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

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Sent To
P ELENA SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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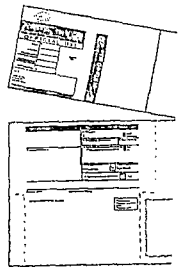
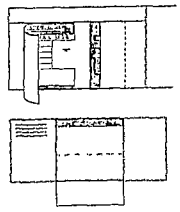
P ELENA SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2194
Article #: 71106605959000126806
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6806

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:

P ELENA SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

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 6806

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:

P ELENA SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2194
Article #: 71106605959000126806
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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

Postmark Here

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

P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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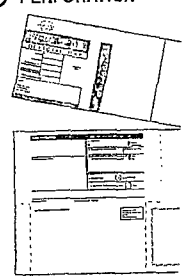
7110 6605 9590 0012 6813

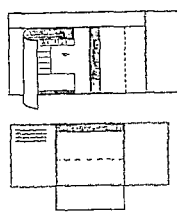
P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

Batch #: 2194
Article #: 71106605959000126813
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6813

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:

P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6813

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:

P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126813
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
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Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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

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Sent To
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PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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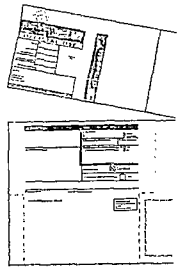
7110 6605 9590 0012 6820

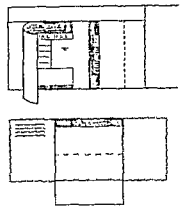
PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2194
Article #: 71106605959000126820
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6820

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:

PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6820

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

BLANCO NM 87412
SEP - 3 2010
USPS

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

1. Article Addressed to:

PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2194
Article #: 71106605959000126820
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Batch #: 2194
Article #: 71106605959000126837
Date/Time: 8/31/2010 12:34:15 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 6837

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:

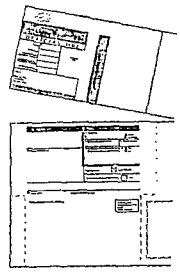
PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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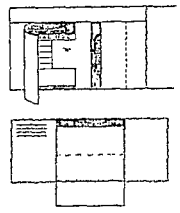

2. Article Number

7110 6605 9590 0012 6837

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Bill Bruns ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126837
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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

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

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

S Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 6844

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2195
Article #: 71106605959000126844
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R Rev. 01/07

2. Article Number

7110 6605 9590 0012 6844

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:

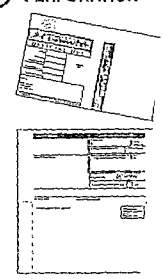
PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL A
RECEIPT FROM BA
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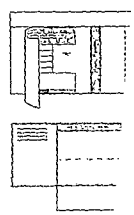

2. Article Number

7110 6605 9590 0012 6844

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Estes ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D:Howell

Batch #: 2195
Article #: 71106605959000126844
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:

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7110 6605 9590 0012 6851

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
PAMELA I CLUTE
Street, Apt. No.; or PO Box No.
4300 S DAHLIA ST
City, State, Zip+4
ENGLEWOOD, CO 80113

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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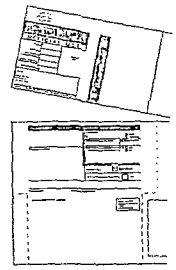
7110 6605 9590 0012 6851

PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

Batch #: 2195
Article #: 71106605959000126851
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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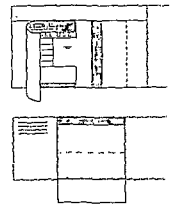
OF THE RETURN ADDRI



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2. Article Number
7110 6605 9590 0012 6851

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:

PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 6851

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

1. Article Addressed to:

PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126851
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 6868

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
PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

Street, Apt. No.; or PO Box No.

City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 6868

PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

Batch #: 2195
Article #: 71106605959000126868
Date/Time: 8/31/2010 12:42:22 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 6868

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:

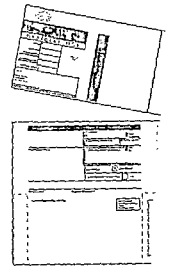
PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

3. Service Type ☒ Certified

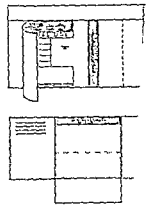
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN ADI



2. Article Number

7110 6605 9590 0012 6868

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126868
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 6875

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

PAT D & CRUZELIA MONTOYA LIVING TRU
211 HWY 511
BLANCO, NM 87412

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 6875

PAT D & CRUZELIA MONTOYA LIVING TRU
211 HWY 511
BLANCO, NM 87412

Batch #: 2195
Article #: 71106605959000126875
Date/Time: 8/31/2010 12:42:22 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 6875

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:

PAT D & CRUZELIA MONTOYA LIVING TRU
211 HWY 511
BLANCO, NM 87412

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 6875

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Montoya ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAT D & CRUZELIA MONTOYA LIVING TRU
211 HWY 511
BLANCO, NM 87412

3. Service Type ☒ Certified

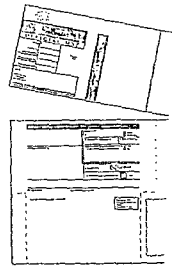
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

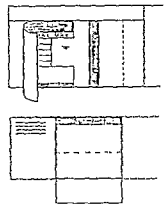
PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000126875
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

1 SEPARATE AT PERFORATION



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



3 LIFT HERE

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7110 6605 9590 0012 6882

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

PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

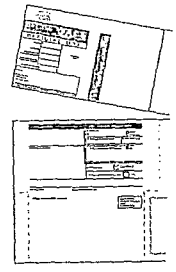
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6882

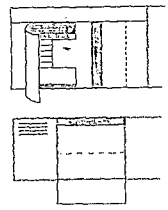
PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Batch #: 2195
Article #: 71106605959000126882
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 6882

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:

PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6882

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robin Gibson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Robin Gibson | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126882
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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

Postmark Here

Sent To
PATRICIA ANN ASHBURN
Street, Apt. No.; or PO Box No.
7095 69TH ST
City, State, Zip+4
VERO BEACH, FL 32967

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Batch #: 2195
Article #: 71106605959000126899
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6899

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:

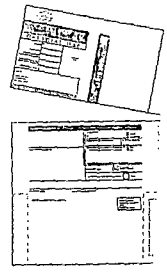
PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

3. Service Type ☒ Certified

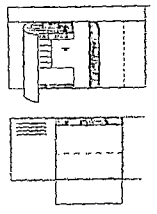
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6899

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W Ashburn ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126899
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:

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7110 6605 9590 0012 6905

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
PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

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

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Code: Allocation Project - D.Howell

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

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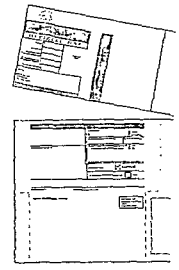
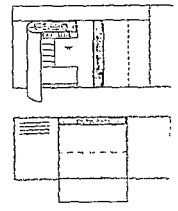
PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

Batch #: 2195
Article #: 71106605959000126905
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6905

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:

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6905

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia B Masi ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Patricia B Masi C. Date of Delivery 9/8/10

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

SEP 8 2010 HADDON HEIGHTS NJ 08035

1. Article Addressed to:

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126905
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 6912

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

Postmark Here

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

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 6912

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Batch #: 2195
Article #: 71106605959000126912
Date/Time: 8/31/2010 12:42:23 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 6912

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:

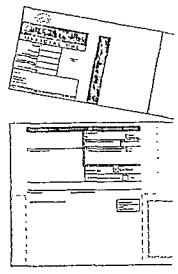
PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

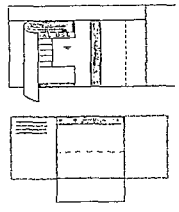
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 6912

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Ellsworth ☐ 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:

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126912
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6929

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

Postmark Here

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

PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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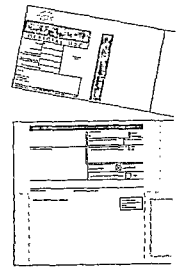
7110 6605 9590 0012 6929

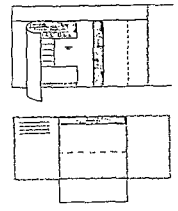
PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

Batch #: 2195
Article #: 71106605959000126929
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6929

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:

PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0012 6929

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ted Rutile ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 9/13/10

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

1. Article Addressed to:

PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

Batch #: 2195
Article #: 71106605959000126929
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

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

7110 6605 9590 0012 6936

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
PATRICIA LAURIE FRANCIL
Street, Apt. No.; or PO Box No.
4556 CR 240
City, State, Zip+4
DURANGO, CO 81301

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

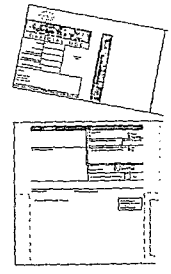
CERTIFIED MAIL™

7110 6605 9590 0012 6936

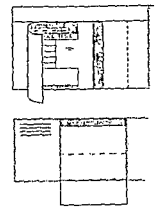
PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

Batch #: 2195
Article #: 71106605959000126936
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8111 01/07

2. Article Number

7110 6605 9590 0012 6936

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:

PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laurie Francil ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

DURANGO CO 81301
SEP - 9
USPS

Batch #: 2195
Article #: 71106605959000126936
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0012 6943

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

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

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL

7110 6605 9590 0012 6943

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

Batch #: 2195
Article #: 71106605959000126943
Date/Time: 8/31/2010 12:42:23 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 6943

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:

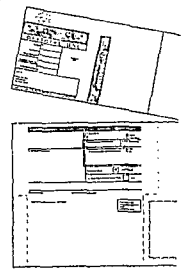
PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

3. Service Type ☒ Certified

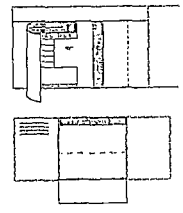
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 6943

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Rigg ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) P.A.T. RIGG C. Date of Delivery

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

1. Article Addressed to:

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000126943
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 6950

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
PATRICIA SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
Street, Apt. No.; or PO Box No.
114 W 47TH ST - 8TH FLR
City, State, Zip+4
NEW YORK, NY 10036

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

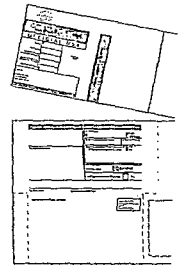
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6950

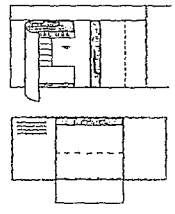
PATRICIA SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST - 8TH FLR
NEW YORK, NY 10036

Batch #: 2195
Article #: 71106605959000126950
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 6950

SENDER: COMPLETE THIS SECTION

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:

PATRICIA SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST - 8TH FLR
NEW YORK, NY 10036

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2195
Article #: 71106605959000126950
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 6967

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

PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 6967

PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

Batch #: 2195
Article #: 71106605959000126967
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 6967

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:

PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

3. Service Type ☒ Certified

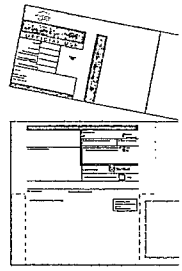
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

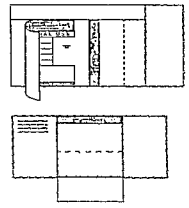
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-4, 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



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 #: 2195
Article #: 71106605959000126967
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

San Juan Busine[illegible]t
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0012 6967

1st NOTICE 9/7 INITIALS

2nd NOTICE 9-17 INITIALS

RETURN 9-23 INITIALS

PATRICIA STEELE

RETURNED TO SENDER UNCLAIMED

APPROVED

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

7110 6605 9590 0012 6974

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

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
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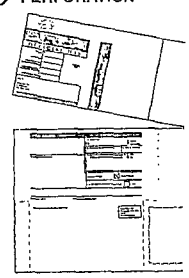
7110 6605 9590 0012 6974

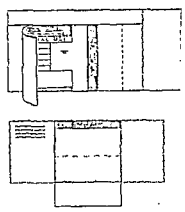
PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Batch #: 2195
Article #: 71106605959000126974
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 6974

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:

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0012 6974

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Velarde ☐ 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:

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

Batch #: 2195
Article #: 71106605959000126974
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 6981

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

PATRICK A MACINTOSH
502 S 11TH ST
GUNNISON, CO 81230-3212

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

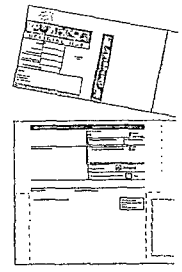
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6981

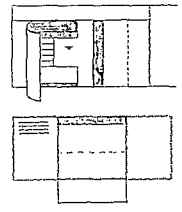
PATRICK A MACINTOSH
502 S 11TH ST
GUNNISON, CO 81230-3212

Batch #: 2195
Article #: 71106605959000126981
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



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

2. Article Number

7110 6605 9590 0012 6981

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:

PATRICK A MACINTOSH
502 S 11TH ST
GUNNISON, CO 81230-3212

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 6981

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan MacIntosh ☐ 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:

PATRICK A MACINTOSH
502 S 11TH ST
GUNNISON, CO 81230-3212

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

USPS GUNNISON CO 81230

Batch #: 2195
Article #: 71106605959000126981
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 6998

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

PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

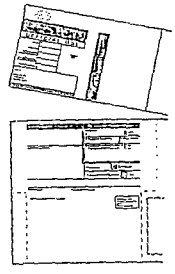
CERTIFIED MAIL™

7110 6605 9590 0012 6998

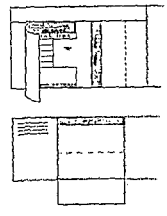
PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344

Batch #: 2195
Article #: 71106605959000126998
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6998

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:

PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 6998

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Coy ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) D. COY C. Date of Delivery 9/7/10

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

1. Article Addressed to:

PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000126998
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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

7110 6605 9590 0012 7001

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

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

FLAT SURFACE AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

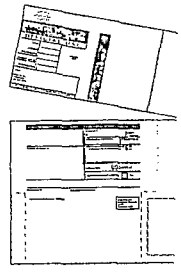
CERTIFIED MAIL™

7110 6605 9590 0012 7001

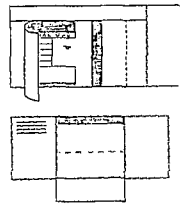
PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Batch #: 2195
Article #: 71106605959000127001
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 7001

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:

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patsy Cummins ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127001
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 3934

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

Postmark Here

Sent To: PATSY L WILLIAMSON
Street, Apt. No.; or PO Box No.: 3713 BLUEBELL DR
City, State, Zip+4: EVERMAN, TX 76140

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™

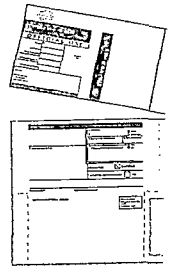
7110 6605 9590 0013 3934

PATSY L WILLIAMSON
3713 BLUEBELL DR

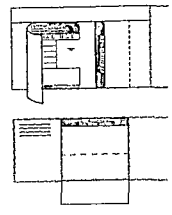
EVERMAN, TX 76140

Batch #: 2273
Article #: 71106605959000133934
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3934

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:

PATSY L WILLIAMSON
3713 BLUEBELL DR

EVERMAN, TX 76140

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3934

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James Williamson ☐ 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:

PATSY L WILLIAMSON
3713 BLUEBELL DR

EVERMAN, TX 76140

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133934
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 7018

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

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

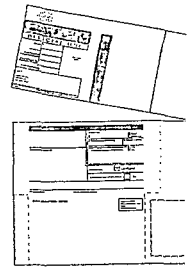
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7018

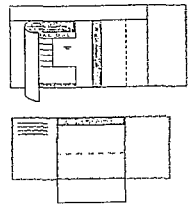
PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

Batch #: 2195
Article #: 71106605959000127018
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7018

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:

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7018

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie Patterson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Julie Patterson | C. Date of Delivery 9/2/10

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

1. Article Addressed to:

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127018
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7025

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
PATTI PECK WOOD
Street, Apt. No.; or PO Box No.
PO BOX 1099
City, State, Zip+4
RISING STAR, TX 76471

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

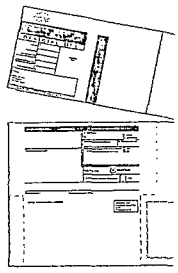
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7025

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Batch #: 2195
Article #: 71106605959000127025
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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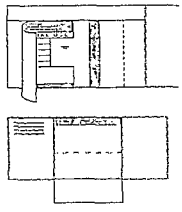

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 7025

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:

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 7025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley Allen ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Shirley Allen | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127025
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7032

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

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 7032

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

Batch #: 2195
Article #: 71106605959000127032
Date/Time: 8/31/2010 12:42:24 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 7032

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:

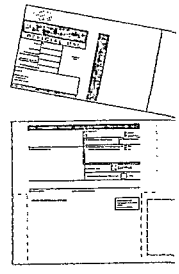
PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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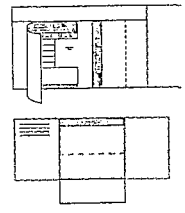

2. Article Number

7110 6605 9590 0012 7032

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paul A Brennand ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127032
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7049

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

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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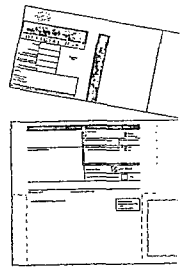
7110 6605 9590 0012 7049

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Batch #: 2195
Article #: 71106605959000127049
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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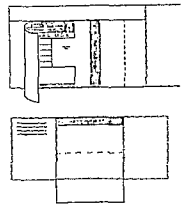

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7049

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:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

F

2. Article Number

7110 6605 9590 0012 7049

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William A. Trexel ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127049
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7056

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
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City, State, Zip+4

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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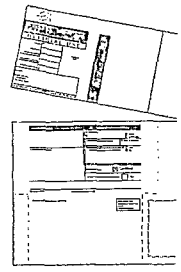
7110 6605 9590 0012 7056

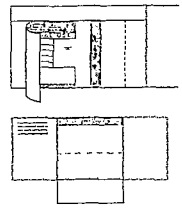
PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Batch #: 2195
Article #: 71106605959000127056
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7056

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:

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7056

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

Jeremiah Luttrell | 9/7/10

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

1. Article Addressed to:

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127056
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7063

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
PAUL PATE
ATTN OIL & GAS DEPT
Street, Apt. No.; or PO Box No.
PO BOX 3480
City, State, Zip+4
OMAHA, NE 68103-0480

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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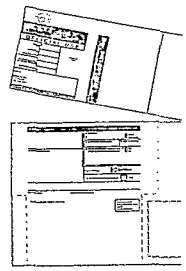
7110 6605 9590 0012 7063

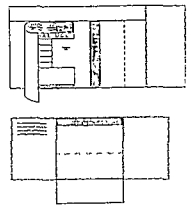
PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2195
Article #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7063

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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

MAR SEP - 2010 USPS

Batch #: 2195
Article #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7070

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

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

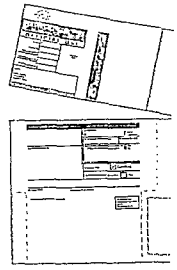
FOLD AND TUCK FOR CERTIFIED MAIL

7110 6605 9590 0012 7070

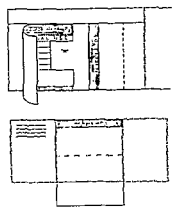
PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

Batch #: 2195
Article #: 71106605959000127070
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 ... 01/07

2. Article Number

7110 6605 9590 0012 7070

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:

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7070

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) JOHN MAYO | C. Date of Delivery 9/8/10

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

1. Article Addressed to:

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127070
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 7087

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

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

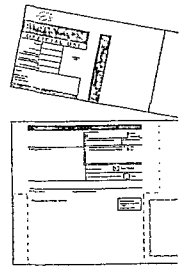
CERTIFIED MAIL™

7110 6605 9590 0012 7087

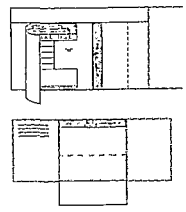
PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

Batch #: 2195
Article #: 71106605959000127087
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0012 7087

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:

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Cindrus ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

Box 2035

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127087
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 7094

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
PAULETTE SHARON CANDELARIA
Street, Apt. No.; or PO Box No.
PO BOX 348
City, State, Zip+4
BLANCO, NM 87412

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

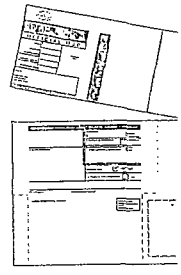
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7094

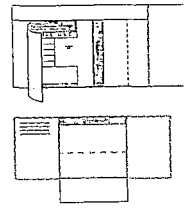
PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2195
Article #: 71106605959000127094
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7094

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:

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7094

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Candelaria ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

BLANCO NM 87412 SEP - 3 2010 USPS

Batch #: 2195
Article #: 71106605959000127094
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 7100

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

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

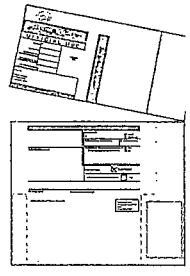
CERTIFIED MAIL™

7110 6605 9590 0012 7100

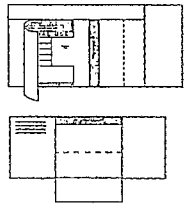
PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7100

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:

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

San Juan Busin[illegible]Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD

7110 6605 9590 0012 7117

9/14

MAILED F

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

APPROVED

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

7110 6605 9590 0012 7117

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

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

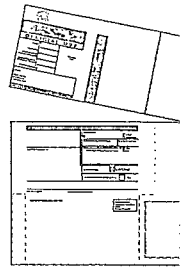
CERTIFIED MAIL™

7110 6605 9590 0012 7117

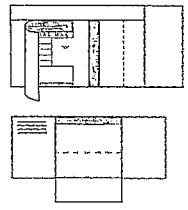
PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Batch #: 2195
Article #: 71106605959000127117
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 7117

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:

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2195
Article #: 71106605959000127117
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 3941

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

Postmark Here

Sent To: PEARL R TAYLOR EST
Street, Apt. No.; or PO Box No.: 2610 FIRST ST
City, State, Zip+4: TILLAMOOK, OR 97141-2503

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 3941

PEARL R TAYLOR EST
2610 FIRST ST
TILLAMOOK, OR 97141-2503

Batch #: 2273
Article #: 71106605959000133941
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3941

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:

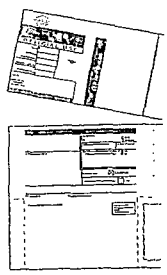
PEARL R TAYLOR EST
2610 FIRST ST

TILLAMOOK, OR 97141-2503

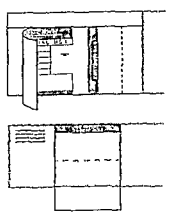
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 3941

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Taylor ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Linda Taylor | C. Date of Delivery 9.20.10

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

1. Article Addressed to:

PEARL R TAYLOR EST
2610 FIRST ST

TILLAMOOK, OR 97141-2503

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133941
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 — Domestic Return Receipt

APPROVED

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

7110 6605 9590 0012 7124

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
PENELOPE HESS BUTLER
Street, Apt. No.; or PO Box No.
4605 POST OAK PL, STE 107
City, State, Zip+4
HOUSTON, TX 77027

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

ATTACH THIS CERTIFICATE AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

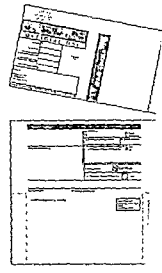
CERTIFIED MAIL™

7110 6605 9590 0012 7124

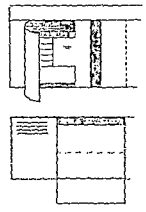
PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

Batch #: 2195
Article #: 71106605959000127124
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BAC PLACE LABEL AT T ENVELOPE TO THE OF THE RETURN AI



Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7124

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:

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

P

2. Article Number

7110 6605 9590 0012 7124

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Louise Gibbs ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP - 7 2010

Batch #: 2195
Article #: 71106605959000127124
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HE

PROVED

S Postal Service
FIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
Delivery Information for this website is not available

7110 6605 9590 0012 7131

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

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

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

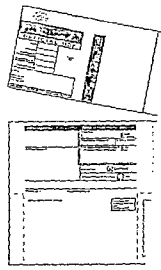
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 7131

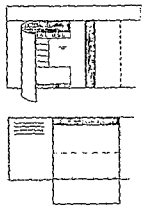
PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2195
Article #: 71106605959000127131
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 7131

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:

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7131

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:

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127131
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:

3 LIFT HEI

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 7148

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

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

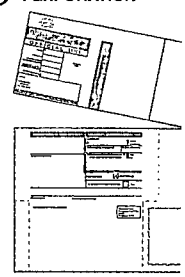
CERTIFIED MAIL™

7110 6605 9590 0012 7148

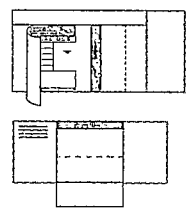
PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

Batch #: 2195
Article #: 71106605959000127148
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 7148

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:

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2195
Article #: 71106605959000127148
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

FLOWED

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

7110 6605 9590 0012 7155

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
PERRY H. POLLOCK
Street, Apt. No.; or PO Box No.
PO BOX 950
City, State, Zip+4
ASPEN, CO 81612

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

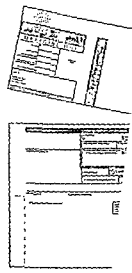
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7155

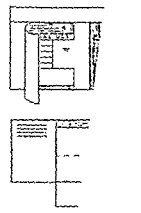
PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Batch #: 2195
Article #: 71106605959000127155
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

1 SEPARATE AT PERFORATION



2 REMOVE LABE RECEIPT FRO PLACE LABEL ENVELOPE TC OF THE RETU



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 7155

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:

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7155

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Perry H. Pollock ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Perry H. Pollock C. Date of Delivery 9-7-10

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

1. Article Addressed to:

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

ASPEN CO 81611 SEP 7 2010 USPS

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127155
Date/Time: 8/31/2010 12:42:24 PM
...tion Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

3 LII

PROVED

S Postal Service
FIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 7162

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

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

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

S Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 7162

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

Batch #: 2195
Article #: 71106605959000127162
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 01/07

2. Article Number

7110 6605 9590 0012 7162

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:

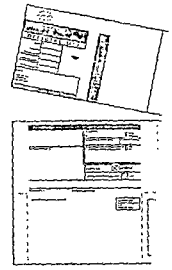
PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

3. Service Type ☒ Certified

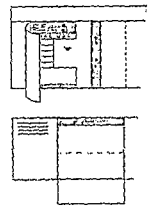
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



2. Article Number

7110 6605 9590 0012 7162

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Martha Moggle ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127162
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:

PS Form 3811 **Domestic Return Receipt**

LIFT HE

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

7110 6605 9590 0012 7179

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
PETER CLAUD JACOBSEN
Street, Apt. No.; or PO Box No.
3319 HULEN
City, State, Zip+4
FORT WORTH, TX 76107

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL

7110 6605 9590 0012 7179

PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Batch #: 2195
Article #: 71106605959000127179
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7179

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:

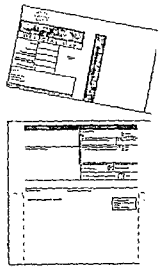
PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

3. Service Type ☒ Certified

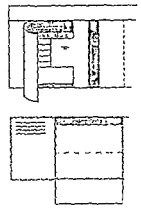
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BAC PLACE LABEL AT T ENVELOPE TO THE OF THE RETURN A



2. Article Number

7110 6605 9590 0012 7179

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Jacobsen C. Date of Delivery 9/5

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

1. Article Addressed to:

PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127179
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:

3

LIFT HE

PS Form 3811 | **Domestic Return Receipt**

REMOVED

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

7110 6605 9590 0012 7186

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
PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 7186

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Batch #: 2195
Article #: 71106605959000127186
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 7186

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:

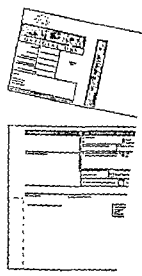
PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

3. Service Type ☒ Certified

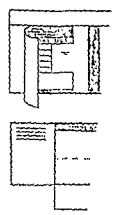
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL RECEIPT FROM PLACE LABEL / ENVELOPE TO OF THE RETUR



2. Article Number

7110 6605 9590 0012 7186

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peter McKee Brennand ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Peter McKee Brennand C. Date of Delivery 9/4/10

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

1. Article Addressed to:

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127186
Date/Time: 8/31/2010 12:42:24 PM
Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

3 LIFT

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Postal Service
FIED MAIL RECEIPT
Mail Only; No Insurance Coverage Provided
Delivery Information visit our website at www.usps.com

7110 6605 9590 0012 7193

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

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

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL

7110 6605 9590 0012 7193

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

Batch #: 2195
Article #: 71106605959000127193
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811F 01/07

2. Article Number

7110 6605 9590 0012 7193

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:

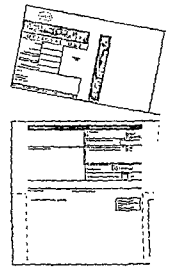
PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

3. Service Type ☒ Certified

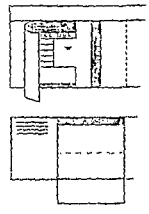
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAC PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



2. Article Number

7110 6605 9590 0012 7193

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:

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127193
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 7209

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

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

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 7209

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Batch #: 2195
Article #: 71106605959000127209
Date/Time: 8/31/2010 12:42:25 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 7209

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:

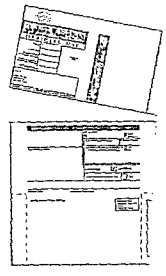
PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

3. Service Type ☒ Certified

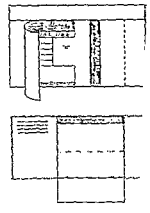
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN ADI



2. Article Number
7110 6605 9590 0012 7209

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RBPROWER ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127209
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HER

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7110 6605 9590 0012 7216

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

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

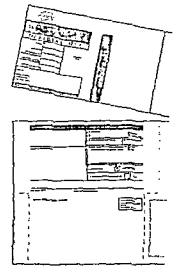
CERTIFIED MAIL™

7110 6605 9590 0012 7216

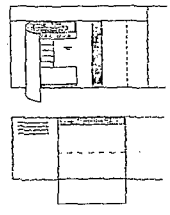
PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Batch #: 2195
Article #: 71106605959000127216
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 7216

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:

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7216

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:

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127216
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 7223

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

PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL™
7110 6605 9590 0012 7223
PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

Batch #: 2195
Article #: 71106605959000127223
Date/Time: 8/31/2010 12:42:25 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 7223

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:

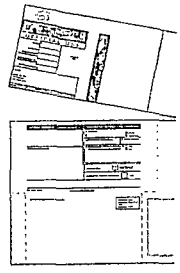
PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

3. Service Type ☒ Certified

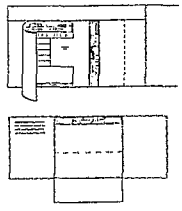
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 7223

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Philip Demeree | C. Date of Delivery 9-23-10

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

1. Article Addressed to:

PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127223
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 7230

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

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

DO NOT STICK ANY TAPE OR ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL™

7110 6605 9590 0012 7230

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

Batch #: 2195
Article #: 71106605959000127230
Date/Time: 8/31/2010 12:42:25 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 7230

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:

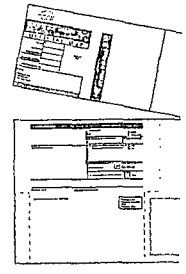
PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

3. Service Type ☒ Certified

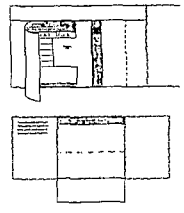
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7230

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Debra L Homburger ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

UNIVERSITY CLERK DENVER CO 80210 SEP -7 2010 USPS

Batch #: 2195
Article #: 71106605959000127230
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0013 3132

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

Postmark Here

Sent To $5.54
PHILLIP F MARBERRY
Street, Apt. No.; or PO Box No. 2170 CAMINO DE CHAVEZ
City, State, Zip+4 BOSQUE FARMS, NM 87068

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

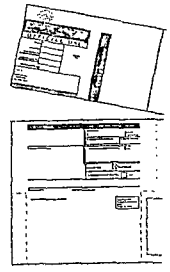
CERTIFIED MAIL™

7110 6605 9590 0013 3132

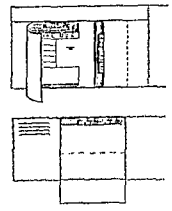
PHILLIP F MARBERRY
2170 CAMINO DE CHAVEZ
BOSQUE FARMS, NM 87068

Batch #: 2269
Article #: 71106605959000133132
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3132

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:

PHILLIP F MARBERRY
2170 CAMINO DE CHAVEZ

BOSQUE FARMS, NM 87068

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS

2. Article Number

7110 6605 9590 0013 3132

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:

PHILLIP F MARBERRY
2170 CAMINO DE CHAVEZ

BOSQUE FARMS, NM 87068

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133132
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 Domestic Return Receipt

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7247

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

PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

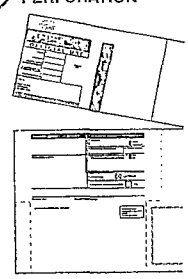
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7110 6605 9590 0012 7247

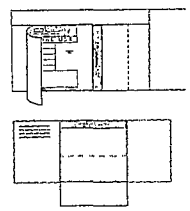
PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

Batch #: 2195
Article #: 71106605959000127247
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7247

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:

PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7247

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Phyllis F. Hoffman ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Phyllis F. Hoffman | C. Date of Delivery 9/3/18

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

1. Article Addressed to:

PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127247
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™
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7110 6605 9590 0012 7254

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

PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

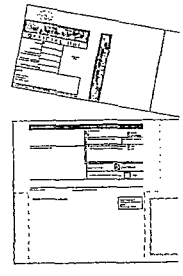
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7254

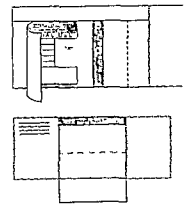
PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Batch #: 2195
Article #: 71106605959000127254
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7254

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:

PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7254

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:

PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127254
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 7261

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

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

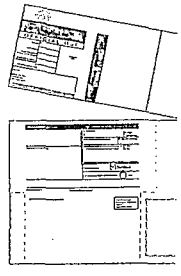
CERTIFIED MAIL™

7110 6605 9590 0012 7261

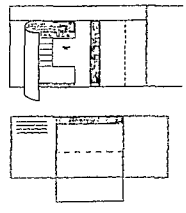
PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Batch #: 2195
Article #: 71106605959000127261
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7261

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:

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 7261

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127261
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 7278

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
PINTAIL PRODUCTION CO INC
Street, Apt. No.; or PO Box No.
6467 SOUTHWEST BLVD
City, State, Zip+4
FORT WORTH, TX 76132

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 7278

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Batch #: 2195
Article #: 71106605959000127278
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

2. Article Number

7110 6605 9590 0012 7278

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:

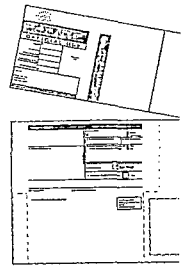
PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

3. Service Type ☒ Certified

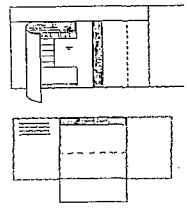
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7278

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gayle Murray ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Gayle Murray | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127278
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 7285

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
PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
Street, Apt. No.; or PO Box No. 315 JOHNSTONE 1060 POB
City, State, Zip+4 BARTLESVILLE, OK 74004

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

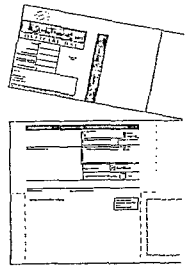
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7285

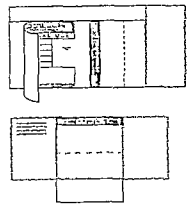
PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2195
Article #: 71106605959000127285
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7285

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:

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7285

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:

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 07
Bartlesville, OK

Batch #: 2195
Article #: 71106605959000127285
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7292

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

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

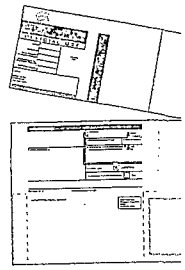
CERTIFIED MAIL™
TO VOID STICKER, PEEL OFF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 7292

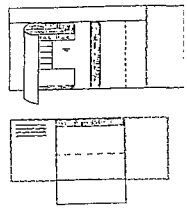
PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Batch #: 2195
Article #: 71106605959000127292
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7292

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:

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7292

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kandi Robinson ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

USPS 88210 SEP - 7 2010 ARTESIA, NM

Batch #: 2195
Article #: 71106605959000127292
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7308

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

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

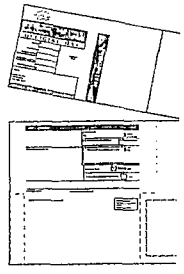
CERTIFIED MAIL™

7110 6605 9590 0012 7308

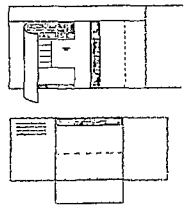
POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

Batch #: 2195
Article #: 71106605959000127308
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 7308

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:

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7308

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reggie ☐ Agent ☐ Addressee

B. Received by (Printed Name) Reginald Abad | C. Date of Delivery 9/15/10

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

1. Article Addressed to:

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127308
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7315

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

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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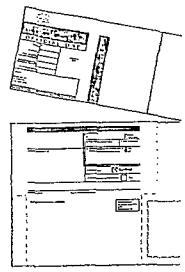
7110 6605 9590 0012 7315

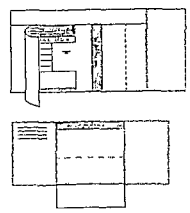
PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Batch #: 2195
Article #: 71106605959000127315
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 7315

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:

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7315

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judith Clark ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Judith Clark C. Date of Delivery 9/7/10

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

1. Article Addressed to:

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127315
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7322

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

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

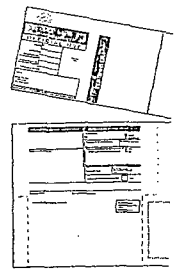
CERTIFIED MAIL™

7110 6605 9590 0012 7322

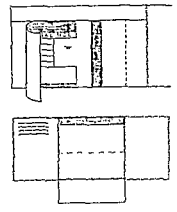
PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Batch #: 2195
Article #: 71106605959000127322
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7322

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:

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7322

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rebecca McCarthy ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Rebecca McCarthy C. Date of Delivery 9-10-2010

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

1. Article Addressed to:

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127322
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 7339

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

PRINCETON UNIVERSITY GRADUATE COL
PO BOX 35
PRINCETON, NJ 08544-0035

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

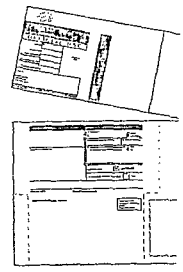
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7339

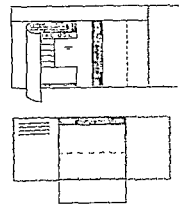
PRINCETON UNIVERSITY GRADUATE COLLE
PO BOX 35
PRINCETON, NJ 08544-0035

Batch #: 2195
Article #: 71106605959000127339
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7339

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:

PRINCETON UNIVERSITY GRADUATE COLLE
PO BOX 35
PRINCETON, NJ 08544-0035

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7339

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

ANTHONY HOSTER
MAIL SERVICE 09 2010

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

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLE
PO BOX 35
PRINCETON, NJ 08544-0035

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127339
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7346

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

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City, State, Zip+4

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 7346

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Batch #: 2195
Article #: 71106605959000127346
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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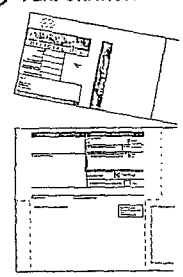
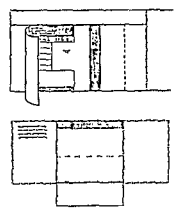


2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7346

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:

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7346

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:

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000127346
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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

Postmark Here

Sent To: PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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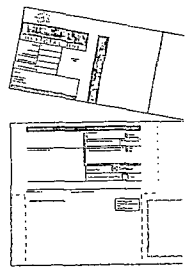
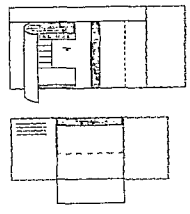
PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

Batch #: 2195
Article #: 71106605959000127353
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7353

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:

PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7353

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roland D Pritchett ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Roland D Pritchett | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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City, State, Zip+4

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Batch #: 2195
Article #: 71106605959000127360
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-5 rev. 01/07

2. Article Number

7110 6605 9590 0012 7360

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:

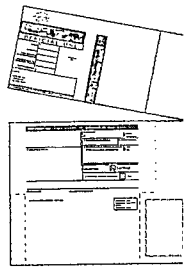
PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

3. Service Type ☒ Certified

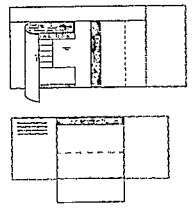
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 7360

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Annette Kram ☐ 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:

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127360
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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City, State, Zip+4

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 7377

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Batch #: 2195
Article #: 71106605959000127377
Date/Time: 8/31/2010 12:42:26 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 7377

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:

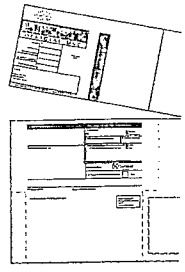
PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

3. Service Type ☒ Certified

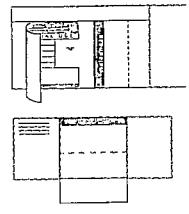
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7377

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gayle Ellis ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
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Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

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City, State, Zip+4

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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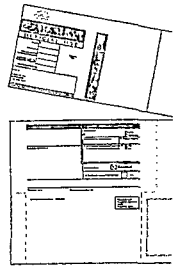
7110 6605 9590 0012 7384

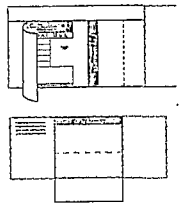
PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Batch #: 2195
Article #: 71106605959000127384
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 7384

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:

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7384

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peter ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 05 2010

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

1. Article Addressed to:

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

3. Service Type ☒ Certified

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

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File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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