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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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City, State, Zip+4

R D STUART TRUST
PO BOX 840738
DALLAS, TX 75284-0738

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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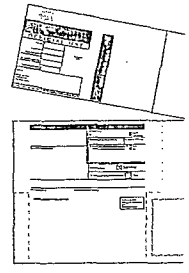
7110 6605 9590 0012 7391

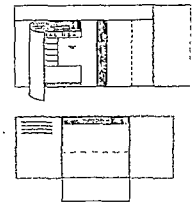
R D STUART TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2195
Article #: 71106605959000127391
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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7391

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:

R D STUART TRUST
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 7391

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:

R D STUART TRUST
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 07 2010

Batch #: 2195
Article #: 71106605959000127391
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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

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Sent To
R E BEAMON III
Street, Apt. No.; or PO Box No.
2603 AUGUSTA STE 1050
City, State, Zip+4
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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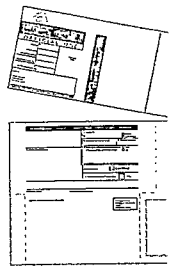
7110 6605 9590 0012 7407

R E BEAMON III
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

Batch #: 2195
Article #: 71106605959000127407
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 BACKIN
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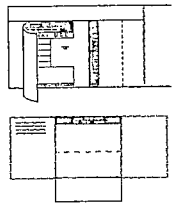
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



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

2. Article Number

7110 6605 9590 0012 7407

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:

R E BEAMON III
2603 AUGUSTA STE 1050
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 7407

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Weber ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) M. Weber | 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:

R E BEAMON III
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127407
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
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Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 7414

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
R H FEUILLE
c/o Scott & Hulse
11th Floor TX COMMERCE BDLG.
EL PASO, TX 79901

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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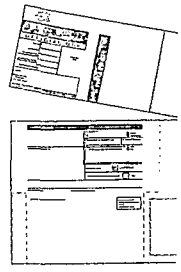
7110 6605 9590 0012 7414

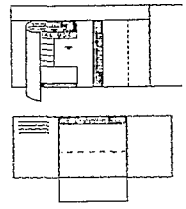
R H FEUILLE
c/o Scott & Hulse
11th Floor TX COMMERCE BDLG.
EL PASO, TX 79901

Batch #: 2195
Article #: 71106605959000127414
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 7414

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:

R H FEUILLE
c/o Scott & Hulse
11th Floor TX COMMERCE BDLG.
EL PASO, TX 79901

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7414

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:

R H FEUILLE
c/o Scott & Hulse
11th Floor TX COMMERCE BDLG.
EL PASO, TX 79901

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127414
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
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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

R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
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
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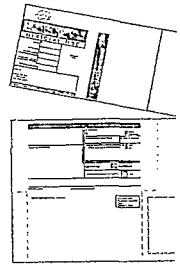
7110 6605 9590 0012 7421

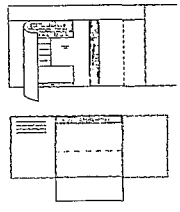
R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
WICHITA FALLS, TX 76308

Batch #: 2195
Article #: 71106605959000127421
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 7421

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:

R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
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 7421

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:

R L BOLIN PROPERTIES LTD
4245 KEMP BLVD, STE 316
WICHITA FALLS, TX 76308

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

A. Signature
X Gary Hartsell ☐ Agent ☐ Addressee

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

Batch #: 2195
Article #: 71106605959000127421
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

Postmark Here

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City, State, Zip+4

R. A. JENNINGS, AGENT
SAN JUAN ROYALTY JV-90
PO BOX 3759
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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R. A. JENNINGS, AGENT
SAN JUAN ROYALTY JV-90
PO BOX 3759
MIDLAND, TX 79702

Batch #: 2195
Article #: 71106605959000127438
Date/Time: 8/31/2010 12:42:26 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 7438

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:

R. A. JENNINGS, AGENT
SAN JUAN ROYALTY JV-90
PO BOX 3759
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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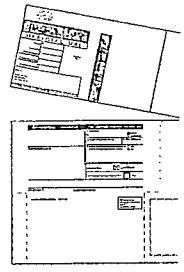
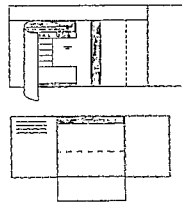
1 SEPARATE AT PERFORATION



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 7438

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn Chant ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Kathryn Chant | 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:

R. A. JENNINGS, AGENT
SAN JUAN ROYALTY JV-90
PO BOX 3759
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127438
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 3958

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

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City, State, Zip+4

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

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

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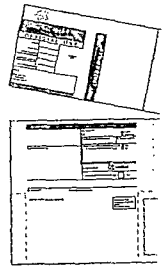
7110 6605 9590 0013 3958

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

Batch #: 2273
Article #: 71106605959000133958
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
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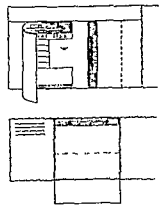
ENVELOPE TO THE RIG
OF THE RETURN ADDF



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3958

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:

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3958

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:

RABSM LLC
DEPT 1300
PO BOX 22155
TULSA, OK 74121-2155

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133958
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 7445

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

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

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 7445

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

Batch #: 2195
Article #: 71106605959000127445
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
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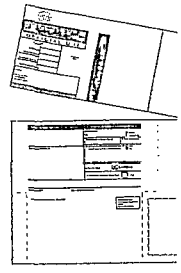
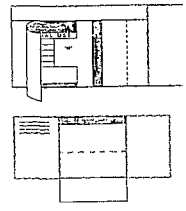
1 SEPARATE AT PERFORATION



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



Reorder Form LCD-1, Rev. 01/07

2. Article Number

7110 6605 9590 0012 7445

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:

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7445

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) KELLY R. HINKLE | 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:

R. R. HINKLE COMPANY, INC.
P. O. BOX 2292
ROSWELL, NM 88202-2292

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127445
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

RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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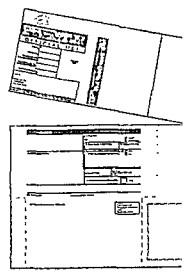
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 7452

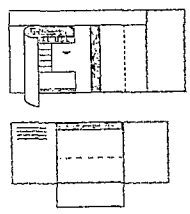
RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

Batch #: 2195
Article #: 71106605959000127452
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 7452

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:

RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7452

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ralph A Vandewart ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) RALPH A. VANDEWART | 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:

RALPH ALLEN VANDEWART III
PO BOX 159
FLYING H, NM 88339-0159

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127452
Date/Time: 8/31/2010 12:42:26 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 7469

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

RALPH W GILMORE
177 STATE HWY 94
ALEDO, IL 61231

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 7469

RALPH W GILMORE
177 STATE HWY 94
ALEDO, IL 61231

Batch #: 2195
Article #: 71106605959000127469
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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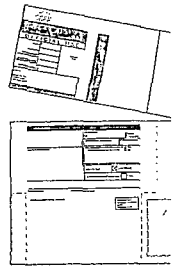

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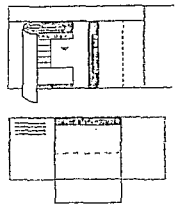

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7469

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:

RALPH W GILMORE
177 STATE HWY 94
ALEDO, IL 61231

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7469

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Merrill Gilmore ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Merrill D. Gilmore | 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:

RALPH W GILMORE
177 STATE HWY 94
ALEDO, IL 61231

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127469
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
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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

RANDOLPH BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

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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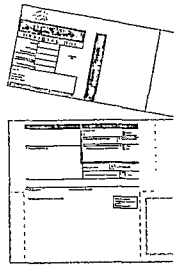
RANDOLPH BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Batch #: 2195
Article #: 71106605959000127476
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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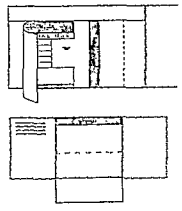

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7476

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:

RANDOLPH BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7476

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Merly Good ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Merly Good | 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:

RANDOLPH BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127476
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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
RANDY SMYSER
Street, Apt. No.; or PO Box No.
15001 OLYMPIC RD
City, State, Zip+4
SHERIDAN, MO 64486-8203

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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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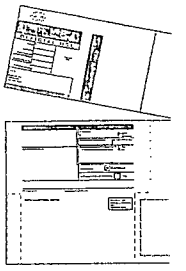
RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127483
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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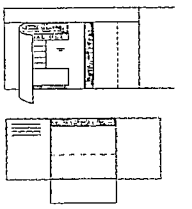

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7483

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:

RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7483

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Treva Smyser ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Treva Smyser | 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:

RANDY SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127483
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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RAY HAMMOND REVOCABLE TRUST
C/O MORGAN STANLEY
6701 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

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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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RAY HAMMOND REVOCABLE TRUST
C/O MORGAN STANLEY
6701 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Batch #: 2195
Article #: 71106605959000127490
Date/Time: 8/31/2010 12:42:26 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 7490

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:

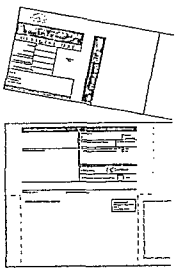
RAY HAMMOND REVOCABLE TRUST
C/O MORGAN STANLEY
6701 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

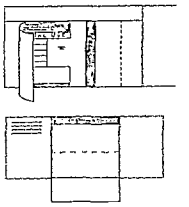
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 7490

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bruce Hayes ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) Bruce Hayes | 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:

RAY HAMMOND REVOCABLE TRUST
C/O MORGAN STANLEY
6701 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127490
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
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7110 6605 9590 0012 7506

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

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

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Code: Allocation Project - D.Howell

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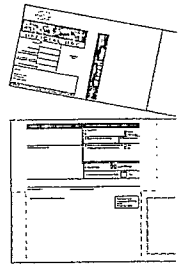
7110 6605 9590 0012 7506

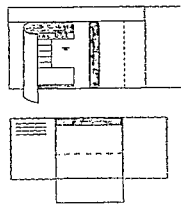
RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

Batch #: 2195
Article #: 71106605959000127506
Date/Time: 8/31/2010 12:42:27 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 7506

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:

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7506

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:

RAYMOND C HARRIS
3015 S EILER AVENUE
JOPLIN, MO 64804

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127506
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7513

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
RAYMOND K PALMER
Street, Apt. No.; or PO Box No.
1013 FAIRWEATHER DR
City, State, Zip+4
SACRAMENTO, CA 95833

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

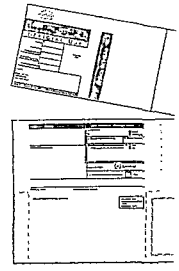
CERTIFIED MAIL™

7110 6605 9590 0012 7513

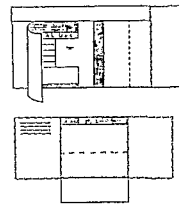
RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

Batch #: 2195
Article #: 71106605959000127513
Date/Time: 8/31/2010 12:42:27 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 7513

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:

RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 7513

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (*Printed Name*) Melissa Palmer C. Date of Delivery SEP 27

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

1. Article Addressed to:

RAYMOND K PALMER
1013 FAIRWEATHER DR
SACRAMENTO, CA 95833

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127513
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
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7110 6605 9590 0012 7520

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

RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

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

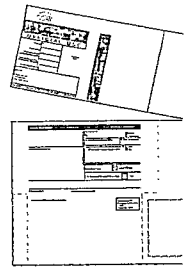
CERTIFIED MAIL™

7110 6605 9590 0012 7520

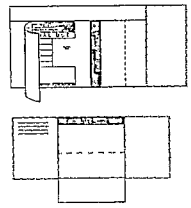
RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

Batch #: 2195
Article #: 71106605959000127520
Date/Time: 8/31/2010 12:42:27 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 7520

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:

RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7520

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

OXNARD, CA 93030-9998
SEP -7 2010
USPS-ACCTG

RAYMOND L GALLEGOS
2061 OLGA ST
OXNARD, CA 93036-2712

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127520
Date/Time: 8/31/2010 12:42:27 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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S Postal Service
IFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)

Delivery information is available at www.usps.com

7110 6605 9590 0012 7537

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

RAYMOND SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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

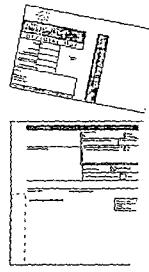
CERTIFIED MAIL™

7110 6605 9590 0012 7537

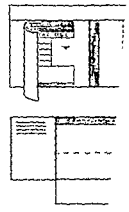
RAYMOND SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127537
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL A RECEIPT FROM B/ PLACE LABEL AT ENVELOPE TO TH OF THE RETURN



Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7537

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:

RAYMOND SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7537

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raymond Smyser ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Raymond Smyser 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:

RAYMOND SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000127537
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell

3 LIFT H

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S Postal Service

IFIED MAIL™ RECEIPT

Mail Only; No Insurance Coverage Provided)

delivery information visit our website at www.usps.com

7110 6605 9590 0012 7544

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.
ity, State, Zip+4

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

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

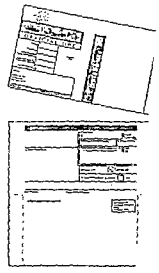
CERTIFIED MAIL™

7110 6605 9590 0012 7544

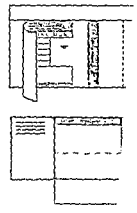
REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

Batch #: 2195
Article #: 71106605959000127544
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7544

1. Article Addressed to:

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7544

1. Article Addressed to:

REBECCA MCCLAIN
16797 US 550
AZTEC, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melanie McClain ☐ 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

SEP 09 2010

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000127544
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:

3 LIFT HI

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

7110 6605 9590 0012 7551

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

Postmark Here

ent To
REECE B ANDERSON
reet, Apt. No.; 1411 BRIARMEAD DR
PO Box No.
ty, State, Zip+4 HOUSTON, TX 77057

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

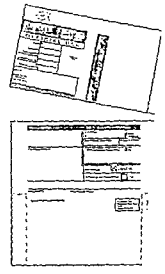
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 7551

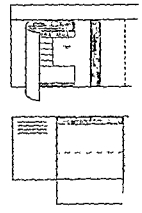
REECE B ANDERSON
1411 BRIARMEAD DR
HOUSTON, TX 77057

Batch #: 2195
Article #: 71106605959000127551
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 .01/07

2. Article Number

7110 6605 9590 0012 7551

1. Article Addressed to:

REECE B ANDERSON
1411 BRIARMEAD DR
HOUSTON, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7551

1. Article Addressed to:

REECE B ANDERSON
1411 BRIARMEAD DR
HOUSTON, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reece Blanderson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) REECE B ANDERSON | C. Date of Delivery 9/8/11

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000127551
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:

3 LIFT HE

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Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 7568

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

REESE ELLEN TAYLOR
551 W CORDOVA RD # 804
SANTA FE, NM 87505

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 7568

REESE ELLEN TAYLOR
551 W CORDOVA RD # 804
SANTA FE, NM 87505

Batch #: 2195
Article #: 71106605959000127568
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

1 SEPARATE AT PERFORATION

2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETU

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 7568

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:

REESE ELLEN TAYLOR
551 W CORDOVA RD # 804
SANTA FE, NM 87505

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7568

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A. Sandoval ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) A. Sandoval | 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:

REESE ELLEN TAYLOR
551 W CORDOVA RD # 804
SANTA FE, NM 87505

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127568
Date/Time: 8/31/2010 12:42:27 PM

3

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 0013 3965

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

REGENT OIL & GAS CO LP
PO BOX 25204

DALLAS, TX 75225

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™

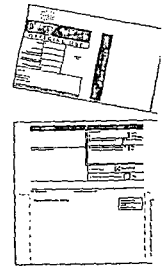
7110 6605 9590 0013 3965

REGENT OIL & GAS CO LP
PO BOX 25204

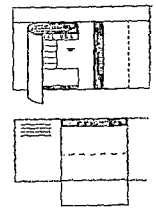
DALLAS, TX 75225

Batch #: 2273
Article #: 71106605959000133965
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 BACI PLACE LABEL AT TO ENVELOPE TO THE R OF THE RETURN ADI



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

2. Article Number

7110 6605 9590 0013 3965

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:

REGENT OIL & GAS CO LP
PO BOX 25204

DALLAS, TX 75225

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3965

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) David Hart | C. Date of Delivery 9/18/10

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

1. Article Addressed to:

REGENT OIL & GAS CO LP
PO BOX 25204

DALLAS, TX 75225

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

Batch #: 2273
Article #: 71106605959000133965
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:

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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 7575

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

RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

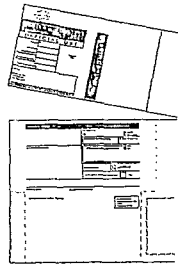
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7575

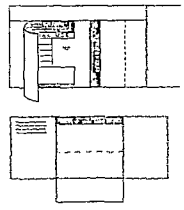
RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

Batch #: 2195
Article #: 71106605959000127575
Date/Time: 8/31/2010 12:42:27 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 7575

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:

RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

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 7575

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Greg Trombley ☐ Agent ☐ Addressee

B. Received by (Printed Name) Greg Trombley | 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:

RESOURCE DEVELOPMENT TECHNOLOGY LLC
P O BOX 1020
MORRISON, CO 80465

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

MORRISON CO
SEP 07 2010
USPS

Batch #: 2195
Article #: 71106605959000127575
Date/Time: 8/31/2010 12:42:27 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
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 7582

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

RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

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 7582

RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

Batch #: 2195
Article #: 71106605959000127582
Date/Time: 8/31/2010 12:42:27 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 7582

1. Article Addressed to:

RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

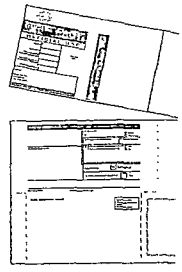
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

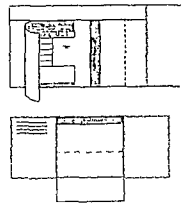
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 7582

1. Article Addressed to:

RHEA DAWN WILBORN
955 NINETEENTH 1/2 RD
FRUITA, CO 81521-9378

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rhea Wilborn ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9.4.10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127582
Date/Time: 8/31/2010 12:42:27 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 7605

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
RICHARD A JENNINGS TRUSTEE
Street, Apt. No.; or PO Box No.
PO BOX 3759
City, State, Zip+4
MIDLAND, TX 79702-3759

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 7605

RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

Batch #: 2195
Article #: 71106605959000127605
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81[illegible] 01/07

2. Article Number
7110 6605 9590 0012 7605

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:

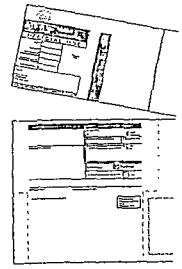
RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

3. Service Type ☒ Certified

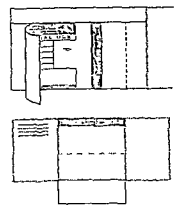
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 7605

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathryn Olson ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Kathryn Olson | 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:

RICHARD A JENNINGS TRUSTEE
PO BOX 3759
MIDLAND, TX 79702-3759

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127605
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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 7612

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

RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL™

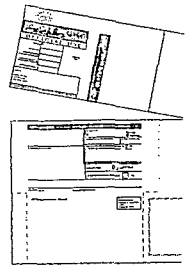
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7110 6605 9590 0012 7612

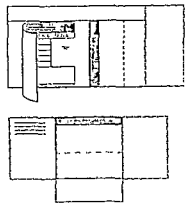
RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

Batch #: 2195
Article #: 71106605959000127612
Date/Time: 8/31/2010 12:42:27 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 7612

1. Article Addressed to:

RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7612

1. Article Addressed to:

RICHARD A MACINTOSH
9929 PINE KNOLL LN
SAN DIEGO, CA 92124-1809

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127612
Date/Time: 8/31/2010 12:42:27 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 7629

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

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

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

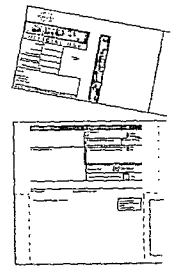
CERTIFIED MAIL™

7110 6605 9590 0012 7629

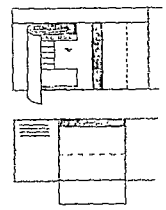
RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

Batch #: 2195
Article #: 71106605959000127629
Date/Time: 8/31/2010 12:42:27 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 RIC OF THE RETURN ADDI



Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 7629

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:

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

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 7629

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) RICHARD E ARNOLD | 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:

RICHARD ARNOLD
BOX 2372
BLOOMFIELD, NM 87413

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127629
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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7110 6605 9590 0012 7599

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

RICHARD A GROENENDYKE JR
2545 E 30TH ST
TULSA, OK 74114

PS Form 3800, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell

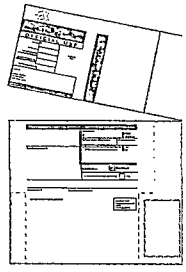
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7599

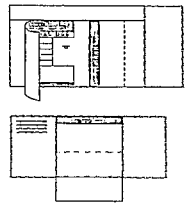
RICHARD A GROENENDYKE JR
2545 E 30TH ST
TULSA, OK 74114

Batch #: 2195
Article #: 71106605959000127599
Date/Time: 8/31/2010 12:42:27 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 7599

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:

RICHARD A GROENENDYKE JR
2545 E 30TH ST
TULSA, OK 74114

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 v. 01/07

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 #: 71106605959000127599
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 3972

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: RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
Street, Apt. No.; or PO Box No.: 6729 ACADEMY RD NE STE D
City, State, Zip+4: ALBUQUERQUE, NM 87109

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 3972

RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Batch #: 2273
Article #: 71106605959000133972
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 3972

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

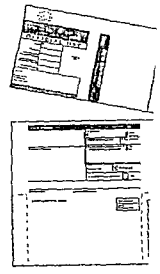
1. Article Addressed to:

RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

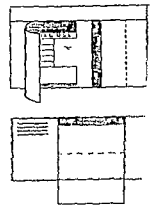
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 3972

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cheryl Good ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Cheryl Good | 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:

RHB ENTERPRISES LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133972
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:

3 LIFT HERE

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 7636

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

RICHARD D FREDERKING FAMILY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

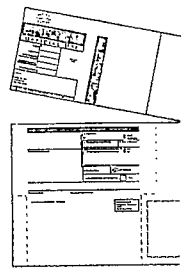
CERTIFIED MAIL

7110 6605 9590 0012 7636

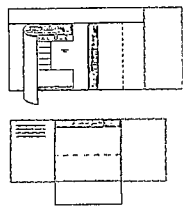
RICHARD D FREDERKING FAMILY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2195
Article #: 71106605959000127636
Date/Time: 8/31/2010 12:42:27 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 7636

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:

RICHARD D FREDERKING FAMILY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7636

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

RICHARD D FREDERKING FAMILY TRUST
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 #: 71106605959000127636
Date/Time: 8/31/2010 12:42:27 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 7650

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

RICHARD H GODFREY JR
PO BOX 18208
OKLAHOMA CITY, OK 73154-0208

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

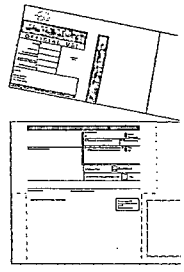
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7650

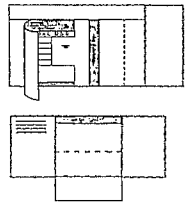
RICHARD H GODFREY JR
PO BOX 18208
OKLAHOMA CITY, OK 73154-0208

Batch #: 2195
Article #: 71106605959000127650
Date/Time: 8/31/2010 12:42:27 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 7650

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:

RICHARD H GODFREY JR
PO BOX 18208
OKLAHOMA CITY, OK 73154-0208

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 #: 71106605959000127650
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 7643

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
RICHARD GODFREY
Street, Apt. No.; or PO Box No.
P O BOX 18661
City, State, Zip+4
OKLAHOMA CITY, OK 73154-0661

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

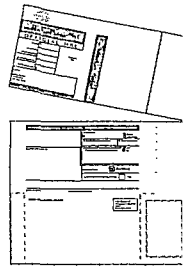
CERTIFIED MAIL™

7110 6605 9590 0012 7643

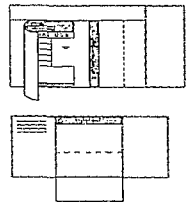
RICHARD GODFREY
P O BOX 18661
OKLAHOMA CITY, OK 73154-0661

Batch #: 2195
Article #: 71106605959000127643
Date/Time: 8/31/2010 12:42:27 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 7643

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:

RICHARD GODFREY
P O BOX 18661
OKLAHOMA CITY, OK 73154-0661

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 Rev. 01/07

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 #: 71106605959000127643
Date/Time: 8/31/2010 12:42:27 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

ConocoPhillips

7110 6605 9590 0012 7599

UNITED STATES P
02 1R
000655
MAILED F

Richard Greenendyke Jr.

RETURN TO SENDER

REFUSED_____

UNCLAIMED X

1
2
N
9-4
RA #1430

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 7667

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

RICHARD H HUGHES
RICHARD HUGHES REVOCALBE TRUST
311 CALLE LOMA NORTE
SANTA FE, NM 87501

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 7667

RICHARD H HUGHES
RICHARD HUGHES REVOCALBE TRUST
311 CALLE LOMA NORTE
SANTA FE, NM 87501

Batch #: 2195
Article #: 71106605959000127667
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 7667

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:

RICHARD H HUGHES
RICHARD HUGHES REVOCALBE TRUST
311 CALLE LOMA NORTE
SANTA FE, NM 87501

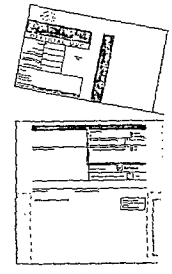
3. Service Type ☒ Certified

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

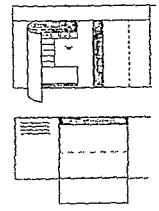
Code: Allocation Project - D.Howell

PS Form 3811

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 7667

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Richard H Hughes ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) MATEO WISTER | 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:

RICHARD H HUGHES
RICHARD HUGHES REVOCALBE TRUST
311 CALLE LOMA NORTE
SANTA FE, NM 87501

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SANTA FE NM 87501 SEP 2010 USPS

Batch #: 2195
Article #: 71106605959000127667
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

U.S. Postal Service™
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7110 6605 9590 0012 7674

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

RICHARD H LANDSHEFT JR
2313 JIM DENT
EL PASO, TX 79936-2802

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

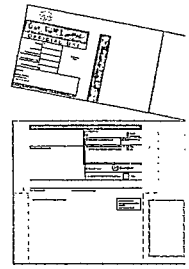
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7674

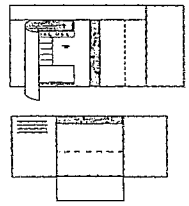
RICHARD H LANDSHEFT JR
2313 JIM DENT
EL PASO, TX 79936-2802

Batch #: 2195
Article #: 71106605959000127674
Date/Time: 8/31/2010 12:42:28 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 7674

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:

RICHARD H LANDSHEFT JR
2313 JIM DENT
EL PASO, TX 79936-2802

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 #: 71106605959000127674
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 7681

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

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

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 7681

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

Batch #: 2195
Article #: 71106605959000127681
Date/Time: 8/31/2010 12:42:28 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 7681

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:

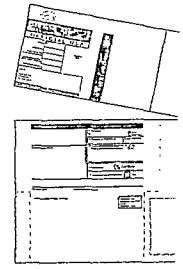
RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

3. Service Type ☒ Certified

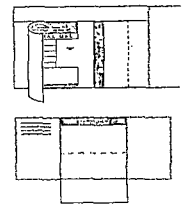
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 7681

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robin G Langford ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Robin G Langford | C. Date of Delivery 9/13

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

1. Article Addressed to:

RICHARD PARKER LANGFORD
6513 TARASCAS DR
EL PASO, TX 79912

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127681
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 7698

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

RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

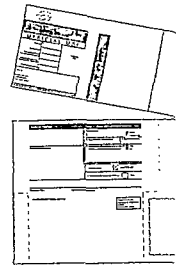
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7698

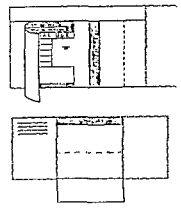
RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

Batch #: 2195
Article #: 71106605959000127698
Date/Time: 8/31/2010 12:42:28 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 7698

1. Article Addressed to:

RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7698

1. Article Addressed to:

RICHARD S NORDHAUS
ACCT 6078 2206
6301 UPTOWN RD NE
ALBUQUERQUE, NM 87110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

UPT ALBUQUERQUE NM 87110 SEP 07 2010 USPS

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127698
Date/Time: 8/31/2010 12:42:28 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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7110 6605 9590 0012 7704

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

RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

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

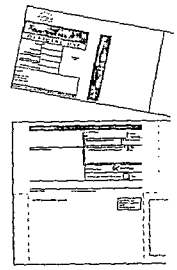
CERTIFIED MAIL

7110 6605 9590 0012 7704

RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

Batch #: 2195
Article #: 71106605959000127704
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
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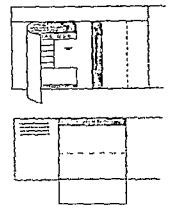
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 7704

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:

RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Connie Dibble ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Connie Dibble | 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:

RICHARD TULLY D/B/A
P O BOX 268
FARMINGTON, NM 87499-0268

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

FARMINGTON NM 87401 SEP 3 2010 USPS

Batch #: 2195
Article #: 71106605959000127704
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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 7711

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
RICHARD W TURNER III REVOCABLE TRU
RICHARD W TURNER TRUSTEE
Street, Apt. No.; or PO Box No.
PO BOX 2442
City, State, Zip+4
DURANGO, CO 81302

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

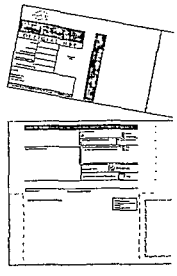
CERTIFIED MAIL™

7110 6605 9590 0012 7711

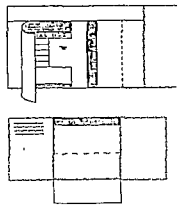
RICHARD W TURNER III REVOCABLE TRUS
RICHARD W TURNER TRUSTEE
PO BOX 2442
DURANGO, CO 81302

Batch #: 2195
Article #: 71106605959000127711
Date/Time: 8/31/2010 12:42:28 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 7711

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:

RICHARD W TURNER III REVOCABLE TRUS
RICHARD W TURNER TRUSTEE
PO BOX 2442
DURANGO, CO 81302

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7711

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

Richard W. Turner | 9/8/10

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

1. Article Addressed to:

RICHARD W TURNER III REVOCABLE TRUS
RICHARD W TURNER TRUSTEE
PO BOX 2442
DURANGO, CO 81302

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127711
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7728

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

RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

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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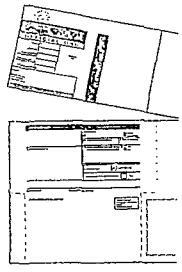
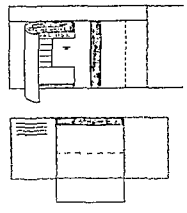
RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127728
Date/Time: 8/31/2010 12:42:28 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 7728

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:

RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7728

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rick Smyser ☐ Agent ☐ Addressee

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

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

14655 Hwy F
Sheridan Mo 64486

1. Article Addressed to:

RICK SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127728
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
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Internal File #:
Internal Code #:

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

Postmark Here

Sent To: RIO ARIBAGAS LTD
C/O EDDYE DREYER MGMT CO AGENT
Street, Apt. No.; or PO Box No.: 4925 GREENVILLE AVE SUITE 900
City, State, Zip+4: 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 7735

RIO ARIBAGAS LTD
C/O EDDYE DREYER MGMT CO AGENT
4925 GREENVILLE AVE SUITE 900
DALLAS, TX 75206

Batch #: 2195
Article #: 71106605959000127735
Date/Time: 8/31/2010 12:42:28 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 7735

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:

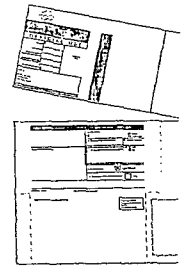
RIO ARIBAGAS LTD
C/O EDDYE DREYER MGMT CO AGENT
4925 GREENVILLE AVE SUITE 900
DALLAS, TX 75206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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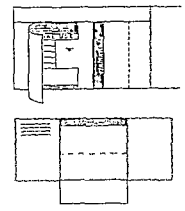

2. Article Number

7110 6605 9590 0012 7735

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) ARNOLD | C. Date of Delivery 9/4

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

1. Article Addressed to:

RIO ARIBAGAS LTD
C/O EDDYE DREYER MGMT CO AGENT
4925 GREENVILLE AVE SUITE 900
DALLAS, TX 75206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127735
Date/Time: 8/31/2010 12:42:28 PM
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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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City, State, Zip+4

RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

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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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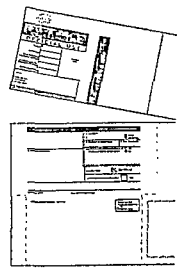
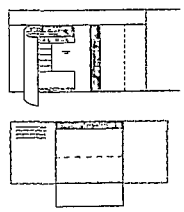
RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

Batch #: 2195
Article #: 71106605959000127742
Date/Time: 8/31/2010 12:42:28 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 7742

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:

RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7742

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:

RIPLEY LIVING TR
PO BOX 5011
SANTA FE, NM 87502

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127742
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
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7110 6605 9590 0012 7759

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

RITA M ADKINS
PO BOX 21268
ALBUQUERQUE, NM 87154-1268

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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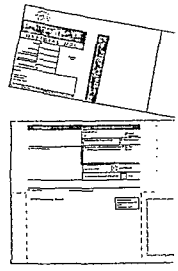
7110 6605 9590 0012 7759

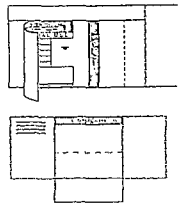
RITA M ADKINS
PO BOX 21268
ALBUQUERQUE, NM 87154-1268

Batch #: 2195
Article #: 71106605959000127759
Date/Time: 8/31/2010 12:42:28 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 7759

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:

RITA M ADKINS
PO BOX 21268
ALBUQUERQUE, NM 87154-1268

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7759

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rita M Adkins ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

RITA M ADKINS
PO BOX 21268
ALBUQUERQUE, NM 87154-1268

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127759
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7766

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

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

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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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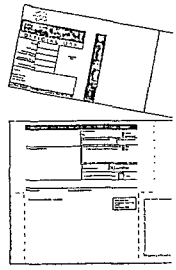
RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

Batch #: 2195
Article #: 71106605959000127766
Date/Time: 8/31/2010 12:42:28 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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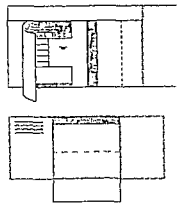

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 7766

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:

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7766

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:

RITA ROACH
4878 GALINA DR
LAS CRUCES, NM 88012

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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Batch #: 2195
Article #: 71106605959000127766
Date/Time: 8/31/2010 12:42:28 PM
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File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 7773

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

RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

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 7773

RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

Batch #: 2195
Article #: 71106605959000127773
Date/Time: 8/31/2010 12:42:28 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 7773

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:

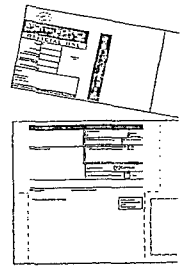
RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

3. Service Type ☒ Certified

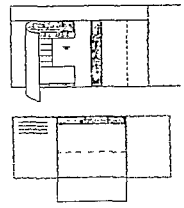
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 7773

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:

RKC INC
7500 E ARAPAHOE ROAD, SUITE 380
CENTENNIAL, CO 80112-6116

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127773
Date/Time: 8/31/2010 12:42:28 PM
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Code2:
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Internal Code #:

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7110 6605 9590 0012 7780

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

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

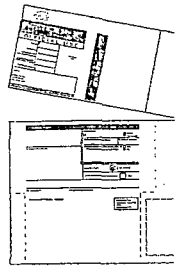
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7780

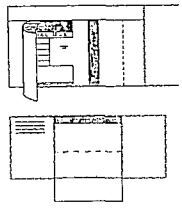
ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

Batch #: 2195
Article #: 71106605959000127780
Date/Time: 8/31/2010 12:42:28 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 7780

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:

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7780

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:

ROB SMYSER
15001 OLYMPIC RD
SHERIDAN, MO 64486-8203

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Batch #: 2195
Article #: 71106605959000127780
Date/Time: 8/31/2010 12:42:28 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 7797

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

ROBERT & THELMA SMITH REV TRUST
PO BOX 1034
PAGOSA SPRINGS, CO 81147

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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ROBERT & THELMA SMITH REV TRUST
PO BOX 1034
PAGOSA SPRINGS, CO 81147

Batch #: 2195
Article #: 71106605959000127797
Date/Time: 8/31/2010 12:42:28 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 7797

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:

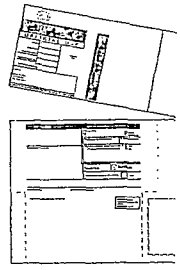
ROBERT & THELMA SMITH REV TRUST
PO BOX 1034
PAGOSA SPRINGS, CO 81147

3. Service Type ☒ Certified

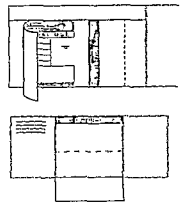
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 7797

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X T. Allen ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) T. Allen | 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:

ROBERT & THELMA SMITH REV TRUST
PO BOX 1034
PAGOSA SPRINGS, CO 81147

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127797
Date/Time: 8/31/2010 12:42:28 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 7803

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
ROBERT B FARNHAM FAMILY TRUST
Street, Apt. No.; or PO Box No.
1470 THOMAS AVE
City, State, Zip+4
SAINT PAUL, MN 55104

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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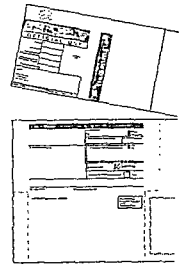
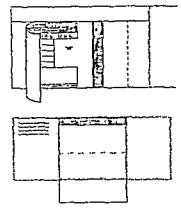
ROBERT B FARNHAM FAMILY TRUST
1470 THOMAS AVE
SAINT PAUL, MN 55104

Batch #: 2195
Article #: 71106605959000127803
Date/Time: 8/31/2010 12:42:28 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 OI ENVELOPE TO THE RIGH OF THE RETURN ADDRE



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

2. Article Number
7110 6605 9590 0012 7803

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:

ROBERT B FARNHAM FAMILY TRUST
1470 THOMAS AVE
SAINT PAUL, MN 55104

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 7803

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

ROBERT B FARNHAM FAMILY TRUST
1470 THOMAS AVE
SAINT PAUL, MN 55104

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 10 2010
SAINT PAUL, MN 55 OFFICE

Batch #: 2195
Article #: 71106605959000127803
Date/Time: 8/31/2010 12:42:28 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

ROBERT C GRIFFITH
340 COUNTY ROAD 239
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.
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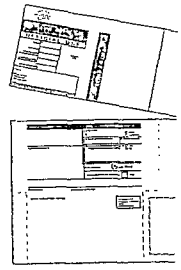
ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

Batch #: 2195
Article #: 71106605959000127810
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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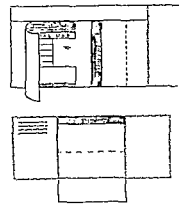

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7810

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:

ROBERT C GRIFFITH
340 COUNTY ROAD 239
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 7810

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:

ROBERT C GRIFFITH
340 COUNTY ROAD 239
DURANGO, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127810
Date/Time: 8/31/2010 12:42:29 PM
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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

ROBERT D FITTING TRUST
P O BOX 50582
MIDLAND, TX 79710-0582

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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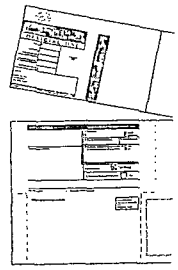
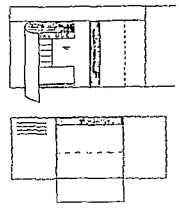
ROBERT D FITTING TRUST
P O BOX 50582
MIDLAND, TX 79710-0582

Batch #: 2195
Article #: 71106605959000127827
Date/Time: 8/31/2010 12:42:29 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 7827

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:

ROBERT D FITTING TRUST
P O BOX 50582
MIDLAND, TX 79710-0582

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7827

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Irene m. Hunt ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) IRENE M. HUNT | C. Date of Delivery 6-7-10

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

1. Article Addressed to:

ROBERT D FITTING TRUST
P O BOX 50582
MIDLAND, TX 79710-0582

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127827
Date/Time: 8/31/2010 12:42:29 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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Street, Apt. No.; or PO Box No.
City, State, Zip+4

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

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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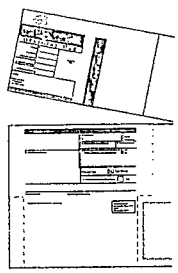
ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

Batch #: 2195
Article #: 71106605959000127834
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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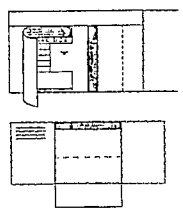

Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 7834

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:

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7834

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. Dickey ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Robt D. Dickey 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:

ROBERT DICKEY
2885 MONTE VISTA ROAD SW
DEMING, NM 88030

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127834
Date/Time: 8/31/2010 12:42:29 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 7841

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

ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

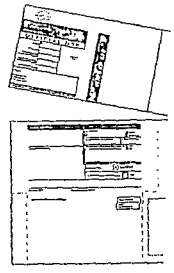
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 7841

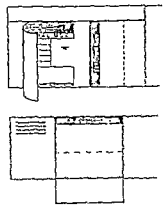
ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

Batch #: 2195
Article #: 71106605959000127841
Date/Time: 8/31/2010 12:42:29 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 7841

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:

ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 7841

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X CSL624 ☒ 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:

MILWAUKEE WI

ROBERT DOUGLAS STUART TRUST
PO BOX 2980 MC -3-WM
MILWAUKEE, WI 53201-2980

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2195
Article #: 71106605959000127841
Date/Time: 8/31/2010 12:42:29 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 8947

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

ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

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

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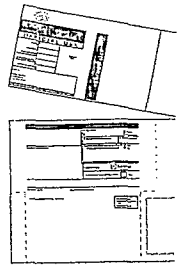
7110 6605 9590 0012 8947

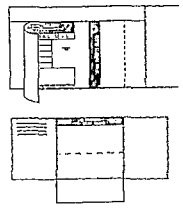
ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

Batch #: 2199
Article #: 71106605959000128947
Date/Time: 8/31/2010 1:09:46 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 8947

1. Article Addressed to:

ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0012 8947

1. Article Addressed to:

ROBERT E BEAMON
2603 AUGUSTA, SUITE 1050
HOUSTON, TX 77057

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Weber ☑ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Batch #: 2199
Article #: 71106605959000128947
Date/Time: 8/31/2010 1:09:46 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 0013 3989

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: ROBERT EDMUND & GAY S BEAMON LIV T
Street, Apt. No.; or PO Box No.: 2603 AUGUSTA STE #1050
City, State, Zip+4: HOUSTON, TX 77057

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

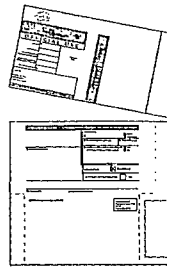
CERTIFIED MAIL™

7110 6605 9590 0013 3989

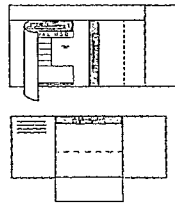
ROBERT EDMUND & GAY S BEAMON LIV TR
2603 AUGUSTA
STE #1050
HOUSTON, TX 77057

Batch #: 2273
Article #: 71106605959000133989
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 BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



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

2. Article Number (Transfer from service label)

7110 6605 9590 0013 3989

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:

ROBERT EDMUND & GAY S BEAMON LIV TR
2603 AUGUSTA
STE #1050
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2273
Article #: 71106605959000133989
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 3996

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: ROBERT H BENART JR
Street, Apt. No.; or PO Box No.: 930 CATTAIL CREEK RD
City, State, Zip+4: DILLWYN, VA 23936

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™

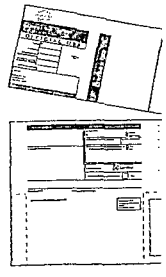
7110 6605 9590 0013 3996

ROBERT H BENART JR
930 CATTAIL CREEK RD

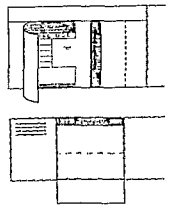
DILLWYN, VA 23936

Batch #: 2273
Article #: 71106605959000133996
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-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0013 3996

1. Article Addressed to:

ROBERT H BENART JR
930 CATTAIL CREEK RD

DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3996

1. Article Addressed to:

ROBERT H BENART JR
930 CATTAIL CREEK RD

DILLWYN, VA 23936

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000133996
Date/Time: 9/14/2010 3:35:39 PM
Code:
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 8954

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

ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

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 8954

ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

Batch #: 2199
Article #: 71106605959000128954
Date/Time: 8/31/2010 1:09:46 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 8954

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:

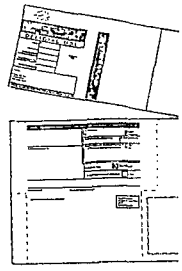
ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

3. Service Type ☒ Certified

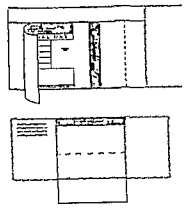
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~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 8954

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J P Morgan ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

ROBERT L BAYLESS
PO BOX 461002
DENVER, CO 80246

3. Service Type ☒ Certified

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

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

GLENDALE DENVER CO SEP - 7 2010 USPS

Batch #: 2199
Article #: 71106605959000128954
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 8961

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
ROBERT L SPENCER
Street, Apt. No.; or PO Box No.
134 REYNARD DR
City, State, ZIP+4
TUPELO, MS 38801-8685

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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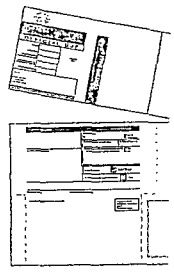
7110 6605 9590 0012 8961

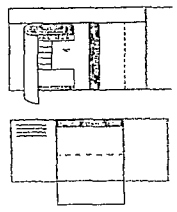
ROBERT L SPENCER
134 REYNARD DR
TUPELO, MS 38801-8685

Batch #: 2199
Article #: 71106605959000128961
Date/Time: 8/31/2010 1:09:46 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 8961

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:

ROBERT L SPENCER
134 REYNARD DR
TUPELO, MS 38801-8685

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 8961

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R L Spencer ☐ 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:

ROBERT L SPENCER
134 REYNARD DR
TUPELO, MS 38801-8685

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SCSC TUPELO MS 38801 0110

Batch #: 2199
Article #: 71106605959000128961
Date/Time: 8/31/2010 1:09:46 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 8978

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

ROBERT NICK RAWSON
1531 MARSHALL ST #4
HOUSTON, TX 77006

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

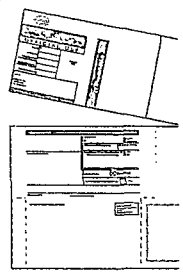
CERTIFIED MAIL™

7110 6605 9590 0012 8978

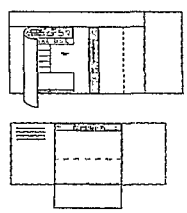
ROBERT NICK RAWSON
1531 MARSHALL ST #4
HOUSTON, TX 77006

Batch #: 2199
Article #: 71106605959000128978
Date/Time: 8/31/2010 1:09:46 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 8978

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:

ROBERT NICK RAWSON
1531 MARSHALL ST #4
HOUSTON, TX 77006

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 Rev. 01/07

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 #: 2199
Article #: 71106605959000128978
Date/Time: 8/31/2010 1:09:46 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 0012 8985

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

ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

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

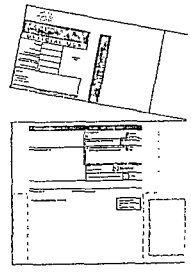
CERTIFIED MAIL™

7110 6605 9590 0012 8985

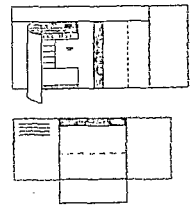
ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

Batch #: 2199
Article #: 71106605959000128985
Date/Time: 8/31/2010 1:09:46 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 8985

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:

ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

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 8985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X F. Farah ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) F. FARAH 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:

ROBERT NORMAN DUMBLE JR ESTATE
PO BOX 420837
HOUSTON, TX 77242-0837

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000128985
Date/Time: 8/31/2010 1:09:46 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 8992

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

ROBERT P EARNEST & ANNA DOKUS EARN
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

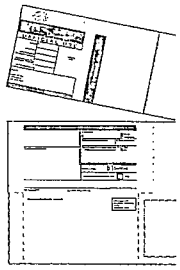
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 8992

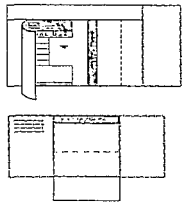
ROBERT P EARNEST & ANNA DOKUS EARNE
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

Batch #: 2199
Article #: 71106605959000128992
Date/Time: 8/31/2010 1:09:46 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

2. Article Number

7110 6605 9590 0012 8992

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:

ROBERT P EARNEST & ANNA DOKUS EARNE
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 8992

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:

R/R/Rios c/o Robert Earnest

ROBERT P EARNEST & ANNA DOKUS EARNE
C/O ROBERT P EARNEST
PO BOX 91036
SAN DIEGO, CA 92169

Rebecca Rios

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

CA 92109 PACIFIC BEACH STATION

Batch #: 2199
Article #: 71106605959000128992
Date/Time: 8/31/2010 1:09:46 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)
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7110 6605 9590 0012 9012

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

ROBERT PAYNE LANCASTER
4209 MCFARLIN
DALLAS, TX 75205

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

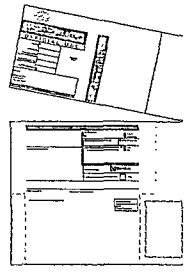
CERTIFIED MAIL™

7110 6605 9590 0012 9012

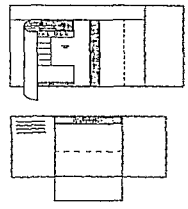
ROBERT PAYNE LANCASTER
4209 MCFARLIN
DALLAS, TX 75205

Batch #: 2199
Article #: 71106605959000129012
Date/Time: 8/31/2010 1:09:46 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 9012

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:

ROBERT PAYNE LANCASTER
4209 MCFARLIN
DALLAS, TX 75205

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 Rev. 01/07

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 #: 2199
Article #: 71106605959000129012
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 9005

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

ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

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

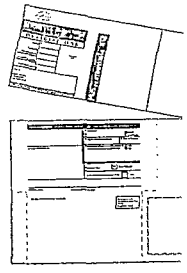
CERTIFIED MAIL™

7110 6605 9590 0012 9005

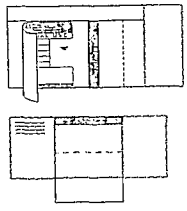
ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

Batch #: 2199
Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 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 9005

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:

ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9005

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:

ROBERT P. SOENS
808 ENDERBY DR
ALEXANDRIA, VA 22302-2224

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129005
Date/Time: 8/31/2010 1:09:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

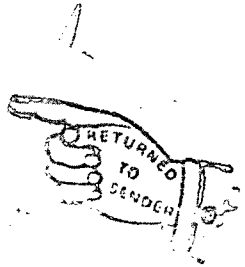
San Juan B[illegible]ss Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0012 9029

UNITED STATES
02 1R
000655
MAILED

Robert Sean Riley



ROBE[illegible]
3900 RUN C[illegible]
AUSTIN, TX 78[illegible]

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 9029

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
ROBERT SEAN RILEY
Street, Apt. No.; or PO Box No.
3900 RUN OF THE OAKS, APT A
City, State, Zip+4
AUSTIN, TX 78704

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

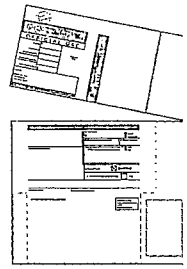
CERTIFIED MAIL™

7110 6605 9590 0012 9029

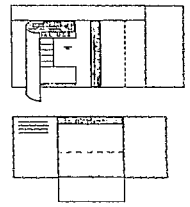
ROBERT SEAN RILEY
3900 RUN OF THE OAKS, APT A
AUSTIN, TX 78704

Batch #: 2199
Article #: 71106605959000129029
Date/Time: 8/31/2010 1:09:47 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 (Transfer from service label)

7110 6605 9590 0012 9029

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:

ROBERT SEAN RILEY
3900 RUN OF THE OAKS, APT A
AUSTIN, TX 78704

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 #: 2199
Article #: 71106605959000129029
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 9036

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

ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

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

City, State, Zip+4

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

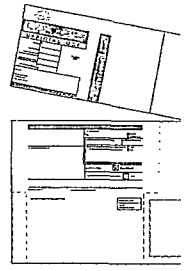
CERTIFIED MAIL

7110 6605 9590 0012 9036

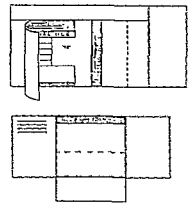
ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

Batch #: 2199
Article #: 71106605959000129036
Date/Time: 8/31/2010 1:09:47 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 9036

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:

ROBERT T EGGLESTON
PO BOX 4174
PAGOSA SPRINGS, CO 81147

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 #: 2199
Article #: 71106605959000129036
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0012 9043

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
ROBERT T ISHAM TRUST
Street, Apt. No.; or PO Box No.
335 HOT SPRINGS RD
City, State, Zip+4
SANTA BARBARA, CA 93108

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

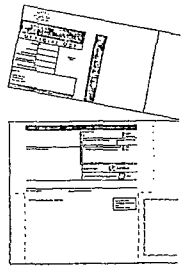
CERTIFIED MAIL™

7110 6605 9590 0012 9043

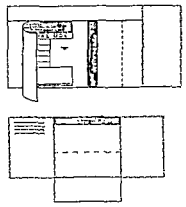
ROBERT T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

Batch #: 2199
Article #: 71106605959000129043
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 9043

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:

ROBERT T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article

7110 6605 9590 0012 9043

A ☐ Addressee

B. 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:

ROBERT T ISHAM TRUST
335 HOT SPRINGS RD
SANTA BARBARA, CA 93108

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129043
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

ConocoPhillips

7110 6605 9590 0012 9050

MAILED FROM ZIP CODE 87402

NMO
9/2

UNCLAIMED

RETURN TO SENDER

ROBERT T STOLWORTHY JR
4600 SUMMER WIND LN
FARMINGTON, NM 87401

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 9050

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

ROBERT T STOLWORTHY JR
4600 SUMMER WIND LN
FARMINGTON, NM 87401

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

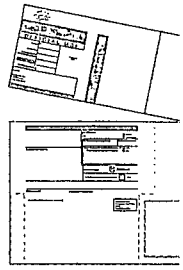
CERTIFIED MAIL™

7110 6605 9590 0012 9050

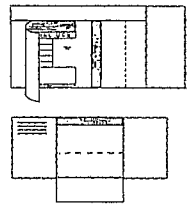
ROBERT T STOLWORTHY JR
4600 SUMMER WIND LN
FARMINGTON, NM 87401

Batch #: 2199
Article #: 71106605959000129050
Date/Time: 8/31/2010 1:09:47 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 9050

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:

ROBERT T STOLWORTHY JR
4600 SUMMER WIND LN
FARMINGTON, NM 87401

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 #: 2199
Article #: 71106605959000129050
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 9067

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
ROBERT UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
Street, Apt. No.; or PO Box No.
PO BOX 1959
City, State, Zip+4
MIDLAND, TX 79702-1959

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

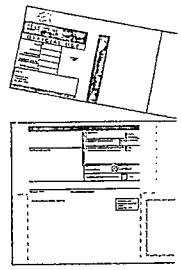
PEEL OFF AT DOTTED LINE
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 9067

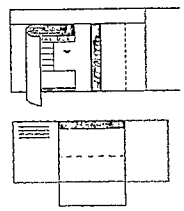
ROBERT UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
PO BOX 1959
MIDLAND, TX 79702-1959

Batch #: 2199
Article #: 71106605959000129067
Date/Time: 8/31/2010 1:09:47 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 9067

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:

ROBERT UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
PO BOX 1959
MIDLAND, TX 79702-1959

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9067

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X G Bricker ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) G Bricker | 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:

ROBERT UMBACH CANCER FOUNDATION
ATTN: CHARLES WALLACE
PO BOX 1959
MIDLAND, TX 79702-1959

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129067
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

APPROVED

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

7110 6605 9590 0012 9074

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: ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

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

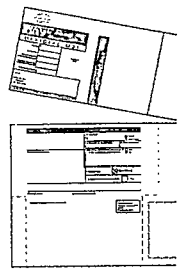
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

7110 6605 9590 0012 9074

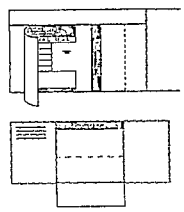
ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

Batch #: 2199
Article #: 71106605959000129074
Date/Time: 8/31/2010 1:09:47 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 9074

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:

ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9074

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X T. Allen ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) T. ALLEN | 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:

ROBERT W SMITH & THELMA M SMITH REV
THELMA M SMITH CO TRUSTEES
PO BOX 1034
PAGOSA SPRINGS, CO 81147-1034

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2199
Article #: 71106605959000129074
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 9081

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
ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

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

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 9081

ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

Batch #: 2199
Article #: 71106605959000129081
Date/Time: 8/31/2010 1:09:47 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 9081

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:

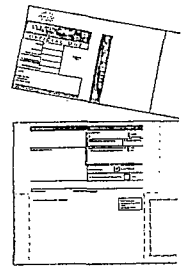
ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

3. Service Type ☒ Certified

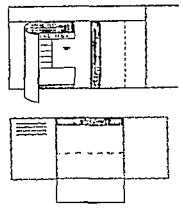
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 9081

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Walt Lundell ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) Walt Lundell | 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:

ROBERT WALTER LUNDELL
2450 FONDREN, STE 304
HOUSTON, TX 77063-2318

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129081
Date/Time: 8/31/2010 1:09:47 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 9098

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
ROBERTA W BROWN
3600 LOVERS LN
DALLAS, TX 75225-7423

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 9098

ROBERTA W BROWN
3600 LOVERS LN
DALLAS, TX 75225-7423

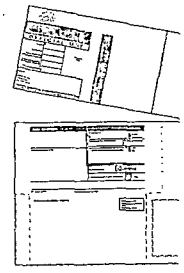
Batch #: 2199
Article #: 71106605959000129098
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

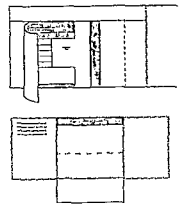
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9098	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: ROBERTA W BROWN 3600 LOVERS LN DALLAS, TX 75225-7423	B. Received by (Printed Name) / C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9098	A. Signature X Roberta W Brown ☐ Agent ☐ Addressee
1. Article Addressed to: ROBERTA W BROWN 3600 LOVERS LN DALLAS, TX 75225-7423	B. Received by (Printed Name) Roberta W Brown / C. Date of Delivery 9/7/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP - 7 2010 DALLAS TX

Batch #: 2199
Article #: 71106605959000129098
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

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

7110 6605 9590 0013 3705

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
ROBERT W WESTFALL
1329 SIGMA CHI RD NE

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

City, State, Zip+4
ALBUQUERQUE, NM 87106

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

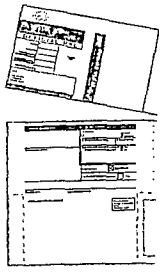
CERTIFIED MAIL™

7110 6605 9590 0013 3705

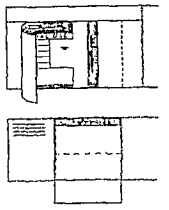
ROBERT W WESTFALL
1329 SIGMA CHI RD NE
ALBUQUERQUE, NM 87106

Batch #: 2272
Article #: 71106605959000133705
Date/Time: 9/14/2010 3:26:44 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 ADDF



Reorder Form LCD-81 . 01/07

2. Article Number
7110 6605 9590 0013 3705

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:

ROBERT W WESTFALL
1329 SIGMA CHI RD NE

ALBUQUERQUE, NM 87106

3. Service Type ☒ Certified

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

2. Article Number
7110 6605 9590 0013 3705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert W Westfall ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Robert Westfall C. Date of Delivery 9-16-10

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

1. Article Addressed to:

ROBERT W WESTFALL
1329 SIGMA CHI RD NE

ALBUQUERQUE, NM 87106

3. Service Type ☒ Certified

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

Batch #: 2272
Article #: 71106605959000133705
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal 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 9104

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
ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
Street, Apt. No.; or PO Box No.
PO BOX 3219
City, State, Zip+4
DURANGO, CO 81302

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 9104

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Batch #: 2199
Article #: 71106605959000129104
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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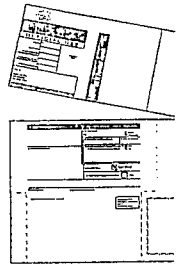
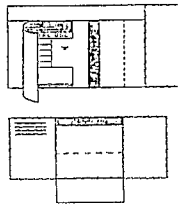


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9104

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0012 9104

1. Article Addressed to:

ROBIN AND ROD TURNER, LLC
ROD L TURNER, MANAGER
PO BOX 3219
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rod L Turner ☐ 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

Agent of Rod Turner, LLC
Rod L. Turner, Mgr

3. Service Type ☒ Certified

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

DURANGO CO 81302
SEP 7 2010
USPS

Batch #: 2199
Article #: 71106605959000129104
Date/Time: 8/31/2010 1:09:47 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 9111

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
RODERICK A IRONSIDE
CROASDAILE VILLAGE
70 DAVSSON DR
DURHAM, NC 27705

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

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 9111

RODERICK A IRONSIDE
CROASDAILE VILLAGE
70 DAVSSON DR
DURHAM, NC 27705

Batch #: 2199
Article #: 71106605959000129111
Date/Time: 8/31/2010 1:09:47 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 9111

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:

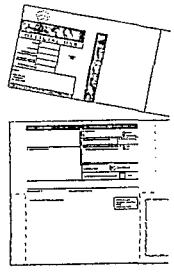
RODERICK A IRONSIDE
CROASDAILE VILLAGE
70 DAVSSON DR
DURHAM, NC 27705

3. Service Type ☒ Certified

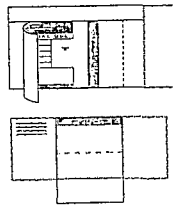
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 9111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RA Ironside ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) RA IRONSIDE | 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:

RODERICK A IRONSIDE
CROASDAILE VILLAGE
70 DAVSSON DR
DURHAM, NC 27705

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129111
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 9128

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
ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

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

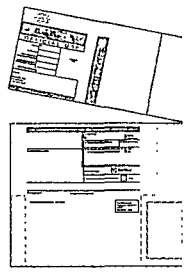
CERTIFIED MAIL™

7110 6605 9590 0012 9128

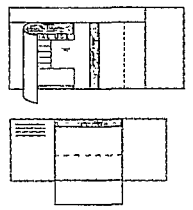
ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

Batch #: 2199
Article #: 71106605959000129128
Date/Time: 8/31/2010 1:09:47 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 9128

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:

ROGER B NIELSEN
1200 DANBURY DRIVE
MANSFIELD, TX 76063

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-8 Rev. 01/07

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 #: 2199
Article #: 71106605959000129128
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 9135

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
ROGER D SHAW JR TRUST
Street, Apt. No.; or PO Box No.
THOMASVILLE ROUTE
HC 3 BOX 60 B
City, State, Zip+4
BIRCH TREE, MO 65438

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 9135

ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2199
Article #: 71106605959000129135
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

2. Article Number

7110 6605 9590 0012 9135

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:

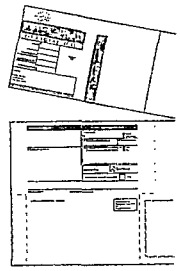
ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

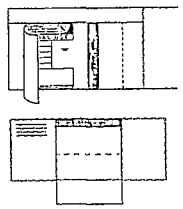
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~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 9135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roger D Shaw ☐ 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:

ROGER D SHAW JR TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

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

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

Batch #: 2199
Article #: 71106605959000129135
Date/Time: 8/31/2010 1:09:47 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 9159

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

ROGERS FAMILY LIMITED PARTNERSHIP
3630 RIVER OAKS CT
TYLER, TX 75707

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 9159

ROGERS FAMILY LIMITED PARTNERSHIP
3630 RIVER OAKS CT
TYLER, TX 75707

Batch #: 2199
Article #: 71106605959000129159
Date/Time: 8/31/2010 1:09:48 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 9159

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:

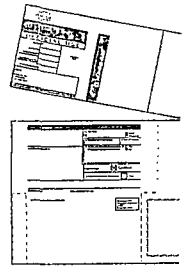
ROGERS FAMILY LIMITED PARTNERSHIP
3630 RIVER OAKS CT
TYLER, TX 75707

3. Service Type ☒ Certified

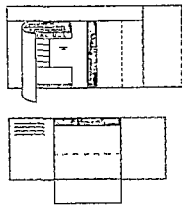
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 9159

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kenneth W. Eveland ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Kenneth W Eveland | 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:

ROGERS FAMILY LIMITED PARTNERSHIP
3630 RIVER OAKS CT
TYLER, TX 75707

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

ABILENE TX STA
SEP 09 2010
USPS - 7570

Batch #: 2199
Article #: 71106605959000129159
Date/Time: 8/31/2010 1:09:48 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 9166

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

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

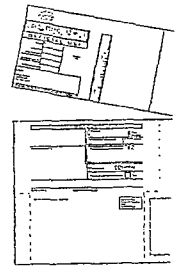
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 9166

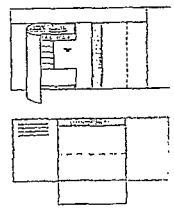
ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

Batch #: 2199
Article #: 71106605959000129166
Date/Time: 8/31/2010 1:09:48 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 RIGI
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number (Transfer from service label)

7110 6605 9590 0012 9166

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number (Transfer from service label)

7110 6605 9590 0012 9166

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ROGERS FAMILY TRUST
PO BOX 12825
EL PASO, TX 79913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Rogers ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 9/28/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2199
Article #: 71106605959000129166
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 3156

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
ROGERS FAM TR
Street, Apt. No.; or PO Box No. PO BOX 12825
City, State, Zip+4 EL PASO, TX 79913

PS Form 3800, August 2006 See Reverse for Instructions

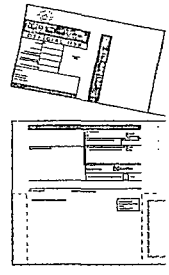
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3156

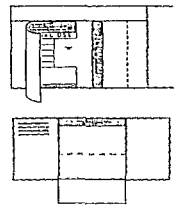
ROGERS FAM TR
PO BOX 12825
EL PASO, TX 79913

Batch #: 2269
Article #: 71106605959000133156
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 BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Number
7110 6605 9590 0013 3156

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:

ROGERS FAM TR
PO BOX 12825

EL PASO, TX 79913

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

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

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2269
Article #: 71106605959000133156
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED
U.S. POSTAL SERVICE

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 9173

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
ROGERS GIBBARD TRUST
Street, Apt. No.; or PO Box No.
PO BOX 624
City, State, Zip+4
SULPHUR, OK 73086-0624

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

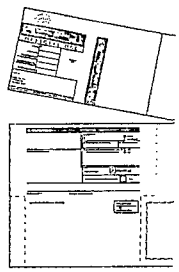
CERTIFIED MAIL™

7110 6605 9590 0012 9173

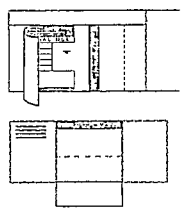
ROGERS GIBBARD TRUST
PO BOX 624
SULPHUR, OK 73086-0624

Batch #: 2199
Article #: 71106605959000129173
Date/Time: 8/31/2010 1:09:48 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 9173

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:

ROGERS GIBBARD TRUST
PO BOX 624
SULPHUR, OK 73086-0624

3. Service Type ☒ Certified

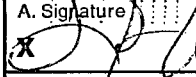
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9173

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  ☐ 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:

ROGERS GIBBARD TRUST
PO BOX 624
SULPHUR, OK 73086-0624

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129173
Date/Time: 8/31/2010 1:09:48 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 9142

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

ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

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

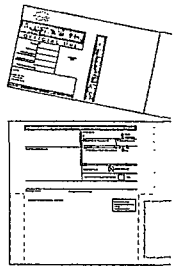
CERTIFIED MAIL

7110 6605 9590 0012 9142

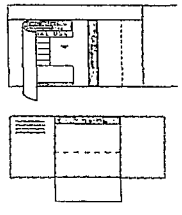
ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

Batch #: 2199
Article #: 71106605959000129142
Date/Time: 8/31/2010 1:09:47 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 9142

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:

ROGER J LOWE
762 CORONA ST
DENVER, CO 80218

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 #: 2199
Article #: 71106605959000129142
Date/Time: 8/31/2010 1:09:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 9180

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

ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

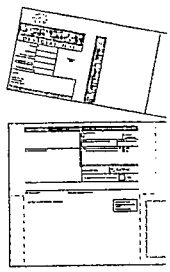
CERTIFIED MAIL™
PEEL AT PERFORATION TO EXPOSE POSTAL BARCODE
FOLD AT RETURN ADDRESS FOLD AT DOTTED LINE

7110 6605 9590 0012 9180

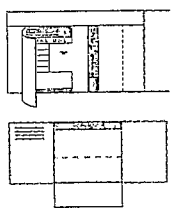
ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

Batch #: 2199
Article #: 71106605959000129180
Date/Time: 8/31/2010 1:09:48 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 RIGI
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9180

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:

ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9180

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (*Printed Name*) Denise S. Lujan | C. Date of Delivery SEP 2010 USPS

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

1. Article Addressed to:

ROMAN CATHOLIC CHURCH DIOCESE OF GA
P O BOX 1338
GALLUP, NM 87305-1338

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129180
Date/Time: 8/31/2010 1:09:48 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 9197

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: ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

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

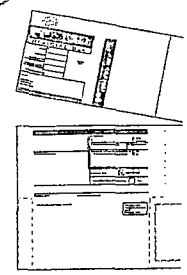
CERTIFIED MAIL

7110 6605 9590 0012 9197

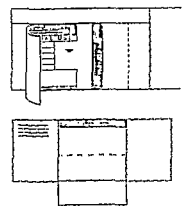
ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

Batch #: 2199
Article #: 71106605959000129197
Date/Time: 8/31/2010 1:09:48 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 9197

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:

ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9197

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

ROMERO FAMILY LIMITED PARTNERSHIP
C/O BANK OF AMERICA NA
PO BOX 840845
DALLAS, TX 75283

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129197
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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3 LIFT HERE

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7110 6605 9590 0012 9203

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

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

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

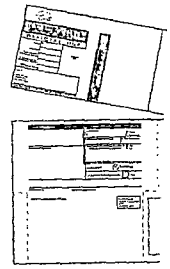
CERTIFIED MAIL

7110 6605 9590 0012 9203

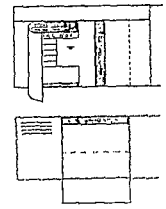
RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Batch #: 2199
Article #: 71106605959000129203
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9203

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:

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9203

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) NEAL MOORE | 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:

RONALD E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129203
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 9210

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
RONALD K GRIFFITH
Street, Apt. No.; or PO Box No.
1836 W LAKE AVE
City, State, Zip+4
LITTLETON, CO 80120

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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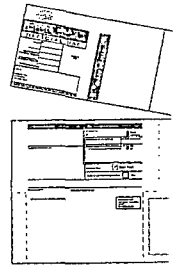
7110 6605 9590 0012 9210

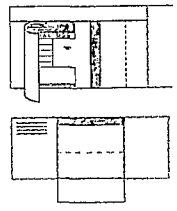
RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

Batch #: 2199
Article #: 71106605959000129210
Date/Time: 8/31/2010 1:09:48 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 9210

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:

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9210

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:

RONALD K GRIFFITH
1836 W LAKE AVE
LITTLETON, CO 80120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129210
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 9227

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

RONALD LEE JACKS
1713 NE CLUBHOUSE DR, APT 301
NORTH KANSAS CITY, MO 64116

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

TAC-STICK® TO OPEN ENVELOPE TO THE RIGHT OF RETURN ADDRESS, FOLD AT DOTTED LINE

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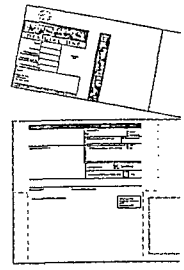
7110 6605 9590 0012 9227

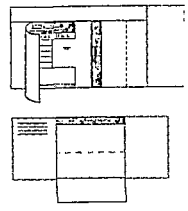
RONALD LEE JACKS
1713 NE CLUBHOUSE DR, APT 301
NORTH KANSAS CITY, MO 64116

Batch #: 2199
Article #: 71106605959000129227
Date/Time: 8/31/2010 1:09:48 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 9227

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

RONALD LEE JACKS
1713 NE CLUBHOUSE DR, APT 301
NORTH KANSAS CITY, MO 64116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9227

1. Article Addressed to:

RONALD LEE JACKS
1713 NE CLUBHOUSE DR, APT 301
NORTH KANSAS CITY, MO 64116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ronald L Jacks ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) RONALD L JACKS | C. Date of Delivery 9/8/10

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129227
Date/Time: 8/31/2010 1:09:48 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 9234

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

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

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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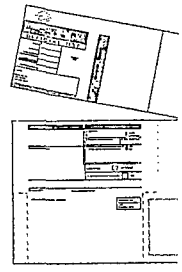
7110 6605 9590 0012 9234

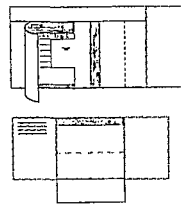
ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

Batch #: 2199
Article #: 71106605959000129234
Date/Time: 8/31/2010 1:09:48 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 9234

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:

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9234

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☒ Addressee

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

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

1. Article Addressed to:

ROSALIE ARNOLD
10945 CYPRESS AVE
RIVERSIDE, CA 92505

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

USPS ARLINGTON VA 22203 AUG 31 2010

Batch #: 2199
Article #: 71106605959000129234
Date/Time: 8/31/2010 1:09:48 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 0013 4009

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: ROSALIE MARTINEZ
Street, Apt. No.; or PO Box No.: 719 E CLEARWATER DR
City, State, Zip+4: LAYTON, UT 84041

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™

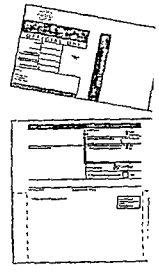
7110 6605 9590 0013 4009

ROSALIE MARTINEZ
719 E CLEARWATER DR

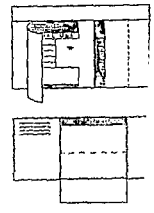
LAYTON, UT 84041

Batch #: 2273
Article #: 71106605959000134009
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 4009

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:

ROSALIE MARTINEZ
719 E CLEARWATER DR

LAYTON, UT 84041

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 4009

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rosalie Martinez ☐ 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:

ROSALIE MARTINEZ
719 E CLEARWATER DR

LAYTON, UT 84041

3. Service Type ☒ Certified

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

Batch #: 2273
Article #: 71106605959000134009
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 9241

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

ROSEMARY WARNER HALL
7736 E 30TH PL
TULSA, OK 74129

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

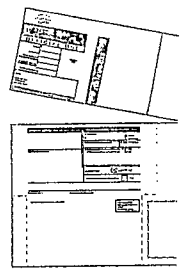
CERTIFIED MAIL™

7110 6605 9590 0012 9241

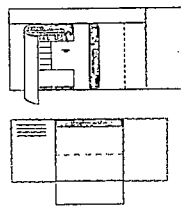
ROSEMARY WARNER HALL
7736 E 30TH PL
TULSA, OK 74129

Batch #: 2199
Article #: 71106605959000129241
Date/Time: 8/31/2010 1:09:48 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 9241

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:

ROSEMARY WARNER HALL
7736 E 30TH PL
TULSA, OK 74129

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rosemary Warner Hall ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

ROSEMARY WARNER HALL
7736 E 30TH PL
TULSA, OK 74129

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129241
Date/Time: 8/31/2010 1:09:48 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 9258

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

ROWENA DALE LAABS
PO BOX 83
TULAROSA, NM 88352-0083

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

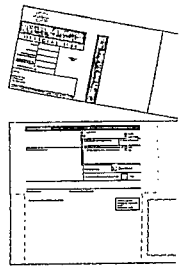
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 9258

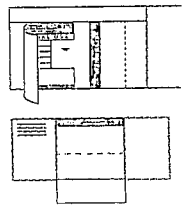
ROWENA DALE LAABS
PO BOX 83
TULAROSA, NM 88352-0083

Batch #: 2199
Article #: 71106605959000129258
Date/Time: 8/31/2010 1:09:48 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 9258

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:

ROWENA DALE LAABS
PO BOX 83
TULAROSA, NM 88352-0083

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number 7110 6605 9590 0012 9258

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rowena D. Laabs ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Rowena D. Laabs | 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:

ROWENA DALE LAABS
PO BOX 83
TULAROSA, NM 88352-0083

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129258
Date/Time: 8/31/2010 1:09:48 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 9265

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

RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

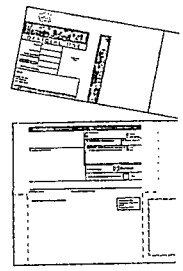
CERTIFIED MAIL™

7110 6605 9590 0012 9265

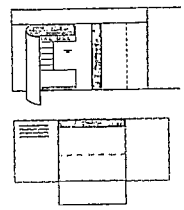
RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

Batch #: 2199
Article #: 71106605959000129265
Date/Time: 8/31/2010 1:09:48 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 9265

1. Article Addressed to:

RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9265

1. Article Addressed to:

RUBY JAQUEZ COAL SEAM PROPERTIES LL
10 ROAD 2980
AZTEC, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Christina Montoya ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9/2/2010

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2199
Article #: 71106605959000129265
Date/Time: 8/31/2010 1:09:48 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
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For delivery information visit our website at www.usps.com

7110 6605 9590 0012 9272

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
RUEBEN F MOMSEN ESTATE
C/O GUS MOMSEN III
PO BOX DRAWER 948
BAYARD, NM 88023

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

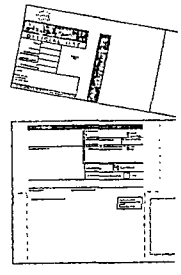
CERTIFIED MAIL

7110 6605 9590 0012 9272

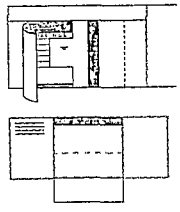
RUEBEN F MOMSEN ESTATE
C/O GUS MOMSEN III
PO BOX DRAWER 948
BAYARD, NM 88023

Batch #: 2199
Article #: 71106605959000129272
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 9272

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:

RUEBEN F MOMSEN ESTATE
C/O GUS MOMSEN III
PO BOX DRAWER 948
BAYARD, NM 88023

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9272

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peter Momsen ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

RUEBEN F MOMSEN ESTATE
C/O GUS MOMSEN III
PO BOX DRAWER 948
BAYARD, NM 88023

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129272
Date/Time: 8/31/2010 1:09:48 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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For delivery information visit our website at www.usps.com

7110 6605 9590 0012 9289

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

RUFIE LUJAN
6801 MARIGOT RD 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

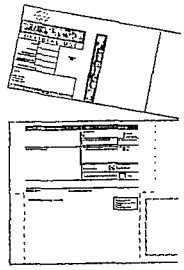
CERTIFIED MAIL™

7110 6605 9590 0012 9289

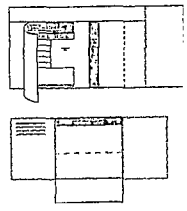
RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

Batch #: 2199
Article #: 71106605959000129289
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9289

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:

RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9289

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:

RUFIE LUJAN
6801 MARIGOT RD NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129289
Date/Time: 8/31/2010 1:09:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 9296

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
RUGELEY TRUST
Street, Apt. No.; or PO Box No.
3813 TOLMAS DR
City, State, Zip+4
METAIRIE, LA 70002

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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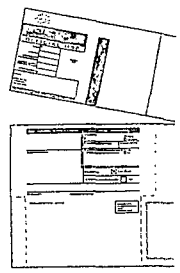
7110 6605 9590 0012 9296

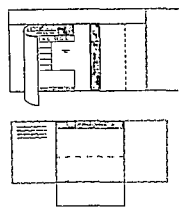
RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

Batch #: 2199
Article #: 71106605959000129296
Date/Time: 8/31/2010 1:09:49 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 9296

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:

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9296

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:

RUGELEY TRUST
3813 TOLMAS DR
METAIRIE, LA 70002

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Rugeley Trust SEP 07 2010

Batch #: 2199
Article #: 71106605959000129296
Date/Time: 8/31/2010 1:09:49 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 9302

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

RUSSELL E STEELE
3704 NE 87TH STREET
SEATTLE, WA 98115

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 9302

RUSSELL E STEELE
3704 NE 87TH STREET
SEATTLE, WA 98115

Batch #: 2199
Article #: 71106605959000129302
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number
7009 2820 0001 5954 6053

7110 6605 9590 0012 9302

1. Article Addressed to:

RUSSELL E STEELE
3704 NE 87TH STREET
SEATTLE, WA 98115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

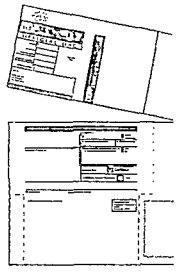
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

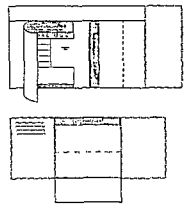
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Russell E. Steele
2704 NE 87th St.
Seattle, WA 98115

USPS SEATTLE WA LAKE CITY 981 25-9998 SEP 24 2010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Russell Steele ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7009 2820 0001 5954 6053

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

3

Allocation - D. Howell

Batch #: 2199
Article #: 71106605959000129302
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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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 9319

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

RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

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

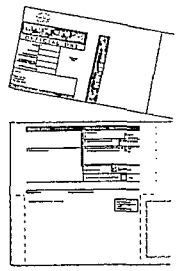
CERTIFIED MAIL™

7110 6605 9590 0012 9319

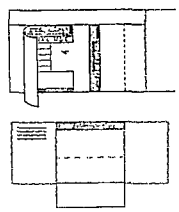
RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

Batch #: 2199
Article #: 71106605959000129319
Date/Time: 8/31/2010 1:09:49 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 9319

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:

RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9319

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruth Reid ☐ 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:

RUTH B REID
3791 VZ CR 4302
BEN WHEELER, TX 75754

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

BEN WHEELER AUG 31 2010 USPS

Batch #: 2199
Article #: 71106605959000129319
Date/Time: 8/31/2010 1:09:49 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 9326

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

RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

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

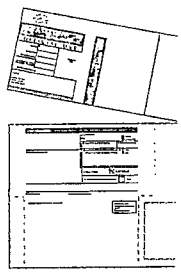
CERTIFIED MAIL™

7110 6605 9590 0012 9326

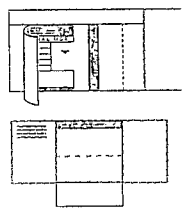
RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

Batch #: 2199
Article #: 71106605959000129326
Date/Time: 8/31/2010 1:09:49 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 9326

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:

RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9326

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruth Wester ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) RUTH WESTER | 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:

RUTH FITTING WESTER FAM LTD
105 HAWK CREST LN
DOUBLE OAK, TX 75077-7346

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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PS Form 3811 **Domestic Return Receipt**

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 9333

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

RUTH ZIMMERMAN TRUST
842 MUIRLANDS VISTA WY
LA JOLLA, CA 92037

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

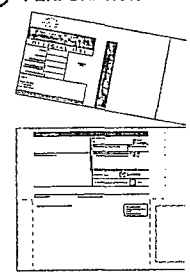
CERTIFIED MAIL™

7110 6605 9590 0012 9333

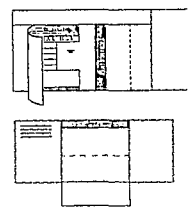
RUTH ZIMMERMAN TRUST
842 MUIRLANDS VISTA WY
LA JOLLA, CA 92037

Batch #: 2199
Article #: 71106605959000129333
Date/Time: 8/31/2010 1:09:49 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 9333

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:

RUTH ZIMMERMAN TRUST
842 MUIRLANDS VISTA WY
LA JOLLA, CA 92037

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9333

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Hazel Z. Hart ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

RUTH ZIMMERMAN TRUST
842 MUIRLANDS VISTA WY
LA JOLLA, CA 92037

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 9340

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

RUTHE LYNN VANDEWART
1538 CATRON SE
ALBUQUERQUE, NM 87123-4259

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

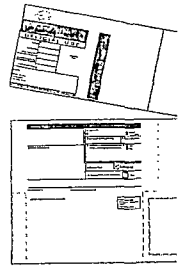
CERTIFIED MAIL™

7110 6605 9590 0012 9340

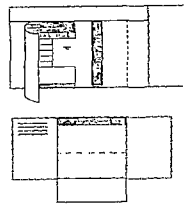
RUTHE LYNN VANDEWART
1538 CATRON SE
ALBUQUERQUE, NM 87123-4259

Batch #: 2199
Article #: 71106605959000129340
Date/Time: 8/31/2010 1:09:49 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 9340

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:

RUTHE LYNN VANDEWART
1538 CATRON SE
ALBUQUERQUE, NM 87123-4259

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9340

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Edwin HARRIS C. Date of Delivery 3 Sep 10

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

1. Article Addressed to:

SEP - 3 2010 SEP - 3 2010 FOOTHILL

RUTHE LYNN VANDEWART
1538 CATRON SE
ALBUQUERQUE, NM 87123-4259

SEP - 3 2010 SEP - 3 2010

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
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PS Form 3811 **Domestic Return Receipt**

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