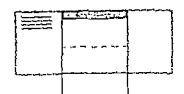
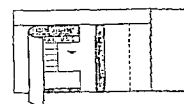
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5465	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARGARITA M. MAESTAS #10 NM HWY 173 AZTEC, NM 87410		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5465	A. Signature X <i>Jenn Maestas</i>	☐ Agent ☒ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARGARITA M. MAESTAS #10 NM HWY 173 AZTEC, NM 87410		
Code: Allocation Project - D.Howell		

Batch #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code 2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3781

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

ent To **MARGUERITE M PLEMONS**
4957 KATHY DR

street, Apt. No.,
r PO Box No.
ity, State, Zip+4
CORPUS CHRISTI, TX 78411

Form 3800, August 2006 See Reverse for Instructions

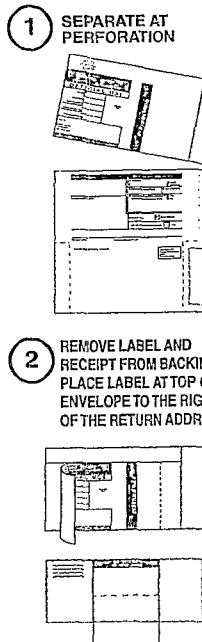
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3781

MARGUERITE M PLEMONS
4957 KATHY DR
CORPUS CHRISTI, TX 78411

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3781	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGUERITE M PLEMONS 4957 KATHY DR CORPUS CHRISTI, TX 78411	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3781	A. Signature X <i>Mplemons</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Jim PLEMONS 9-21-10
MARGUERITE M PLEMONS 4957 KATHY DR CORPUS CHRISTI, TX 78411	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5472

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

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

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5472

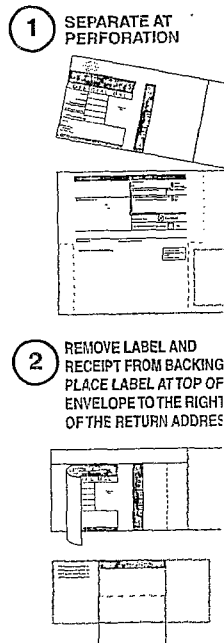
MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5472	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIA DELFINITA GOMEZ CHAVEZ 603 WHITE AVE AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5472	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9.2.2010
MARIA DELFINITA GOMEZ CHAVEZ 603 WHITE AVE AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3088

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

Send To
MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

PS Form 3800, August 2006 See Reverse for Instructions

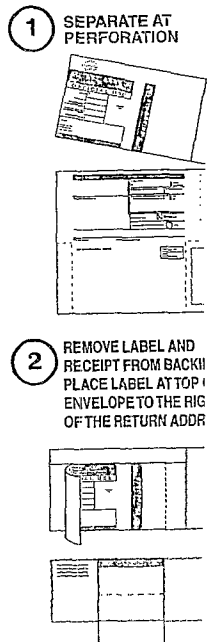
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3088

MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3088	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARIAN F EARP C/O FRANCIS LEE MEYER PO BOX 241 MORRISONVILLE, IL 62546	



2. Article Number 7110 6605 9590 0013 3088	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Francis Lee Meyer</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>FRANCIS LEE MEYER</i> <i>9/18/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARIAN F EARP C/O FRANCIS LEE MEYER PO BOX 241 MORRISONVILLE, IL 62546	

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 3798

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

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

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3798

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3798	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN ISERN TR C DTD 12/31/93 FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



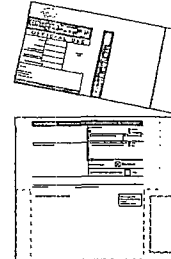
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

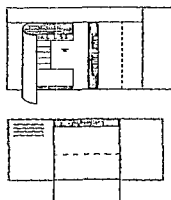
Batch #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 5489

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

ent To

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

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5489

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Batch #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 844R rev. 01/07

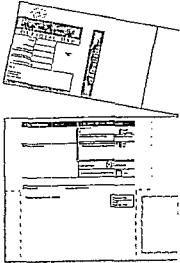
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5489	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN F EARP 1990 IRREVOCABLE TRUS BOX 241 MORRISONVILLE, IL 62546	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

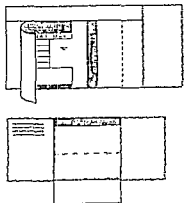
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5489	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN F EARP 1990 IRREVOCABLE TRUS BOX 241 MORRISONVILLE, IL 62546	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5496

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

Postmark Here

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

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5496

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125496
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

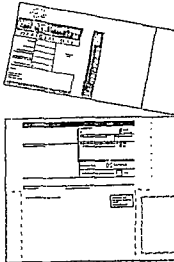
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5496	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN ISERN REVOCABLE TRUST D ATTN MINERAL MGMT DEPT PO BOX 3480 OMAHA, NE 68103-0480	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

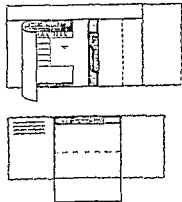
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5496	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN ISERN REVOCABLE TRUST D ATTN MINERAL MGMT DEPT PO BOX 3480 OMAHA, NE 68103-0480	D. Is delivery address different 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



3

Batch #: 2193
Article #: 71106605959000125496
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5502

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

Postage

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

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5502

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-5 rev. 01/07

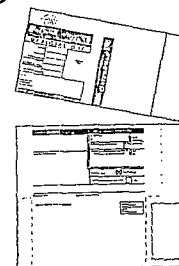
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5502	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIAN ISERN TRUST C C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

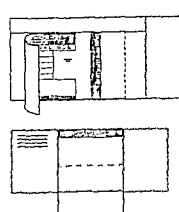
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5502	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Masonbrink</i>	C. Date of Delivery
MARIAN ISERN TRUST C C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480	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



3

Batch #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5519

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

nt To

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

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5519

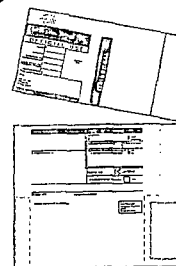
MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Batch #: 2193
Article #: 71106605959000125519
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

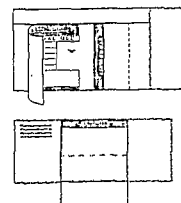
Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5519		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARIAN N HARWELL 112 E PECAN ST, STE 500 SAN ANTONIO, TX 78205		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5519		A. Signature X <i>B. Scheel</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>B. Scheel</i>	C. Date of Delivery <i>9-7-10</i>
MARIAN N HARWELL 112 E PECAN ST, STE 500 SAN ANTONIO, TX 78205		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2193
Article #: 71106605959000125519
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5526

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

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

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



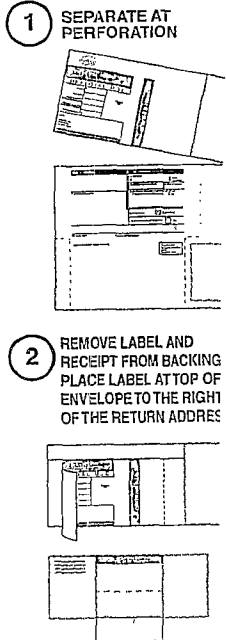
7110 6605 9590 0012 5526

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Batch #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5526	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIE A SCHAEFER 3223 FERNWOOD CT DAVENPORT, IA 52807-2558	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5526	A. Signature X <i>M. Schaefer</i> ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>M. Schaefer</i>	C. Date of Delivery <i>9-4-10</i>
MARIE A SCHAEFER 3223 FERNWOOD CT DAVENPORT, IA 52807-2558	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 #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5533

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	

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

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5533

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

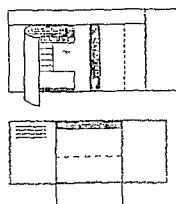
Reorder Form LCD-1 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5533	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: MARIE ARNOLD PO BOX 1893 FARMINGTON, NM 87499	B. 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 5533	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature <i>Marie I. Arnold</i> ☒ Agent ☐ Addressee	
1. Article Addressed to: MARIE ARNOLD PO BOX 1893 FARMINGTON, NM 87499	B. Received by (Printed Name) <i>Marie I. Arnold</i>	C. Date of Delivery <i>9-11-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type		☒ Certified
4. Restricted Delivery? (Extra Fee)		☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5540

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

ent To

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

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5540

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5540	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIE C MORGAN 16037 LEDGE ROCK DRIVE PARKER, CO 80134	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

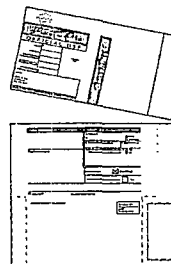
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

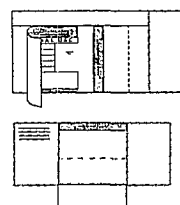
3

← LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 5557

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

sent To

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

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5557

MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

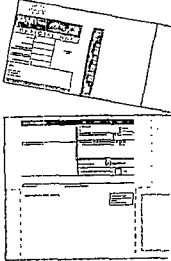
Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

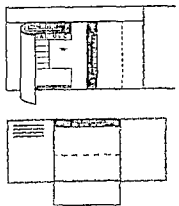
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5557	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIE R RABB TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5557	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIE R RABB TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5564

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

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5564

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

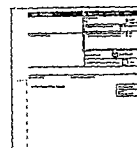
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5564	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN A MCGEE PO BOX 127 LAKE HILL, NY 12448	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

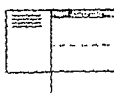
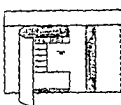
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5564	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) BILL HILL	C. Date of Delivery 9/10/10
MARILYN A MCGEE PO BOX 127 LAKE HILL, NY 12448	D. Is delivery address different from item 1? ☐ 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 BACK OF ENVELOPE TO THE TOP OF THE RETURN ADDRESS



Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PROVED

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

7110 6605 9590 0012 5571

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

Sent To

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

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

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 5571

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 10/01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5571		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARILYN BERG 7947 LAKE CAYUGA DR SAN DIEGO, CA 92119		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION

2 REMOVE LABEL / RECEIPT FROM ENVELOPE & PLACE LABEL AT ENVELOPE TO THE RETURN

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5571		A. Signature X <i>Robert Berg</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) ROBERT BERG	C. Date of Delivery 9-4-2010
MARILYN BERG 7947 LAKE CAYUGA DR SAN DIEGO, CA 92119		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell

3

LIFT



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

7110 6605 9590 0012 5588

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

ent To

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

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5588

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

Batch #: 2193
Article #: 71106605959000125588
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal Code #:

Reorder Form LCD-811 01/07

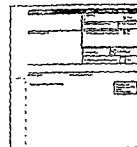
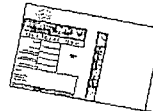
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5588	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN DAVENPORT 1438 SUE BARNETT DR HOUSTON, TX 77018	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

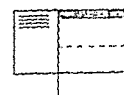
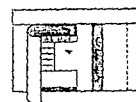
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5588	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN DAVENPORT 1438 SUE BARNETT DR HOUSTON, TX 77018	D. Is delivery address different from item 1? ☐ Yes If YES 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 BAC PLACE LABEL AT TC ENVELOPE TO THE OF THE RETURN AT



3

Batch #: 2193
Article #: 71106605959000125588
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:



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

7110 6605 9590 0012 5595

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

sent To

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

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

Code: Allocation Project - D.Howell



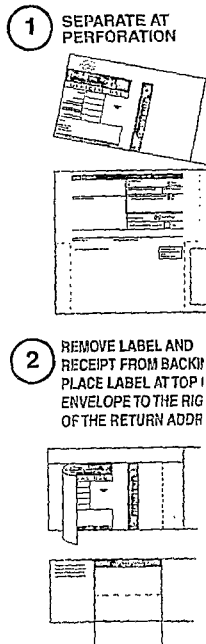
7110 6605 9590 0012 5595

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

Batch #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5595	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN F MENASCO REV TR DTD 10 25 7714 STUEBEN WAY STOCKTON, CA 95207	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5595	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN F MENASCO REV TR DTD 10 25 7714 STUEBEN WAY STOCKTON, CA 95207	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 #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0012 5601

Postage	\$		Postmark Here
	\$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	

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

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5601

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

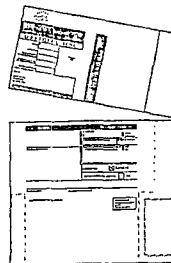
2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5601	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN L HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

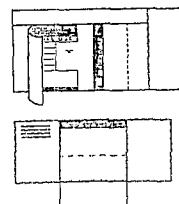
2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5601	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARILYN L HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059	D. Is delivery address different from item 1? ☐ Yes If YES 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



3

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3811

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

ent To
MARK A SCHAUER
PO BOX 620126
LITTLETON, CO 80162

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

Form 3800, August 2006 See Reverse for Instructions

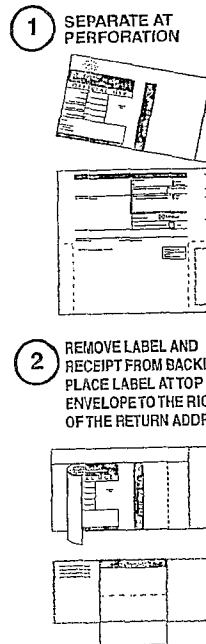
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL™

7110 6605 9590 0013 3811

MARK A SCHAUER
PO BOX 620126
LITTLETON, CO 80162

Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3811	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARK A SCHAUER PO BOX 620126 LITTLETON, CO 80162	



2. Article Number 7110 6605 9590 0013 3811	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery MARK A SCHAUER 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
1. Article Addressed to: MARK A SCHAUER PO BOX 620126 LITTLETON, CO 80162	

Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 3095

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

ent To
MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0013 3095

MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3095

1. Article Addressed to:

MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7110 6605 9590 0013 3095

1. Article Addressed to:

MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

MARK MEADE

C. Date of Delivery

9-30-10

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☒ No

3. Service Type

☒ Certified

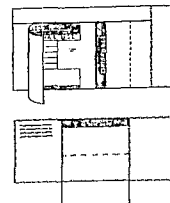
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5618

Postage	\$		Postmark Here
Certified Fee		\$1-05	
Return Receipt Fee (endorsement Required)		\$2-80	
Restricted Delivery Fee (endorsement Required)		\$2-30	
		\$0-00	
Total Postage & Fees	\$	\$6-15	

sent To
MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5618

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8101/07

2. Article Number

7110 6605 9590 0012 5618

1. Article Addressed to:

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

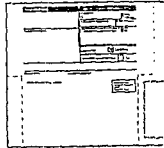
B. Received by (Printed Name) C. Date of Delivery

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

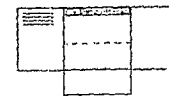
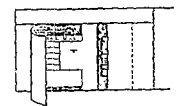
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5618

1. Article Addressed to:

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

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

Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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

7110 6605 9590 0012 5625

Postage	\$		Postmark Here
Certified Fee		\$1-05	
Return Receipt Fee (endorsement Required)		\$2-80	
Restricted Delivery Fee (endorsement Required)		\$2-30	
Total Postage & Fees	\$	\$6-15	

ent To

reet, Apt. No.:
PO Box No.
ity, State, Zip+4

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5625

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

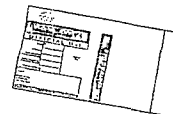
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5625	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W ANDERSON 1501 CHIPPIWA LN, APT 316 COUNCIL BLUFFS, IA 51501-8066	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

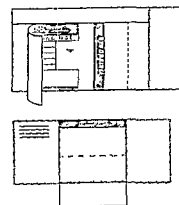
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5625	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W ANDERSON 1501 CHIPPIWA LN, APT 316 COUNCIL BLUFFS, IA 51501-8066	D. Is delivery address different from item 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



3

Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5632

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

ent To

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

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5632

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

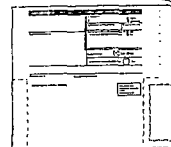
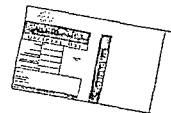
2. Article Number 7110 6605 9590 0012 5632	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARK W BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	

Code: Allocation Project - D.Howell

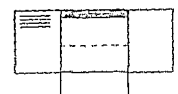
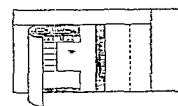
2. Article Number 7110 6605 9590 0012 5632	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mark W Brennan</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARK W BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	

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



3

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3828

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

ent To

MARK WOOD BRENNAND
8037 E DEL RUBI DR

SCOTTSDALE, AZ 85258

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

Form 3800, August 2006 See Reverse for Instructions

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

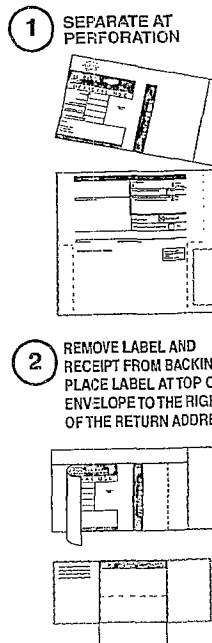
7110 6605 9590 0013 3828

MARK WOOD BRENNAND
8037 E DEL RUBI DR

SCOTTSDALE, AZ 85258

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3828	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARK WOOD BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3828	A. Signature X <i>Mark Wood Brennand</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-20
MARK WOOD BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5649

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

Ant To

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

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5649

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

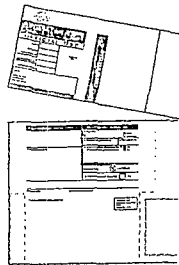
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5649	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARQUITA VAZQUEZ 2015 JOY LYNN BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

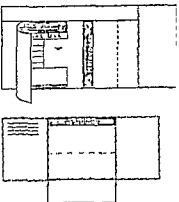
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5649	A. Signature X <i>Marquita Vazquez</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Marquita Vazquez</i> <i>9-7-10</i>
MARQUITA VAZQUEZ 2015 JOY LYNN BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3835

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

ent To **MARTHA DELL FREDERICK 2001 TR**
1203 CRESTVIEW DR

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

CLEBURNE, TX 76031-6016

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0013 3835

MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR

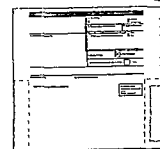
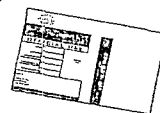
CLEBURNE, TX 76031-6016

Batch #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

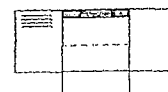
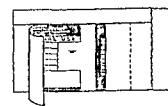
Reorder Form LCD-001 Rev. 01/07

2. Article Number 7110 6605 9590 0013 3835	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARTHA DELL FREDERICK 2001 TR 1203 CRESTVIEW DR CLEBURNE, TX 76031-6016	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 3835	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Martha Dell Frederick</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Martha Dell Frederick</i> C. Date of Delivery <i>9/14/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARTHA DELL FREDERICK 2001 TR 1203 CRESTVIEW DR CLEBURNE, TX 76031-6016	

Batch #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 5663

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

sent To

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

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5663

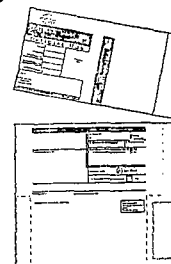
MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Batch #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

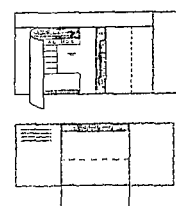
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5663	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA DIXON 311 W. TAGGARD STREET BURNET, TX 78611	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5663	A. Signature X <i>Mary D. Payne</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>MARY D. PAYNE</i> <i>9-9-10</i>
MARTHA DIXON 311 W. TAGGARD STREET BURNET, TX 78611	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 #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



7110 6605 9590 0012 5656

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

ent To

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

MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

Form 3800, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5656

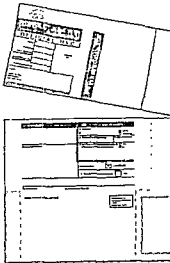
MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

Batch #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

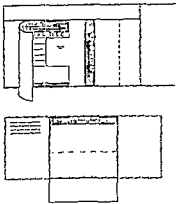
Reorder Form LCD-3 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5656	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA A SIAU PO BOX 347 EAGLE NEST, NM 87718	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5656	A. Signature X <i>M. Siau</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA A SIAU PO BOX 347 EAGLE NEST, NM 87718	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5670

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

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

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

Form 3800- August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5670

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

Batch #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5670	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA ELIZABETH DUGAN PO BOX 1453 GRANBURY, TX 76048-8453	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

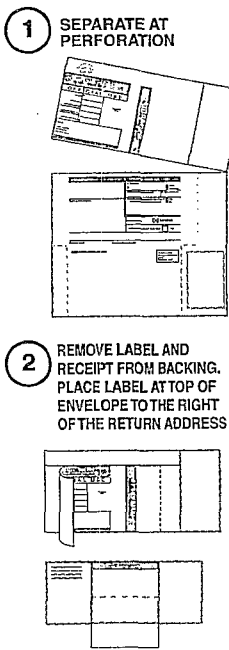
Domestic Return Receipt

UNITED STATES POSTAL SERVICE

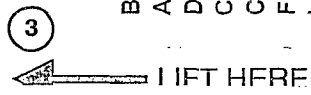


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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



Batch #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5687

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

ent To

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

MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5687

MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5687		A. Signature ☐ Agent X ☐ Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
MARTHA J ATKINS 2209 N PARKWOOD ST HARLINGEN, TX 78550-8024		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

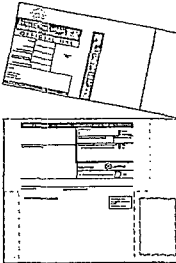
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

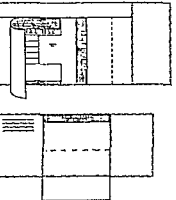
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 5694

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

sent To

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

MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5694

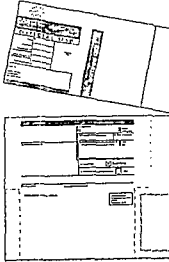
MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

Batch #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

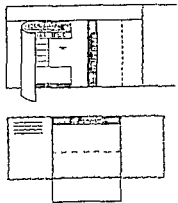
Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5694		
1. Article Addressed to:		
MARTHA K WILLIAMSON 4662 S FRASER CIR, APT D AURORA, CO 80015		
	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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5694		
1. Article Addressed to:		
MARTHA K WILLIAMSON 4662 S FRASER CIR, APT D AURORA, CO 80015		
	A. Signature X <i>Martha K Williamson</i> ☐ Agent ☒ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5700

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

sent To

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

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5700

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Batch #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

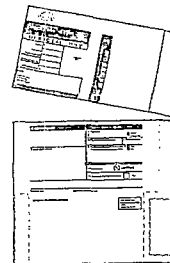
2. Article Number 7110 6605 9590 0012 5700 1. Article Addressed to: MARTHA M TUCKER PO BOX 2822 HOUSTON, TX 77252-2822	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell

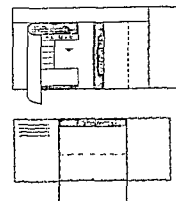
2. Article Number 7110 6605 9590 0012 5700 1. Article Addressed to: MARTHA M TUCKER PO BOX 2822 HOUSTON, TX 77252-2822	COMPLETE THIS SECTION ON DELIVERY A. Signature X J. Felder ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If 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



3

Batch #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3842

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

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

MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3842

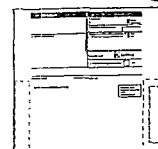
MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

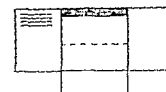
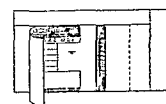
Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3842	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARVIN LAYLAND 1336 E FARM RD 4 CLEBURNE, TX 76031	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3842	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Steve Karp</i>	C. Date of Delivery <i>9-20-10</i>
MARVIN LAYLAND 1336 E FARM RD 4 CLEBURNE, TX 76031	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5717

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

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

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5717

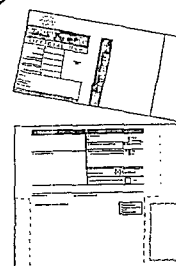
MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

Batch #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

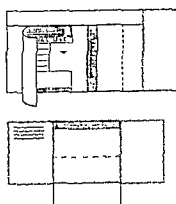
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5717	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ANN ISERN DEEN C/O JANET CRANE CPA 4615 CAMELOT GREAT BEND, KS 67530	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5717	A. Signature X <i>Janet Crane</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>JANET CRANE</i> <i>9-1-10</i>
MARY ANN ISERN DEEN C/O JANET CRANE CPA 4615 CAMELOT GREAT BEND, KS 67530	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5724

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

sent To

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

MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5724

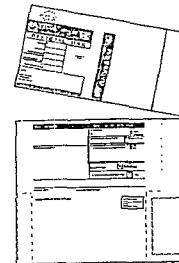
MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Batch #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

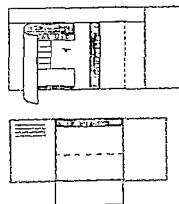
Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5724	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ANNE HOWARD 438 FOX BRIAR SUGARLAND, TX 77478-3717	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5724	A. Signature X <i>Mary Anne Howard</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-10-10
MARY ANNE HOWARD 438 FOX BRIAR SUGARLAND, TX 77478-3717	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 #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5731

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

Postmark Here

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

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5731

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Batch #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5731	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY CAROLYN CUTLER CLIFFORD 1115 THISTLEMEADE DR HOUSTON, TX 77094	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

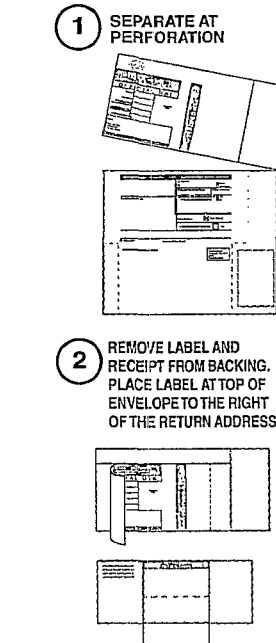
Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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



Batch #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



7110 6605 9590 0012 5748

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

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



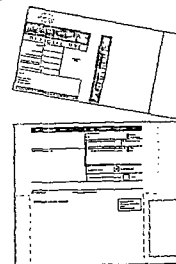
7110 6605 9590 0012 5748

MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024Batch #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

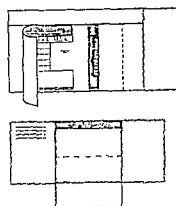
Reorder Form LCD-3 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5748	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY DOLL INGRAM MANAGEMENT TRUST C/O MEREDITH I GARTNER TRTEE 483 NORTH POST OAK LANE HOUSTON, TX 77024	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5748	A. Signature X <i>M. C. Gartner</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY DOLL INGRAM MANAGEMENT TRUST C/O MEREDITH I GARTNER TRTEE 483 NORTH POST OAK LANE HOUSTON, TX 77024	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0012 5755

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

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

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

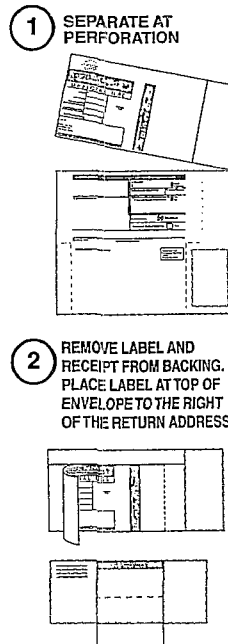


7110 6605 9590 0012 5755

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Batch #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5755	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY E CAUBLE WALKER 214 BAYVIEW CITY BY THE SEA, TX 78336-6701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811

Domestic Return Receipt

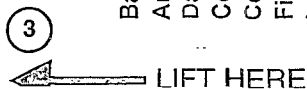
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5762

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

sent To

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

MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5762

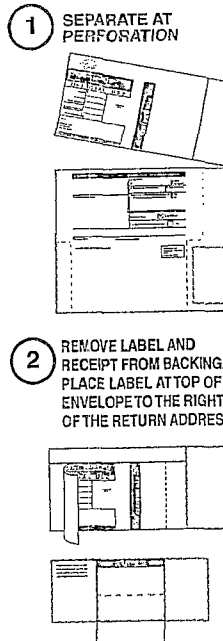
MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

Batch #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5762	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY E NEVITT 3412 RIVERBEND RD MUSKOGEE, OK 74403-2337	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

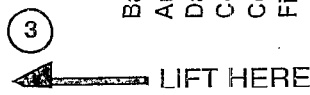
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5762	A. Signature ☐ Agent X Mary E Nevitt ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) MARY E NEVITT	C. Date of Delivery 9-7-10
MARY E NEVITT 3412 RIVERBEND RD MUSKOGEE, OK 74403-2337	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 #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 5779

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

Postmark
Here

sent To

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

MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

Form 3800-August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5779

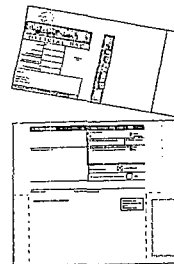
MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

Batch #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

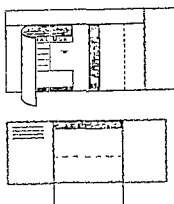
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5779	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARY ELIZABETH HARDIE ROYALTY TRUST THORNTON HARDIE III TRUSTEE 3904 MARQUETTE ST DALLAS, TX 75225	
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 5779	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Thornton Hardie 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
1. Article Addressed to: MARY ELIZABETH HARDIE ROYALTY TRUST THORNTON HARDIE III TRUSTEE 3904 MARQUETTE ST DALLAS, TX 75225	
Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

Domestic Return Receipt

LIFT HERE



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

7110 6605 9590 0012 5786

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

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

SI Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5786

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811-01/07

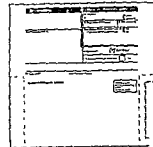
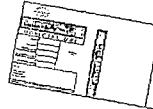
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5786	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY F LOVE 757 ASHLEY RD MONTICITO, CA 93108	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

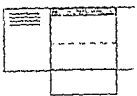
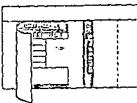
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5786	A. Signature X <i>Mary Love</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/4/10
MARY F LOVE 757 ASHLEY RD MONTICITO, CA 93108	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:

1 SEPARATE AT PERFORATION



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



PS:

3

LIFT HERE



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

7110 6605 9590 0012 5793

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

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

MARY FRANCES TURNER JR TR 6743
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5793

MARY FRANCES TURNER JR TR 6743
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2193
 Article #: 71106605959000125793
 Date/Time: 8/31/2010 12:27:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC-100 (Rev. 01/07)

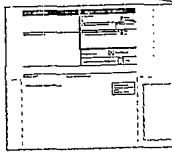
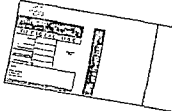
2. Article Number 7110 6605 9590 0012 5793	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to: MARY FRANCES TURNER JR TR 6743 PO BOX 99084 FORT WORTH, TX 76199-0084	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

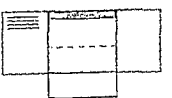
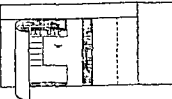
2. Article Number 7110 6605 9590 0012 5793	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature ☐ Agent X ☒ Addressee	
1. Article Addressed to: MARY FRANCES TURNER JR TR 6743 PO BOX 99084 FORT WORTH, TX 76199-0084	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2193
 Article #: 71106605959000125793
 Date/Time: 8/31/2010 12:27:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0012 5809

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

sent To

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5809

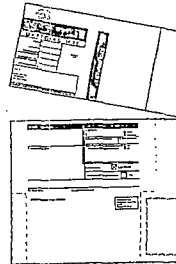
MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

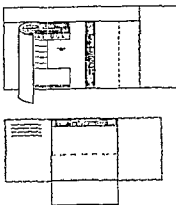
Reorder Form LCD 38 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5809	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY G TEESDALE TRUSTEE 1600 TEXAS ST #913 FORT WORTH, TX 76102	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5809	A. Signature X Denise Malle ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-3-10
MARY G TEESDALE TRUSTEE 1600 TEXAS ST #913 FORT WORTH, TX 76102	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5816

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

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

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



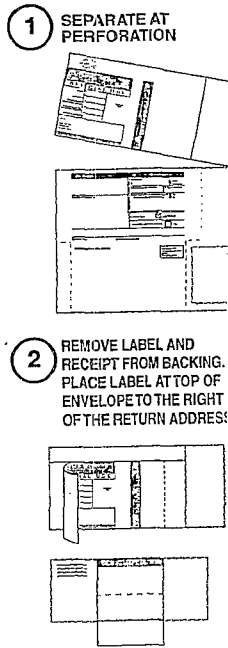
7110 6605 9590 0012 5816

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

Batch #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5816	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY GENE BLOOMQUIST 14050 E LINVALE PL #202 AURORA, CO 80014-5533	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5816	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY GENE BLOOMQUIST 14050 E LINVALE PL #202 AURORA, CO 80014-5533	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5823

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

Postmark Here

Postage To: MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5823

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

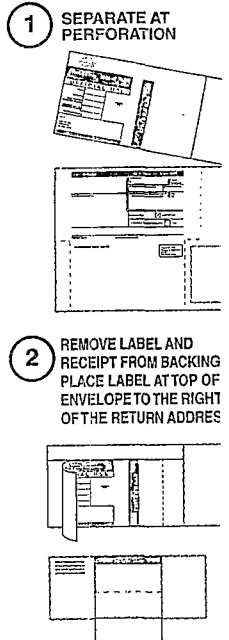
Reorder Form LC-100 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5823	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ISABEL HOFFMANN C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	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

4. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5823	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ISABEL HOFFMANN C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	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 #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Mail Only, No Insurance Coverage Provided
 Information Visit our Website at: www.usps.com
 7110 6605 9590 0012 5830

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

Delivered To
 MARY J BANKS
 2104 WINTER SUNDAY WAY
 ARLINGTON, TX 76012
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



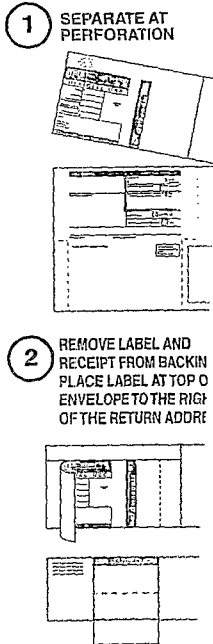
7110 6605 9590 0012 5830

MARY J BANKS
 2104 WINTER SUNDAY WAY
 ARLINGTON, TX 76012

Batch #: 2194
 Article #: 71106605959000125830
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5830		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY J BANKS 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5830		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARY J BANKS 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2194
 Article #: 71106605959000125830
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 5847

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

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5847

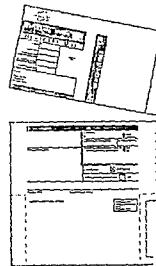
MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal Code #:

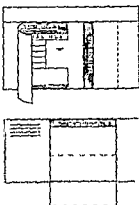
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 5847	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 BACK PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 5847	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>NECHAPPE II</i> 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
--	--

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 5861

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

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

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5861

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

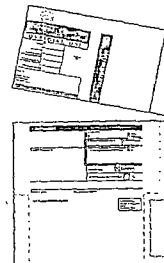
Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

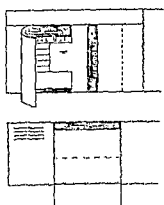
Reorder Form LCD-8-01/07

2. Article Number 7110 6605 9590 0012 5861	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARY JO WELLS 5250 WOODLAWN AVENUE CHEVY CHASE, MD 20815	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5861	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARY JO WELLS 5250 WOODLAWN AVENUE CHEVY CHASE, MD 20815	

Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 5878

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

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

MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



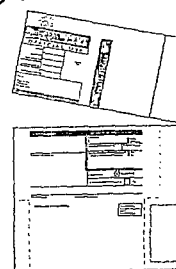
7110 6605 9590 0012 5878

MARY K CLEMENTS
31407 HIGHWAY 136
MARYVILLE, MO 64468

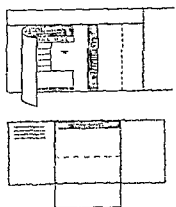
Batch #: 2194
Article #: 71106605959000125878
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 5878	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARY K CLEMENTS 31407 HIGHWAY 136 MARYVILLE, MO 64468 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 5878	COMPLETE THIS SECTION ON DELIVERY A. Signature X Russell A. Clements ☒ Agent ☐ Addressee B. Received by (Printed Name) Russell A. Clements C. Date of Delivery 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARY K CLEMENTS 31407 HIGHWAY 136 MARYVILLE, MO 64468 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000125878
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 5885

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

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

MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5885

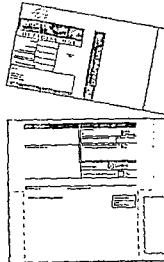
MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

Batch #: 2194
Article #: 71106605959000125885
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

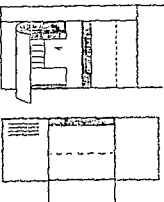
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 5885	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARY KATHRYN DUNNAM LADEWIG 1373 WOODBROOK LANE SOUTHLAKE, TX 76092	

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 5885	COMPLETE THIS SECTION ON DELIVERY A. Signature X K. Ladewig ☐ Agent ☐ Addressee B. Received by (Printed Name) K. LADEWIG C. Date of Delivery 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MARY KATHRYN DUNNAM LADEWIG 1373 WOODBROOK LANE SOUTHLAKE, TX 76092	

Batch #: 2194
Article #: 71106605959000125885
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 5892

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

MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

Code: Allocation Project - D.Howell



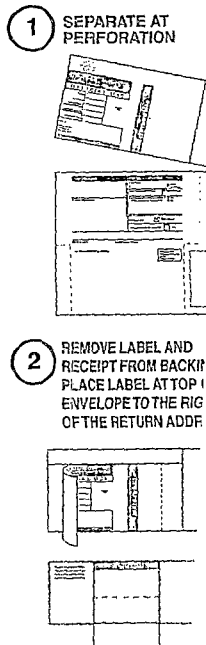
7110 6605 9590 0012 5892

MARY L ADKISSON
104 E DOUGLAS ST
ONEILL, NE 68763

Batch #: 2194
Article #: 71106605959000125892
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811-01/07

2. Article Number 7110 6605 9590 0012 5892	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARY L ADKISSON 104 E DOUGLAS ST ONEILL, NE 68763 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5892	COMPLETE THIS SECTION ON DELIVERY A. Signature X Mary L. Adkisson ☐ Agent ☐ Addressee B. Received by (Printed Name) Mary L. Adkisson C. Date of Delivery 9/4/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARY L ADKISSON 104 E DOUGLAS ST ONEILL, NE 68763 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000125892
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0012 5922

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

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

MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



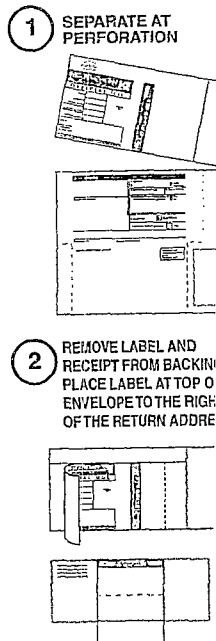
7110 6605 9590 0012 5922

MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

Batch #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5922	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY CUTLER CHILDRES TRST 1310 CARAVELLE CT KATY, TX 77494	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5922	A. Signature X <i>Randa Arment</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY CUTLER CHILDRES TRST 1310 CARAVELLE CT KATY, TX 77494	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5939

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

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

MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5939

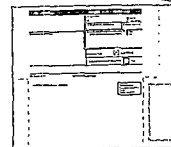
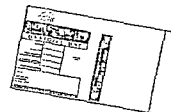
MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

Batch #: 2194
Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

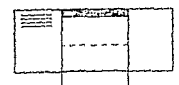
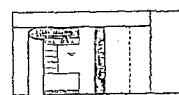
Reorder Form LCD-9 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5939	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LYNNE BRUNNER REV TR UA JULY 7 2171 E CYPRESS CANYON DR GREEN VALLEY, AZ 85614	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5939	A. Signature X <i>Mel Brunner</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LYNNE BRUNNER REV TR UA JULY 7 2171 E CYPRESS CANYON DR GREEN VALLEY, AZ 85614	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5946

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	

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

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5946

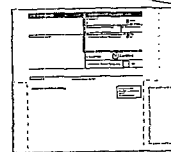
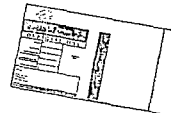
MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

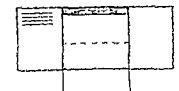
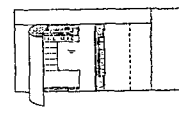
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5946	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY MAUDE STEPHENSON TRUST PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5946	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 05 2010
MARY MAUDE STEPHENSON TRUST PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5953

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

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

MARY MENGEL TALSMAS
420 BARCUS RD
RUIDOSO, NM 88345

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5953

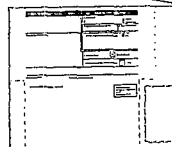
MARY MENGEL TALSMAS
420 BARCUS RD
RUIDOSO, NM 88345

Batch #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

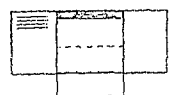
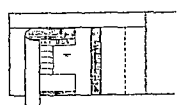
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5953	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY MENGEL TALSMAS 420 BARCUS RD RUIDOSO, NM 88345	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5953	A. Signature X Mary Talsma ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY MENGEL TALSMAS 420 BARCUS RD RUIDOSO, NM 88345	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0013 3859

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

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

MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST
TUCSON, AZ 85741

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 3859

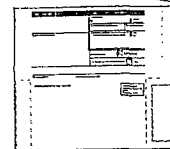
MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST

TUCSON, AZ 85741

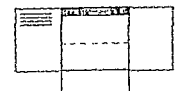
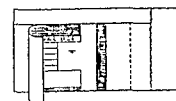
Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3859	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MARY PATRICIA O'HORNETT PETERSDORF 5148 W AQUAMARINE ST TUCSON, AZ 85741	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 3859	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Patricia O'Hornett Petersdorf</i> B. Received by (Printed Name) MARY PETERSDORF C. Date of Delivery TUCSON AZ MOUNTAIN VIEW SEP 14 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MARY PATRICIA O'HORNETT PETERSDORF 5148 W AQUAMARINE ST TUCSON, AZ 85741	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 5960

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

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

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5960

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Batch #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5960

1. Article Addressed to:

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

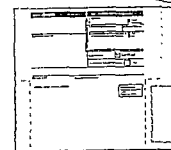
3. Service Type

☒ Certified

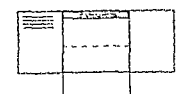
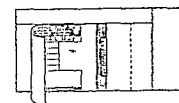
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5960

1. Article Addressed to:

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

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

Batch #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5984

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	

ent To

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

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5984

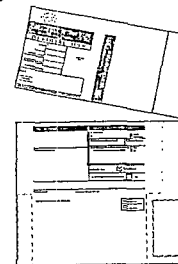
MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

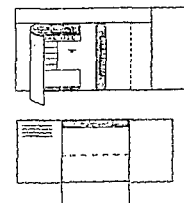
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5984	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MATIAS A ZAMORA PO BOX 28667 SANTA FE, NM 87592-8667	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION

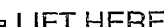


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5984	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MATIAS A ZAMORA PO BOX 28667 SANTA FE, NM 87592-8667	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 3866

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

ent To MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335

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

WICHITA, KS 67220-3954

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3866

MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
WICHITA, KS 67220-3954

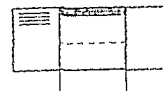
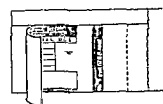
Batch #: 2273
Article #: 71106605959000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3866	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MB ARMER TEST TR 2455 N WOODLAWN BLVD APT 335 WICHITA, KS 67220-3954	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3866	A. Signature X <i>Tiffney Green</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MB ARMER TEST TR 2455 N WOODLAWN BLVD APT 335 WICHITA, KS 67220-3954	<i>Tiffney Green</i>	<i>9/14/10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2273
Article #: 71106605959000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:

LIFT HERE



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

7110 6605 9590 0012 6028

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	

ent To

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

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6028

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

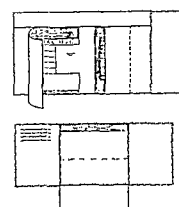
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6028	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCKAY OIL & GAS LLC P O BOX 14738 ALBUQUERQUE, NM 87191-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6028	A. Signature X <i>W. J. Mayhew</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>W. J. Mayhew</i> 9/2/10
MCKAY OIL & GAS LLC P O BOX 14738 ALBUQUERQUE, NM 87191-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3873

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

ent To **MCLISH RESOURCES LLP**
633 17TH ST #1650
DENVER, CO 80202

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

Form 3800, August 2006 See Reverse for Instructions

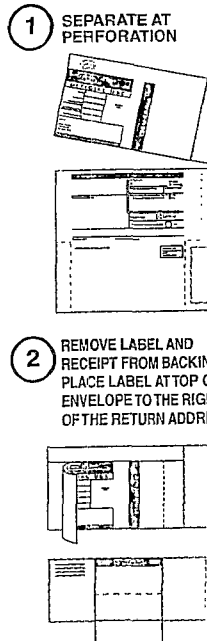


7110 6605 9590 0013 3873

MCLISH RESOURCES LLP
633 17TH ST #1650
DENVER, CO 80202

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3873	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCLISH RESOURCES LLP 633 17TH ST #1650 DENVER, CO 80202	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3873	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery CJWATSON 9-17-10
MCLISH RESOURCES LLP 633 17TH ST #1650 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6035

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

ent To

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

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



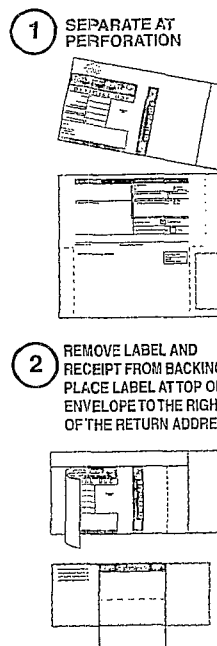
7110 6605 9590 0012 6035

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Batch #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6035	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MEADOWS FAMILY PARTNERSHIP 6053 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6035	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>John M. Mc...</i>	C. Date of Delivery <i>9/5/10</i>
MEADOWS FAMILY PARTNERSHIP 6053 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Property Information Form

☒ Initiate
☐ Modify
☐ Inactivate



PIF Comments / Instructions (Not Entered in System)

This PIF serves to create a new property code for the Dakota completion of the Atlantic B Com 9B.

Date: 09/24/2010 Requestor: Thompson, Vanessa M AFE#: WAN.CDR.9314

Yes, assign new property code ----->

Property
Code

Production

Exploration

A716025

Property
Name ATLANTIC B COM

Well
Id 9B

Property
Type COP - Company

Carried
Interest No

County / Parish SAN JUAN

State NM

TOBIN PROPERTY

COP
Operated? Yes

COP Oper. Code: 0216600001 BR

Outside
Operator
Code:

DOE Field Code F042233

DOE Field Name BASIN

Operator
Name: BURLINGTON RESOURCES OIL & GAS COMPANY LP

DSM Completion Id: 1090130367

Operator
Address:

DSM Field: SAN JUAN

Affiliate Name: ConocoPhillips

Unit: Yes

Effective Date for Property Set-Up: 9/1/2010

DOI by Tract: Yes

Organization: AA54637

Maintain Unit/Property
Volume:

Division Order Region: San Juan / Rockies / Alaska

Onshore / Offshore: Onshore

Acres: 1

Tobin Property Remarks

S/2 Sec. 34, T31N R10W - Dakota Formation

NOVISTAR WELL INFORMATION

Well Name: ATLANTIC B COM

Well Type: Gas

Well Class: Development (2B)

API#: 3004535158

Interest Type: WI - Working

Well #: 9B

DRILLING INFORMATION

Hole Direction: Horizontal

Projected Total Depth: 7551

Reservoir Code & Name: FRR BASIN DAKOTA (PRORATED GAS)

Measured Depth:

Projected Formation: FRR

True Vertical Depth:

Surface Location: Sec 34, T031N, R010W, Unit Ltr:P

Include Line Measurement, Section, Township, Range



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

7110 6605 9590 0012 6042

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

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

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



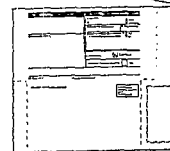
7110 6605 9590 0012 6042

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

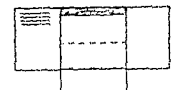
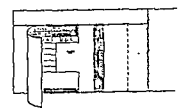
Batch #: 2194
Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6042	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MEDICINE BOW LAND COMPANY LLC P O BOX 888 LITTLETON, CO 80160-0888	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

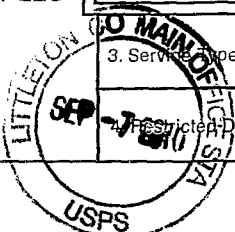
1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6042	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MEDICINE BOW LAND COMPANY LLC P O BOX 888 LITTLETON, CO 80160-0888	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	



3

Batch #: 2194
Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6059

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

sent To

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

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6059

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Batch #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

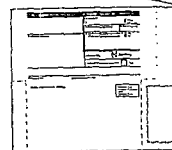
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6059		
1. Article Addressed to:	A. Signature ☒ Agent X ☐ Addressee	
MEGAN ELIZABETH CALLAN 3578 SEAHORN CIR SAN DIEGO, CA 92130	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

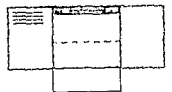
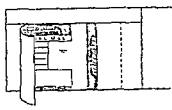
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6059		
1. Article Addressed to:	A. Signature ☒ Agent X ☐ Addressee	
MEGAN ELIZABETH CALLAN 3578 SEAHORN CIR SAN DIEGO, CA 92130	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



Batch #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 6066

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

Post To

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

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6066

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Batch #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

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 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

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

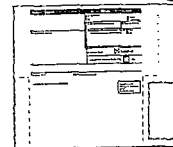
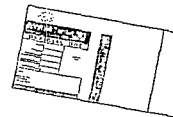
☒ Certified

4. Restricted Delivery? (Extra Fee)

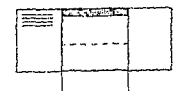
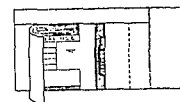
☐ Yes

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



Batch #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 6073

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

Postage to
Melody Giger Toohey
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6073

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 6073

1. Article Addressed to:

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

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 6073

1. Article Addressed to:

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



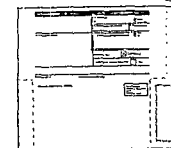
Certified

4. Restricted Delivery? (Extra Fee)

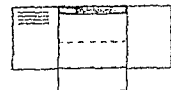
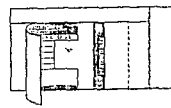
☐

Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 6080

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

sent To

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

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6080

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 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 6080

1. Article Addressed to:

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type



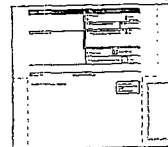
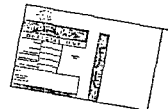
Certified

4. Restricted Delivery? (Extra Fee)

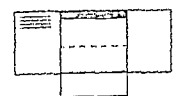
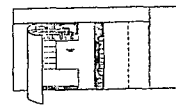
☐

Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6080

1. Article Addressed to:

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

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

Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6097

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

sent To

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

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6097

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

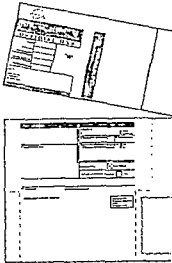
Batch #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

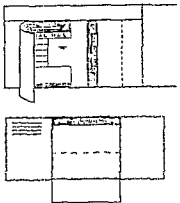
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6097	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6097	A. Signature X <i>Darlene Buttolph</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>DARLENE BUTTOLPH</i>	C. Date of Delivery <i>9-3-10</i>
MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597	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 #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6103

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

sent To

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

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6103

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

Batch #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

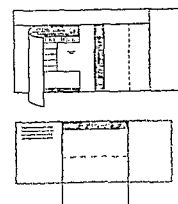
Reorder Form LCD-01/07

2. Article Number 7110 6605 9590 0012 6103	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: MERLENE LAW MALONE FMLY TR DTD JAN 922 MONTEREY ST REDLANDS, CA 92373 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 6103	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: MERLENE LAW MALONE FMLY TR DTD JAN 922 MONTEREY ST REDLANDS, CA 92373 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL™ RECEIPT
(E-Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 6110

Postage	\$		Postmark Here
	\$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	

sent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
**MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906**

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6110

**MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906**

Batch #: 2194
Article #: 71106605959000126110
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 6110

1. Article Addressed to:

**MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

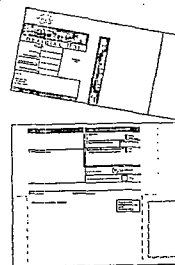
B. Received by (Printed Name) C. Date of Delivery

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

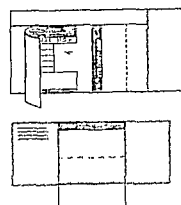
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 6110

1. Article Addressed to:

**MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126110
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6127

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

sent To

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

MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6127

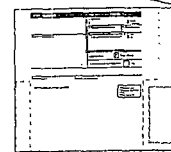
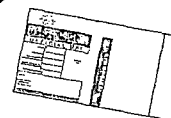
MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

Batch #: 2194
Article #: 71106605959000126127
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

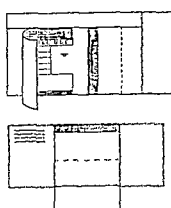
Reorder Form LCD-3 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6127	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MERRION OIL & GAS CORP ATTN: HEIDI HILL 610 REILLY AVE FARMINGTON, NM 87401-2634	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6127	A. Signature X <i>P. Garcia</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MERRION OIL & GAS CORP ATTN: HEIDI HILL 610 REILLY AVE FARMINGTON, NM 87401-2634	<i>P. Garcia</i> <i>8/2</i>
Code: Allocation Project - D.Howell	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 #: 2194
Article #: 71106605959000126127
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 6141

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

Int To

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

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6141

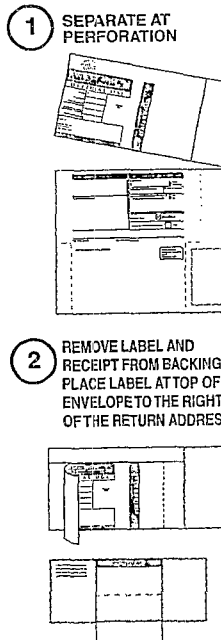
MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6141	A. Signature ☒ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MESA ROYALTY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6141	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MESA ROYALTY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	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 #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6158

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

sent To

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

MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6158

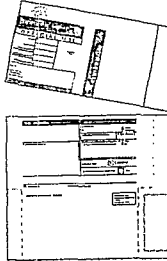
MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

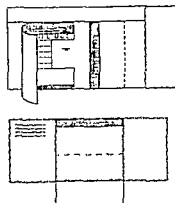
Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6158	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
MHT PROPERTIES LTD 3840 WINDSOR LN DALLAS, TX 75205	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6158	A. Signature X <i>Macey Chaw</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
MHT PROPERTIES LTD 3840 WINDSOR LN DALLAS, TX 75205	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6165

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

sent To

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

MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6165

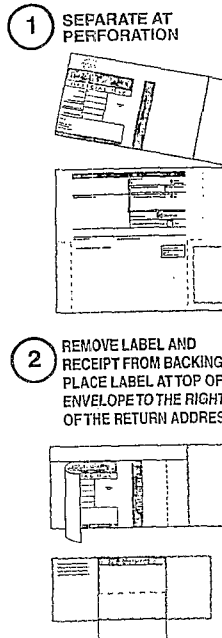
MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126165
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6165	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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6165	A. Signature X <i>Michael A. Williams</i>	☐ Agent ☒ Addressee
	B. Received by (Printed Name) <i>Michael A. Williams</i>	C. Date of Delivery <i>9-3-10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126165
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6172

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

sent To

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

MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



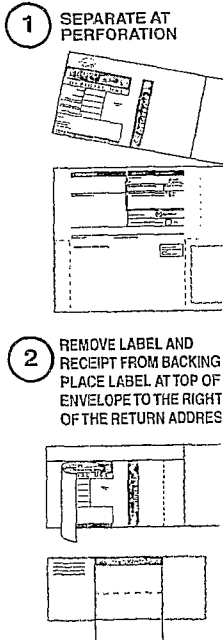
7110 6605 9590 0012 6172

MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

Batch #: 2194
Article #: 71106605959000126172
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6172	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL ALLEN SMITH 19240 CROSS RIDGE DR GERMANTOWN, MD 20874	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6172	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/3/10
MICHAEL ALLEN SMITH 19240 CROSS RIDGE DR GERMANTOWN, MD 20874	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126172
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(For Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 6189

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

sent To

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

MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6189

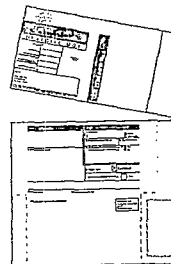
MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

Batch #: 2194
Article #: 71106605959000126189
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

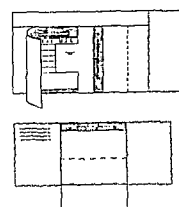
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6189	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL CHARLES MORGAN 1111 LAUREL GREEN MISSOURI CITY, TX 77459	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6189	A. Signature X <i>Melanie Morgan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Melanie Morgan</i>
MICHAEL CHARLES MORGAN 1111 LAUREL GREEN MISSOURI CITY, TX 77459	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 #: 2194
Article #: 71106605959000126189
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6196

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

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

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



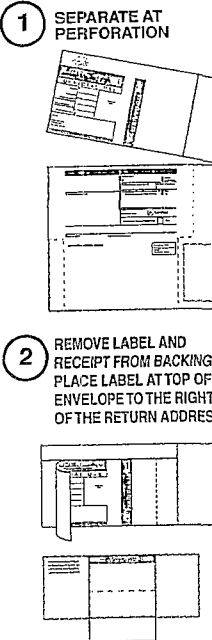
7110 6605 9590 0012 6196

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Batch #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

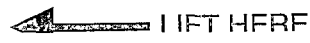
Reorder Form LOD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6196	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL D BROWN 8089 PIERSON COURT ARVADA, CO 80005	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6196	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL D BROWN 8089 PIERSON COURT ARVADA, CO 80005	Michael D Brown 9/8/10
Code: Allocation Project - D.Howell	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 #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 6202

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

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

MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6202

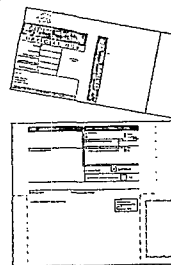
MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

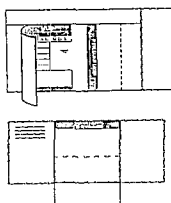
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6202	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL FITZ GERALD ESTATE PO BOX 710 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6202	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL FITZ GERALD ESTATE PO BOX 710 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 6219

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	

ent To

street, Apt. No.;
- PO Box No.
ity, State, Zip+4

MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6219

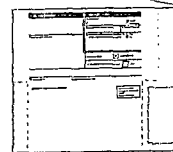
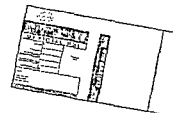
MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

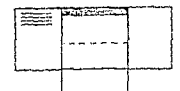
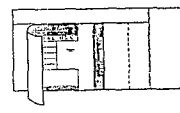
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6219	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MICHAEL J FINNEY PO BOX 2471 DURANGO, CO 81302	

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 6219	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Anne Finney 9/7/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: MICHAEL J FINNEY PO BOX 2471 DURANGO, CO 81302	

Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6226

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

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

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



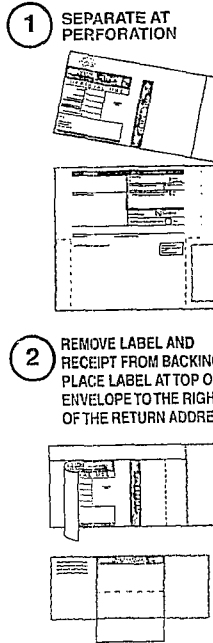
7110 6605 9590 0012 6226

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Batch #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6226	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL O VANDEWART 20255 WILLOW GLADE CIR PILOT POINT, TX 76258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6226	A. Signature X <i>Mike Vandewart</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Mike Vandewart</i> <i>9/9/10</i>
MICHAEL O VANDEWART 20255 WILLOW GLADE CIR PILOT POINT, TX 76258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

Postage	\$ 7110 6605 9590 0013 3101	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$ \$0.00	

ent To \$5.54
street, Apt. No.;
PO Box No.
ity, State, Zip+4

MICHAEL ROBERT AHO
653 EDENTREE PL
CHARLESTON, SC 29412-2756

Form 3800, August 2006 See Reverse for Instructions



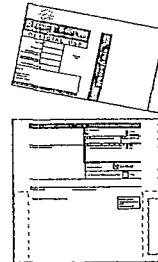
7110 6605 9590 0013 3101

MICHAEL ROBERT AHO
653 EDENTREE PL
CHARLESTON, SC 29412-2756

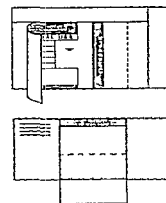
Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: MICHAEL ROBERT AHO 653 EDENTREE PL CHARLESTON, SC 29412-2756	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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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

3
LIFT HERE

Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6233

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	

ent To

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

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6233

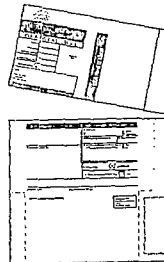
MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

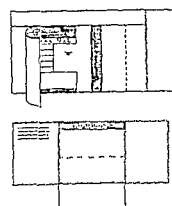
Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6233	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL S MCLANE TRUST DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6233	A. Signature X Robert Wilburn ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Robert Wilburn 9/10/10
MICHAEL S MCLANE TRUST DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6240

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

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

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6240

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6240	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL SIMPSON TRUST C/O U S TR CO OF NY PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

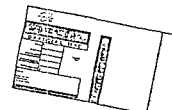
Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

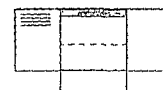
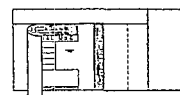
LIST HERE

Reorder Form LCD 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





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

7110 6605 9590 0012 6257

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

sent To

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

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6257

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Batch #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 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 6257

1. Article Addressed to:

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

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 6257

1. Article Addressed to:

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

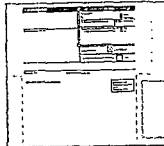
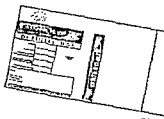
3. Service Type

☒ Certified

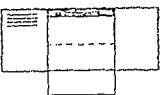
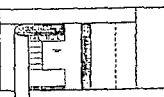
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 6264

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

sent To

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

MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6264

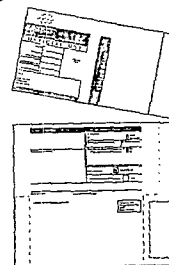
MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

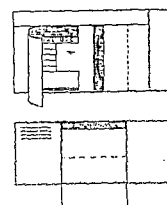
Reorder Form LCD-8
7/01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6264	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



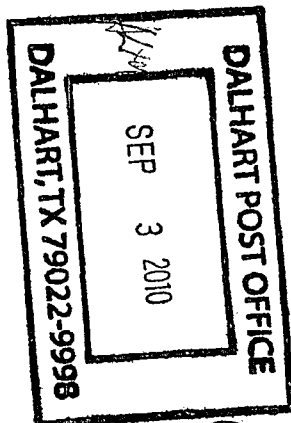
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6264	A. Signature X <i>Michael Houston</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M Houston</i> <i>9/1/10</i>
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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

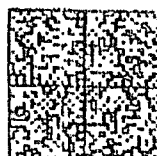
ConocoPhillips

7110 6605 9590 0012 6271



MICHELLE D ALEXANDER
714 E 16TH ST
DALHART, TX 79022

- ☐ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☒ Unclaimed ☐ Refused
☒ Attempted-Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receipt
☐ Box Closed-No Order
☐ Returned For Better Address
☐ Postage Due



UNITED STATES
0215
0006557
MAILED F



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

7110 6605 9590 0012 6288

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

sent To

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

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



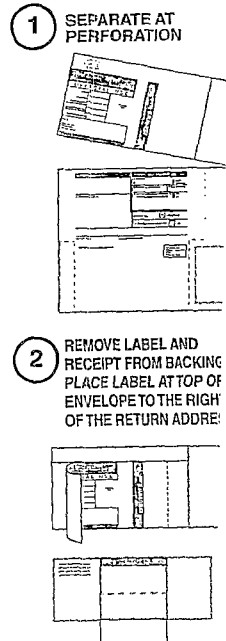
7110 6605 9590 0012 6288

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

Batch #: 2194
Article #: 71106605959000126288
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6288	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILDRED I BERTSCH 260 CARISSA DR SATELLITE BEACH, FL 32937	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6288	A. Signature X <i>Mildred Bertsch</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/7/10
MILDRED I BERTSCH 260 CARISSA DR SATELLITE BEACH, FL 32937	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126288
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3880

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

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

MILLER EARLE HILL
PO BOX 6725
KINGMAN, AZ 86402

Form 3800, August 2009 See Reverse for Instructions



7110 6605 9590 0013 3880

MILLER EARLE HILL
PO BOX 6725
KINGMAN, AZ 86402

Batch #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3880

1. Article Addressed to:

MILLER EARLE HILL
PO BOX 6725

KINGMAN, AZ 86402

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7110 6605 9590 0013 3880

1. Article Addressed to:

MILLER EARLE HILL
PO BOX 6725

KINGMAN, AZ 86402

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

MILLER E. Hill

C. Date of Delivery

9-20-10

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

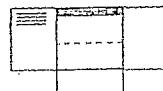
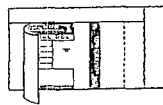
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6295

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

sent To

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

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6295

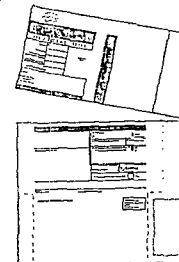
MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

Batch #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

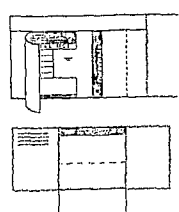
Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6295	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MILLER TRUST UWO HELEN MILLER MICHEAL H MILLER, TRUSTEE 4348 PLUMWOOD DRIVE WEST DES MOINES, IA 50265	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6295	A. Signature X <i>Ana K Miller</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MILLER TRUST UWO HELEN MILLER MICHEAL H MILLER, TRUSTEE 4348 PLUMWOOD DRIVE WEST DES MOINES, IA 50265	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 6301

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

Post To
MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



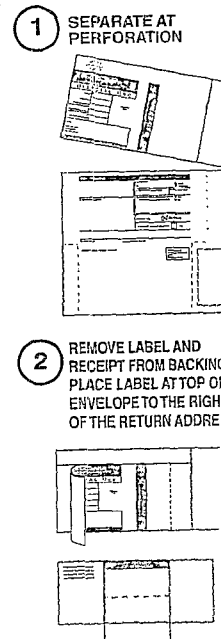
7110 6605 9590 0012 6301

MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

Batch #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 6301	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804-1750 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6301	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Milo D Smith</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Milo D Smith</i> C. Date of Delivery <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804-1750 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 6318

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

sent To

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

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6318

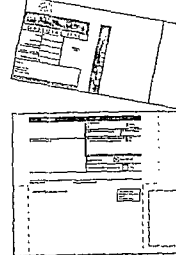
MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

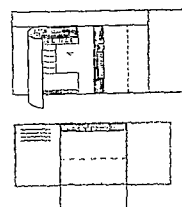
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6318	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MIMI ANN MORGAN QUINN 434 COUNTY RD 42 SANDY POINT, TX 77583	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6318	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MIMI ANN MORGAN QUINN 434 COUNTY RD 42 SANDY POINT, TX 77583	Mimi Quinn	8-31-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6325

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

reat, Apt. No.;
PO Box No.
ty, State, Zip+4

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6325

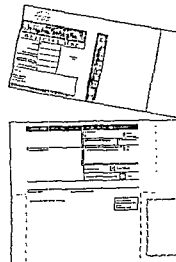
MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

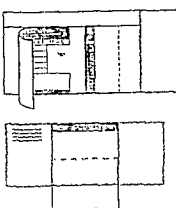
Reorder Form LCD-8 Rev 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6325	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MINA RUTH FITTING 3910 EDGEBROOK COURT MIDLAND, TX 79707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6325	A. Signature X <i>Mina Ruth Fitting</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Mina Ruth Fitting</i>	C. Date of Delivery <i>9-9-10</i>
MINA RUTH FITTING 3910 EDGEBROOK COURT MIDLAND, TX 79707	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6349

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

sent To

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

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

Form 3800, August 2006, see Reverse for Instructions

Code: Allocation Project - D.Howell



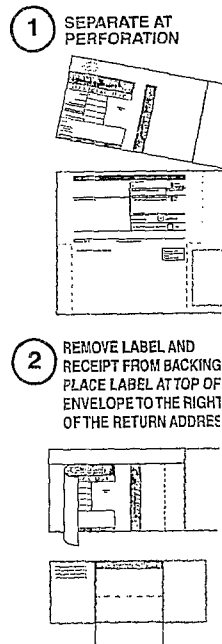
7110 6605 9590 0012 6349

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

Batch #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6349	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIRIAM M CARROLL TRUST 3536 BRYN MAWR DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6349	A. Signature X <i>M. Carroll</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. CARROLL</i> <i>9/7/10</i>
MIRIAM M CARROLL TRUST 3536 BRYN MAWR DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6356		
Postage	\$	Postmark Here
Certified Fee	\$1.05	
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$6.15	

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

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



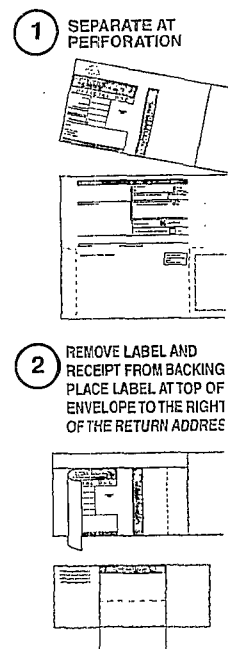
7110 6605 9590 0012 6356

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6356	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIRIAM N WASHBURN TRUST PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6356	A. Signature <i>Matthew Vadele 9-74</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIRIAM N WASHBURN TRUST PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3897

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

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

MISTY E COLES
597 PINE LN
KING WILLIAM, VA 23086

Form 3800, August 2006 (See Reverse for Instructions)



7110 6605 9590 0013 3897

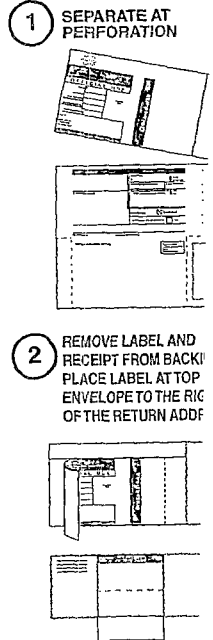
MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3897		
1. Article Addressed to:		
MISTY E COLES 597 PINE LN KING WILLIAM, VA 23086		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3897		
1. Article Addressed to:		
MISTY E COLES 597 PINE LN KING WILLIAM, VA 23086		
	A. Signature X <i>C. Armstrong</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>C. Armstrong</i>	C. Date of Delivery <i>9-18-10</i>
	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:





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

7110 6605 9590 0012 6370

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

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

MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



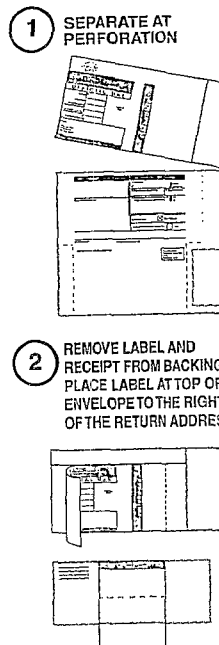
7110 6605 9590 0012 6370

MOLLY A JACQUES FAMILY LLC
C/O REDW STANEY FIN ADV LLC
6401 JEFFERSON NE
ALBUQUERQUE, NM 87109

Batch #: 2194
Article #: 71106605959000126370
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6370	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOLLY A JACQUES FAMILY LLC C/O REDW STANEY FIN ADV LLC 6401 JEFFERSON NE ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6370	A. Signature X <i>Celina De Aguiro</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Celina De Aguiro</i> <i>9-2-10</i>
MOLLY A JACQUES FAMILY LLC C/O REDW STANEY FIN ADV LLC 6401 JEFFERSON NE ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126370
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6387

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

ent To

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

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6387

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Batch #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-3 rev. 01/07

2. Article Number

7110 6605 9590 0012 6387

1. Article Addressed to:

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

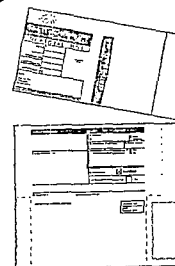
3. Service Type

☒ Certified

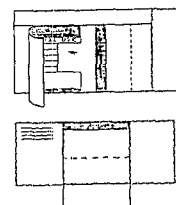
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6387

1. Article Addressed to:

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Peter Mosen*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

PETER MOMSEN

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 #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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

7110 6605 9590 0012 6400

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

sent To

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

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6400

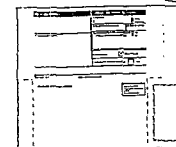
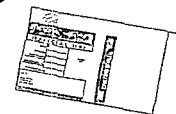
MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

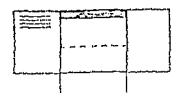
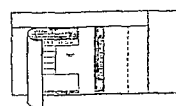
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6400	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MONICA SORRELS 1151 N NEWBY LN BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6400	A. Signature X <i>Monica Sorrels</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Monica Sorrels</i>	C. Date of Delivery <i>9/2/10</i>
MONICA SORRELS 1151 N NEWBY LN BLOOMFIELD, NM 87413	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 #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3118	Postage		
	Certified Fee	\$0.44	Postmark Here
	Return Receipt Fee (endorsement Required)	\$2.80	
	Restricted Delivery Fee (endorsement Required)	\$2.30	
	Total Postage & Fees	\$0.00	

ent To \$5.54
reet, Apt. No.;
PO Box No.
ity, State, Zip+4
MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111
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™

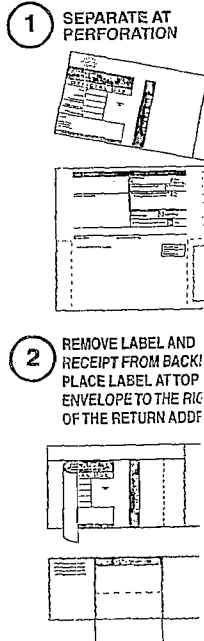
7110 6605 9590 0013 3118

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2269
Article #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3118	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

2. Article Number 7110 6605 9590 0013 3118	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Leo Gomez</i> B. Received by (Printed Name) <i>Leo Gomez</i> 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 #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0012 6417

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

Post To

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

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6417

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2194
Article #: 71106605959000126417
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 Rev. 01/07

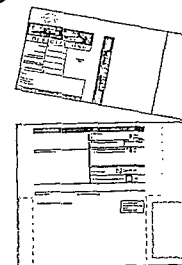
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6417	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

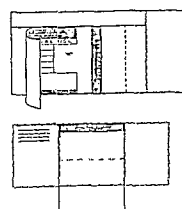
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6417	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) Leo Gomez	C. Date of Delivery 9-2-10
MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	D. Is delivery 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



3

Batch #: 2194
Article #: 71106605959000126417
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6424

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

sent To

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

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



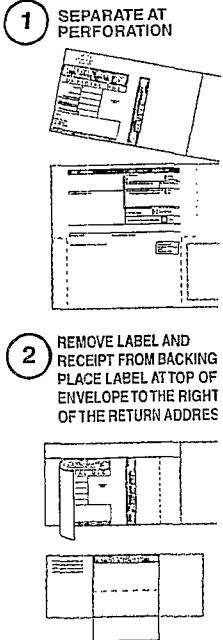
7110 6605 9590 0012 6424

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

Batch #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6424	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOSES BICKFORD STEVENS 101 WITHERS COURT GOODVIEW, VA 24095	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6424	A. Signature X <i>Beth Stevens</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>BETH STEVENS</i> <i>9/3/10</i>
MOSES BICKFORD STEVENS 101 WITHERS COURT GOODVIEW, VA 24095	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

 **CorocopPhilips**

7110 6605 9590 0012 6448

MRS ABEL GARCIA
506 EAST 2ND AVENUE
DURANGO, CO. 81301



UNITED STATES
02 1R
0006557
MAILED FI

SEP 13

9/27



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

7110 6605 9590 0012 6455

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

sent To

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

MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

Form 3800- August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6455

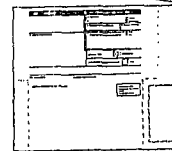
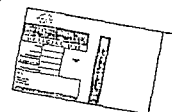
MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

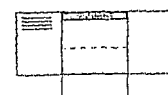
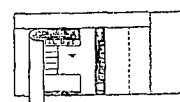
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6455	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes
MURIEL ANDREWS BOSSERT LIFE ESTATE 10606 VISTA LAGO PL SAN DIEGO, CA 92131		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6455	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes
MURIEL ANDREWS BOSSERT LIFE ESTATE 10606 VISTA LAGO PL SAN DIEGO, CA 92131		
Code: Allocation Project - D.Howell		

Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3