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7110 6605 9590 0012 9357

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

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

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

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9357

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

Batch #: 2199
Article #: 71106605959000129357
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 9357

1. Article Addressed to:

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

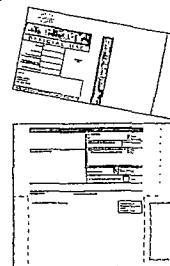
B. Received by (Printed Name) C. Date of Delivery

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

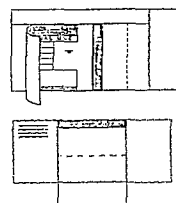
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9357

1. Article Addressed to:

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129357
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 9364

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

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

SABLE ENERGY, LTD.
7318 SOUTH YALE, SUITE A
TULSA, OK 74136-7000

Form 3800, August 2005 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



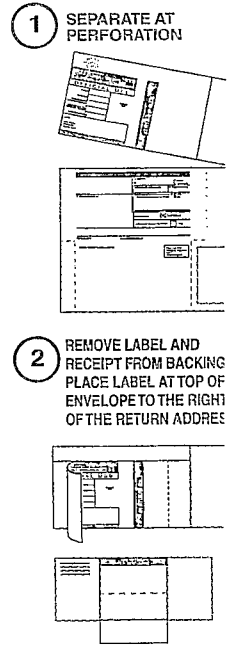
7110 6605 9590 0012 9364

SABLE ENERGY, LTD.
7318 SOUTH YALE, SUITE A
TULSA, OK 74136-7000

Batch #: 2199
Article #: 71106605959000129364
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

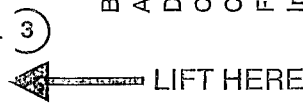
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9364	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SABLE ENERGY, LTD. 7318 SOUTH YALE, SUITE A TULSA, OK 74136-7000	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9364	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SABLE ENERGY, LTD. 7318 SOUTH YALE, SUITE A TULSA, OK 74136-7000	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129364
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 9371

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

sent To

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

SAL LEE OZ ANDERSON
3212 RIO GRANDE NW
ALBUQUERQUE, NM 87107

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions



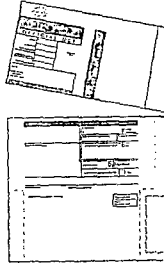
7110 6605 9590 0012 9371

SAL LEE OZ ANDERSON
3212 RIO GRANDE NW
ALBUQUERQUE, NM 87107

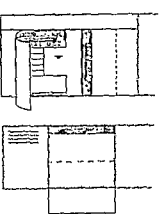
Batch #: 2199
Article #: 71106605959000129371
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9371	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAL LEE OZ ANDERSON 3212 RIO GRANDE NW ALBUQUERQUE, NM 87107	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9371	A. Signature X <i>Maureen Ryan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Maureen Ryan</i> 9-7
SAL LEE OZ ANDERSON 3212 RIO GRANDE NW ALBUQUERQUE, NM 87107	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129371
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 9388

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

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City, State, Zip+4

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



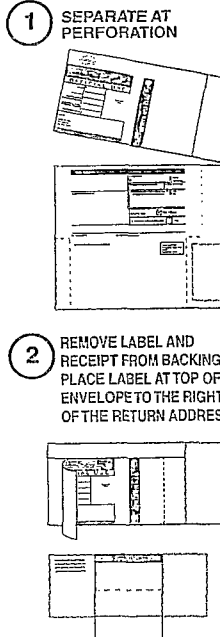
7110 6605 9590 0012 9388

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

Batch #: 2199
Article #: 71106605959000129388
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9388	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SALLY ANN MAHAFFEY PO BOX 904 GOLIAD, TX 77963 Code: Allocation Project - D.Howell	

2. Article Number 7110 6605 9590 0012 9388	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SALLY ANN MAHAFFEY PO BOX 904 GOLIAD, TX 77963 Code: Allocation Project - D.Howell	



Batch #: 2199
Article #: 71106605959000129388
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0012 9395

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

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

SALLY COVINGTON
902 RIVERSIDE DR
CARLSBAD, NM 88220

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9395

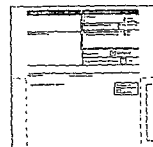
SALLY COVINGTON
902 RIVERSIDE DR
CARLSBAD, NM 88220

Batch #: 2199
Article #: 71106605959000129395
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

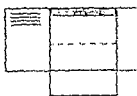
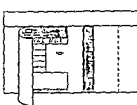
Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9395	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SALLY COVINGTON 902 RIVERSIDE DR CARLSBAD, NM 88220	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK 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 9395	A. Signature X <i>Sally Covington</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SALLY COVINGTON 902 RIVERSIDE DR CARLSBAD, NM 88220	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129395
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3





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7110 6605 9590 0012 9418

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

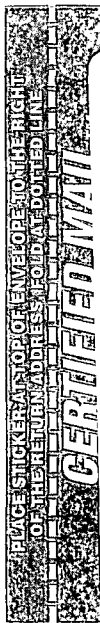
sent To

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

SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



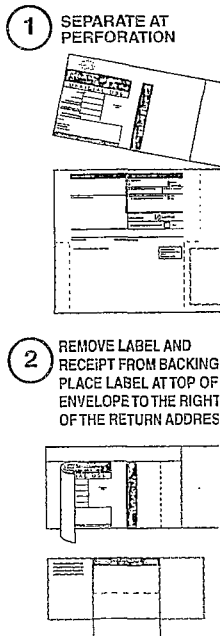
7110 6605 9590 0012 9418

SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

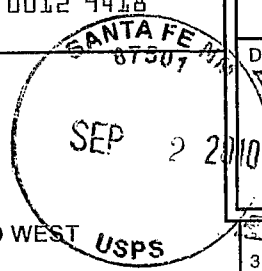
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Article #: 71106605959000129418
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9418	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMUEL D HAAS 175 CALLE VENTOSO WEST SANTA FE, NM 87506	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9418	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMUEL D HAAS 175 CALLE VENTOSO WEST SANTA FE, NM 87506	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2199
Article #: 71106605959000129418
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 9425

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

ant To

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

SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

Form 3800, August 2006, SPS Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9425

SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

Batch #: 2199
Article #: 711066059590000129425
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

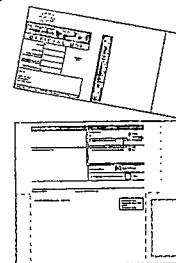
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9425	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMUEL HAUSER PO BOX 911 MONTICELLO, IN 47960	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

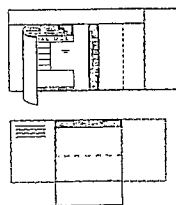
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9425	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMUEL HAUSER PO BOX 911 MONTICELLO, IN 47960	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

Batch #: 2199
Article #: 711066059590000129425
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9432

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

sent To

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

SAMUEL LIONEL DAZZO JR SOLE & SEPAR
6719 EMORY OAK PL NE
ALBUQUERQUE, NM 87111

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9432

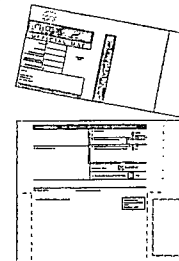
SAMUEL LIONEL DAZZO JR SOLE & SEPAR
6719 EMORY OAK PL NE
ALBUQUERQUE, NM 87111

Batch #: 2199
Article #: 71106605959000129432
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

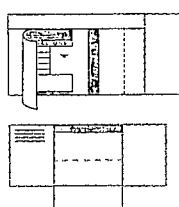
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9432	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
SAMUEL LIONEL DAZZO JR SOLE & SEPAR 6719 EMORY OAK PL NE ALBUQUERQUE, NM 87111	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9432	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
SAMUEL LIONEL DAZZO JR SOLE & SEPAR 6719 EMORY OAK PL NE ALBUQUERQUE, NM 87111	Victor Dazzo	9-2-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2199
Article #: 71106605959000129432
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9449

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

SAN JUAN BASIN POOL LTD
PO BOX 224
CLIFTON, TX 76634

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9449

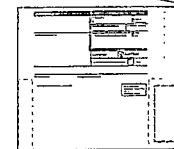
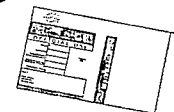
SAN JUAN BASIN POOL LTD
PO BOX 224
CLIFTON, TX 76634

Batch #: 2199
Article #: 71106605959000129449
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

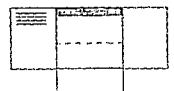
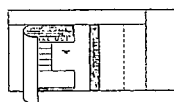
Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9449	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAN JUAN BASIN POOL LTD PO BOX 224 CLIFTON, TX 76634	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9449	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAN JUAN BASIN POOL LTD PO BOX 224 CLIFTON, TX 76634	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129449
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9456

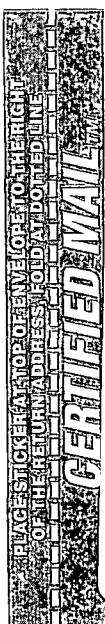
Postage	\$	\$1.05
Certified Fee		\$2.80
Return Receipt Fee (endorsement Required)		\$2.30
Restricted Delivery Fee (endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.15

Postmark
Here

Postage To
SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9456

SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Batch #: 2199
Article #: 71106605959000129456
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 9456

1. Article Addressed to:

SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Code: Allocation Project - D.Howell

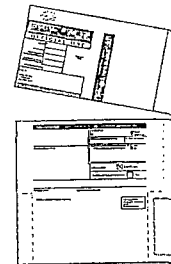
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

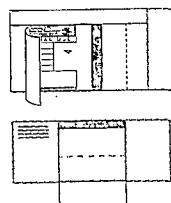
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9456

1. Article Addressed to:

SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
Stacy Triplett 8-7-10
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 #: 71106605959000129456
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9463

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9463

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

Batch #: 2199
Article #: 71106605959000129463
Date/Time: 8/31/2010 1:09:50 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 9463

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

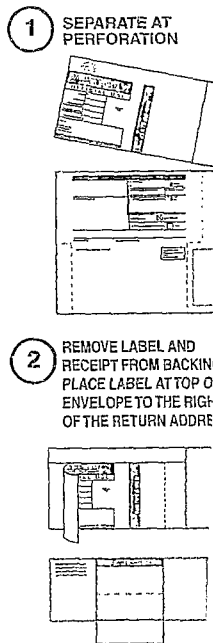
A. Signature
X ☐ Agent ☐ Addressee

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 9463

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129463
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9470

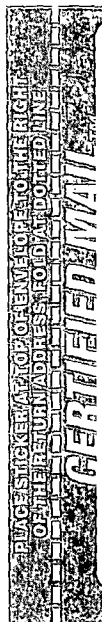
Postage	\$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

ent To

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

SANDRA L GONZALES
10221 GREEN ROVER PL NW
ALBUQUERQUE, NM 87114

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9470

SANDRA L GONZALES
10221 GREEN ROVER PL NW
ALBUQUERQUE, NM 87114

Batch #: 2199
Article #: 71106605959000129470
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

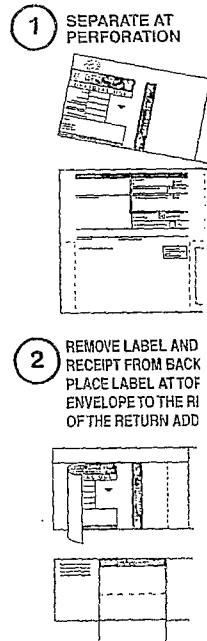
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9470	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA L GONZALES 10221 GREEN ROVER PL NW ALBUQUERQUE, NM 87114	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9470	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA L GONZALES 10221 GREEN ROVER PL NW ALBUQUERQUE, NM 87114	D. Is 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 #: 71106605959000129470
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



7110 6605 9590 0012 9401

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

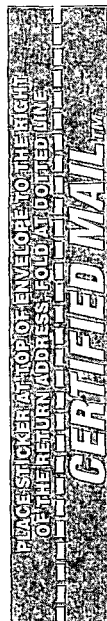
sent To

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

SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9401

SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

Batch #: 2199
Article #: 71106605959000129401
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

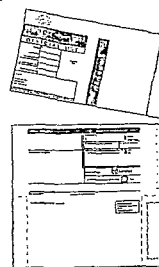
2: Article Number 7110 6605 9590 0012 9401	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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1. Article Addressed to:

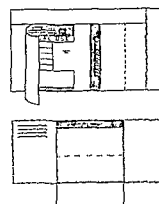
SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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

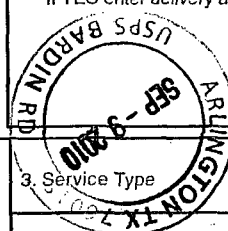


2: Article Number 7110 6605 9590 0012 9401	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

1. Article Addressed to:

SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

Code: Allocation Project - D.Howell



Batch #: 2199
Article #: 71106605959000129401
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(Certified Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 4016

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

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

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

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 4016

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

Batch #: 2273
Article #: 71106605959000134016
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 4016

1. Article Addressed to:

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7110 6605 9590 0013 4016

1. Article Addressed to:

SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Dan M Norton* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Dan M Norton *9/12/2010*

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

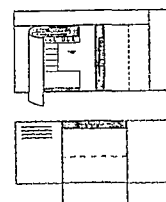
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT
PERFORATION



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



3

Batch #: 2273
Article #: 71106605959000134016
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9487

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

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

SANDRA SIMPSON ET AL RESIDUARY TRST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9487

SANDRA SIMPSON ET AL RESIDUARY TRST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2199
Article #: 71106605959000129487
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9487		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SANDRA SIMPSON ET AL RESIDUARY TRST ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2199
Article #: 71106605959000129487
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

11 ET HERE



7110 6605 9590 0012 9494

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

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

SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



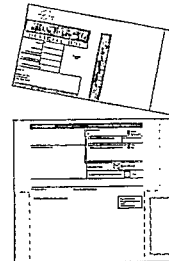
7110 6605 9590 0012 9494

SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

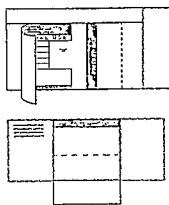
Batch #: 2199
Article #: 71106605959000129494
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9494	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA T CURRIE PO BOX 949 HEMPSTEAD, TX 77445	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9494	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANDRA T CURRIE PO BOX 949 HEMPSTEAD, TX 77445	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129494
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



Reorder Form LCD-8 Rev. 01/07



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

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

SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



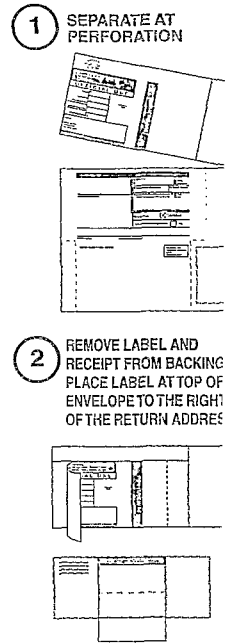
7110 6605 9590 0012 9500

SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

Batch #: 2199
Article #: 71106605959000129500
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9500	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANRIO GAS LLC PO BOX 1847 CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9500	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SANRIO GAS LLC PO BOX 1847 CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129500
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only; No Insurance Coverage Provided)
PS Form 3811, August 2006 Edition See Reverse for Instructions
7110 6605 9590 0012 9517

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

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

SARAH S MIMS TRUST WILLIAM L MADSEN
PO BOX 111846
CARROLLTON, TX 75011-1846

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9517

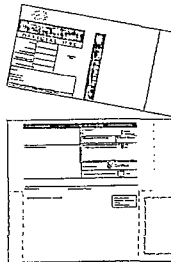
SARAH S MIMS TRUST WILLIAM L MADSEN
PO BOX 111846
CARROLLTON, TX 75011-1846

Batch #: 2199
Article #: 71106605959000129517
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

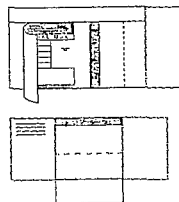
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0012 9517	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: SARAH S MIMS TRUST WILLIAM L MADSEN PO BOX 111846 CARROLLTON, TX 75011-1846 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 9517	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>William L Madsen</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>William L Madsen</i> <i>9/9/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: SARAH S MIMS TRUST WILLIAM L MADSEN PO BOX 111846 CARROLLTON, TX 75011-1846 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2199
Article #: 71106605959000129517
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



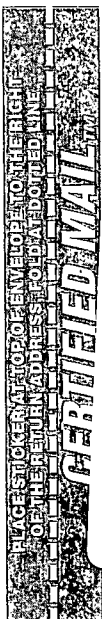
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SARATOGA ROYALTY LP
PO BOX 2804
CONROE, TX 77305

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9524

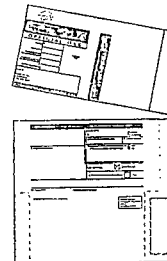
SARATOGA ROYALTY LP
PO BOX 2804
CONROE, TX 77305

Batch #: 2199
Article #: 71106605959000129524
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

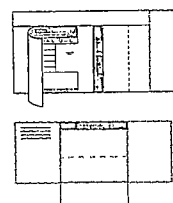
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9524		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SARATOGA ROYALTY LP PO BOX 2804 CONROE, TX 77305		A. Signature X ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery	
Code: Allocation Project - D.Howell		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



P:

2. Article Number 7110 6605 9590 0012 9524		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SARATOGA ROYALTY LP PO BOX 2804 CONROE, TX 77305		A. Signature X ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery 2 R. Howell 9-8-10	
Code: Allocation Project - D.Howell		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2199
Article #: 71106605959000129524
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only; No Insurance Coverage Provided)
7110 6605 9590 0012 9531

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

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

SCHRAM 2006 FAMILY TRUST
731 SILENT HOLLOW
SAN ANTONIO, TX 78258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9531

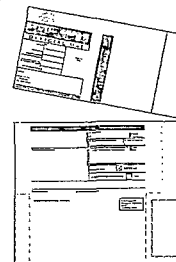
SCHRAM 2006 FAMILY TRUST
731 SILENT HOLLOW
SAN ANTONIO, TX 78258

Batch #: 2199
Article #: 71106605959000129531
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

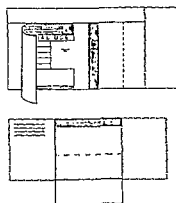
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9531	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: SCHRAM 2006 FAMILY TRUST 731 SILENT HOLLOW SAN ANTONIO, TX 78258	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 9531	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Judy K. DeLo</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: SCHRAM 2006 FAMILY TRUST 731 SILENT HOLLOW SAN ANTONIO, TX 78258	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129531
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 9548

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

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

SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



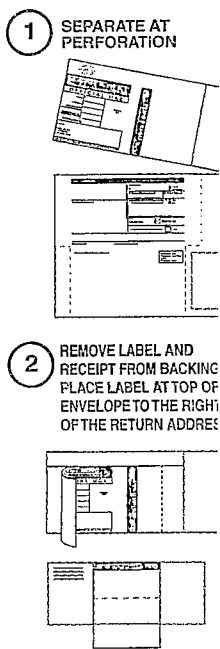
7110 6605 9590 0012 9548

SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

Batch #: 2199
Article #: 71106605959000129548
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 9548	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCOT A ANDERSON 1900 AVE F COUNCIL BLUFFS, IA 51501 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9548	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCOT A ANDERSON 1900 AVE F COUNCIL BLUFFS, IA 51501 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129548
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 9555

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

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

SCOTT ALAN PERRYMAN
8175 W BECKTON LN
GARDEN CITY, ID 83714-1375

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9555

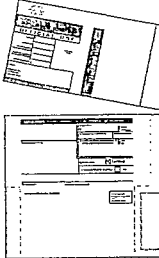
SCOTT ALAN PERRYMAN
8175 W BECKTON LN
GARDEN CITY, ID 83714-1375

Batch #: 2199
Article #: 71106605959000129555
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

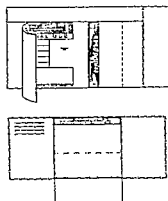
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9555	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SCOTT ALAN PERRYMAN 8175 W BECKTON LN GARDEN CITY, ID 83714-1375	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9555	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SCOTT ALAN PERRYMAN 8175 W BECKTON LN GARDEN CITY, ID 83714-1375	S. Perryman 9-4-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129555
Date/Time: 8/31/2010 1:09:50 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US 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 9562

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

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

SCOTT ANTHONY VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9562

SCOTT ANTHONY VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Batch #: 2199
Article #: 71106605959000129562
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R 1/07

2. Article Number 7110 6605 9590 0012 9562	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCOTT ANTHONY VENEZIA PO BOX 432976 SAN DIEGO, CA 92143-2976 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECIPT FROM BACK PLACE LABEL AT FRONT OF THE RETURN

2. Article Number 7110 6605 9590 0012 9562	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCOTT ANTHONY VENEZIA PO BOX 432976 SAN DIEGO, CA 92143-2976 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129562
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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For more information visit our website at www.usps.com
7110 6605 9590 0012 9579

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

ent To
SCOTT BRIGHTBILL
12280 CORTE SABIO, APT 4109
SAN DIEGO, CA 92128

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9579

SCOTT BRIGHTBILL
12280 CORTE SABIO, APT 4109
SAN DIEGO, CA 92128

Batch #: 2199
Article #: 71106605959000129579
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 9579	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SCOTT BRIGHTBILL 12280 CORTE SABIO, APT 4109 SAN DIEGO, CA 92128 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



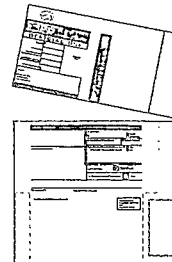
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

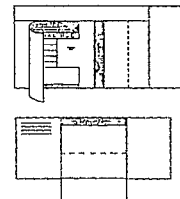
Batch #: 2199
Article #: 71106605959000129579
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 9586

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

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

SCOTT SMITH
 4425 SE RIVER RD
 MARTINDALE, TX 78655

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9586

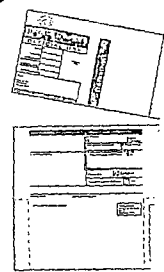
SCOTT SMITH
 4425 SE RIVER RD
 MARTINDALE, TX 78655

Batch #: 2199
 Article #: 71106605959000129586
 Date/Time: 8/31/2010 1:09:51 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

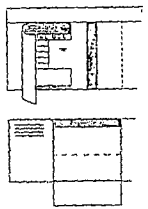
Reorder Form LCD-8111 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9586		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SCOTT SMITH 4425 SE RIVER RD MARTINDALE, TX 78655		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

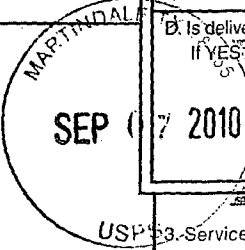
1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9586		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SCOTT SMITH 4425 SE RIVER RD MARTINDALE, TX 78655		Maddyn Smith 9/2/10	
Code: Allocation Project - D.Howell		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



Batch #: 2199
 Article #: 71106605959000129586
 Date/Time: 8/31/2010 1:09:51 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



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

7110 6605 9590 0012 9593

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

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

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9593

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

Batch #: 2199
Article #: 71106605959000129593
Date/Time: 8/31/2010 1:09:51 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 9593

1. Article Addressed to:

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

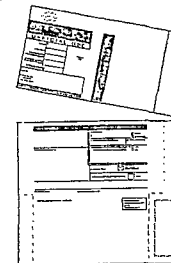
B. Received by (Printed Name) C. Date of Delivery

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

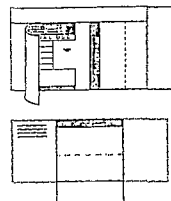
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9593

1. Article Addressed to:

SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129593
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 9609

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

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

SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



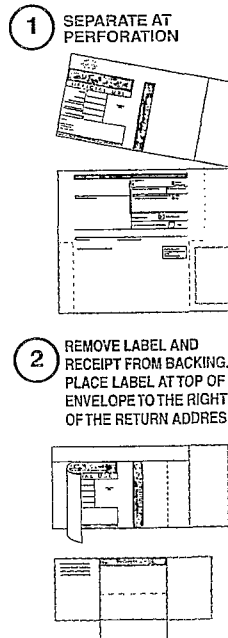
7110 6605 9590 0012 9609

SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

Batch #: 2199
Article #: 71106605959000129609
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9609	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SEALY & COMPANY LP PO BOX 471725 FORT WORTH, TX 76147	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9609	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SEALY & COMPANY LP PO BOX 471725 FORT WORTH, TX 76147	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129609
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

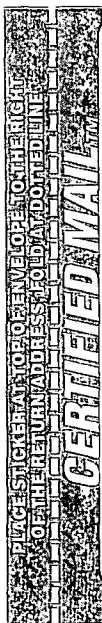
7110 6605 9590 0012 9616

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

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

SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9616

SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

Batch #: 2199
Article #: 71106605959000129616
Date/Time: 8/31/2010 1:09:51 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 9616

1. Article Addressed to:

SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

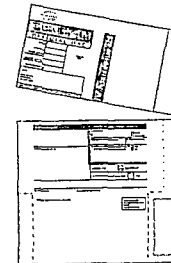
B. Received by (Printed Name) C. Date of Delivery

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

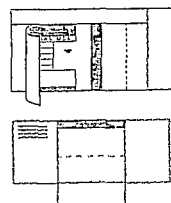
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9616

1. Article Addressed to:

SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129616
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0012 9623

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

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

SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



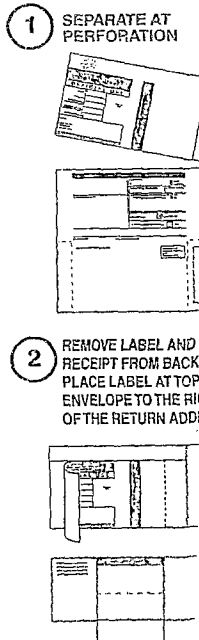
7110 6605 9590 0012 9623

SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

Batch #: 2199
Article #: 71106605959000129623
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9623	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHARON BEAMON BURNS 401 HEADLANDS AVE MILL VALLEY, CA 94941	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9623	A. Signature ☐ Agent <i>Sharon Burns</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sharon Burns</i> <i>8/31/10</i>
SHARON BEAMON BURNS 401 HEADLANDS AVE MILL VALLEY, CA 94941	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129623
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0012 9630

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

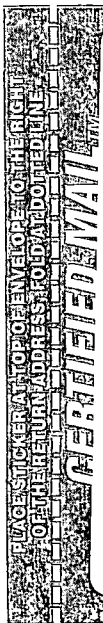
ent To

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

SHAWN P HANNIFIN
730 17TH STREET SUITE 325
DENVER, CO 80202

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9630

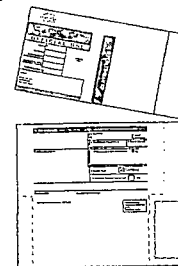
SHAWN P HANNIFIN
730 17TH STREET SUITE 325
DENVER, CO 80202

Batch #: 2199
Article #: 71106605959000129630
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

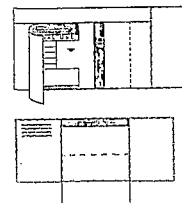
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9630		
1. Article Addressed to:		
SHAWN P HANNIFIN 730 17TH STREET SUITE 325 DENVER, CO 80202		
	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9630		
1. Article Addressed to:		
SHAWN P HANNIFIN 730 17TH STREET SUITE 325 DENVER, CO 80202		
	A. Signature X	☐ 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	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2199
Article #: 71106605959000129630
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9647

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

Postage To
SHEILA S CASSATT RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9647

SHEILA S CASSATT RESIDUARY TRUST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2199
Article #: 71106605959000129647
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 9647		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: SHEILA S CASSATT RESIDUARY TRUST ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532		A. Signature ☒ X ☐ Agent ☐ Addressee	
		B. 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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

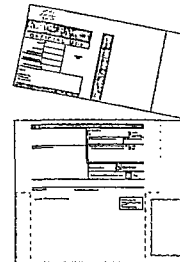
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2199
Article #: 71106605959000129647
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

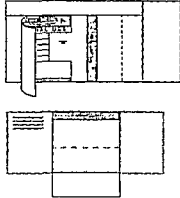
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





7110 6605 9590 0012 9654

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

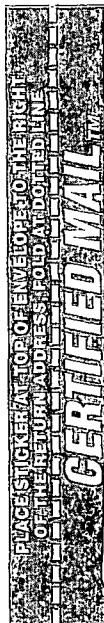
ent To

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

SHEILA WARD
4633 E EDMONT AVE
PHOENIX, AZ 85008-1509

Form 3800, August 2009 Edition. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9654

SHEILA WARD
4633 E EDMONT AVE
PHOENIX, AZ 85008-1509

Batch #: 2199
Article #: 71106605959000129654
Date/Time: 8/31/2010 1:09:51 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 9654

1. Article Addressed to:

SHEILA WARD
4633 E EDMONT AVE
PHOENIX, AZ 85008-1509

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

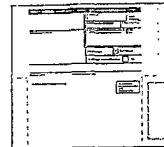
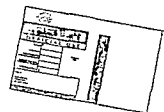
B. Received by (Printed Name) C. Date of Delivery

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

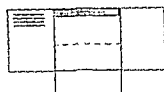
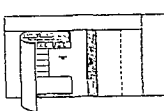
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9654

1. Article Addressed to:

SHEILA WARD
4633 E EDMONT AVE
PHOENIX, AZ 85008-1509

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sheila Ward* ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129654
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9661

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

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

SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9661

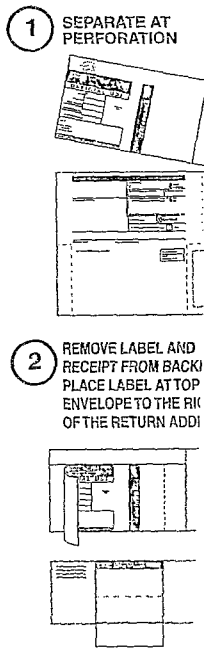
SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

Batch #: 2199
Article #: 71106605959000129661
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Recorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9661	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHELLEY LYNN WILSON MELODY 5847 SHADY RIVER HOUSTON, TX 77057	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

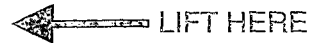
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9661	A. Signature X <i>Kay Schmitt</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHELLEY LYNN WILSON MELODY 5847 SHADY RIVER HOUSTON, TX 77057	D. Is 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 #: 71106605959000129661
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
E-Mail Only Insurance Coverage Provided
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7110 6605 9590 0012 9678

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

ent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
SHEROD L MENGEL JR
5448 SOLEDAD
EL PASO, TX 79932
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



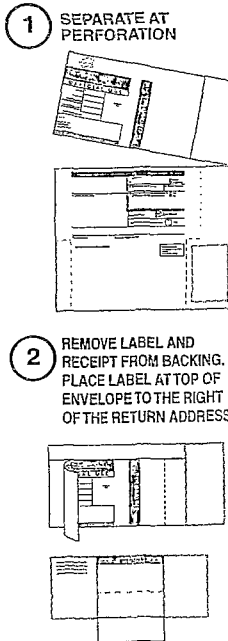
7110 6605 9590 0012 9678

SHEROD L MENGEL JR
5448 SOLEDAD
EL PASO, TX 79932

Batch #: 2199
Article #: 71106605959000129678
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number 7110 6605 9590 0012 9678	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: SHEROD L MENGEL JR 5448 SOLEDAD EL PASO, TX 79932	



2. Article Number 7110 6605 9590 0012 9678	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: SHEROD L MENGEL JR 5448 SOLEDAD EL PASO, TX 79932	

Batch #: 2199
Article #: 71106605959000129678
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 9685

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

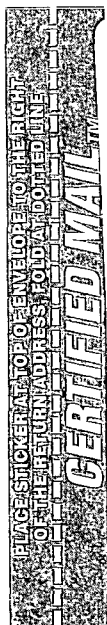
sent To

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

SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9685

SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Batch #: 2199
Article #: 71106605959000129685
Date/Time: 8/31/2010 1:09:51 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 9685

1. Article Addressed to:

SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

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 9685

1. Article Addressed to:

SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

3. Service Type



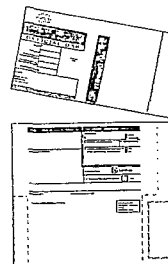
Certified

4. Restricted Delivery? (Extra Fee)

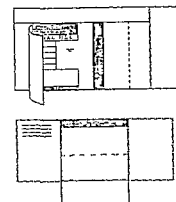
☐

Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2199
Article #: 71106605959000129685
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 9692

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

ent To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
**SHERRILL A BOARDMAN
PO BOX 4549
CHESTERFIELD, MO 63006-4549**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9692

**SHERRILL A BOARDMAN
PO BOX 4549
CHESTERFIELD, MO 63006-4549**

Batch #: 2199
Article #: 71106605959000129692
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2 Article Number

7110 6605 9590 0012 9692

1. Article Addressed to:

**SHERRILL A BOARDMAN
PO BOX 4549
CHESTERFIELD, MO 63006-4549**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ **Certified**

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

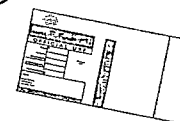
**Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499**

Batch #: 2199
Article #: 71106605959000129692
Date/Time: 8/31/2010 1:09:51 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

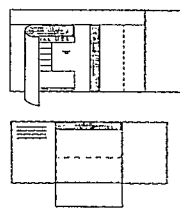
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
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7110 6605 9590 0012 9708

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

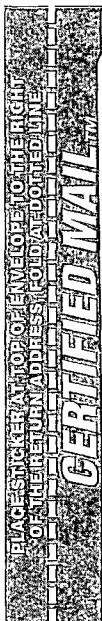
sent To

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

SHIRLEY ANN CHOUTEAU TR JUNE 10 199
7825 S GRANITE AVE
TULSA, OK 74136

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9708

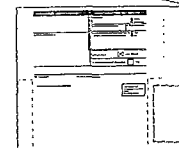
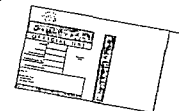
SHIRLEY ANN CHOUTEAU TR JUNE 10 199
7825 S GRANITE AVE
TULSA, OK 74136

Batch #: 2199
Article #: 71106605959000129708
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

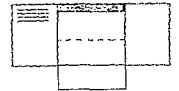
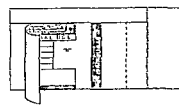
Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9708		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
SHIRLEY ANN CHOUTEAU TR JUNE 10 199 7825 S GRANITE AVE TULSA, OK 74136		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type	☒ Certified
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell			

1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9708		A. Signature X <i>Dana Garcia</i> ☒ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Dana Garcia</i>	C. Date of Delivery <i>9/7/10</i>
SHIRLEY ANN CHOUTEAU TR JUNE 10 199 7825 S GRANITE AVE TULSA, OK 74136		D. Is 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 #: 71106605959000129708
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9715

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

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

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



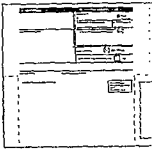
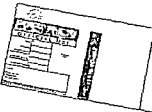
7110 6605 9590 0012 9715

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

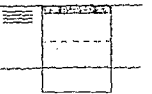
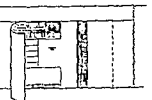
Batch #: 2199
Article #: 71106605959000129715
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9715	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY J MIHECOBY 3505 N BUENA VISTA FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9715	A. Signature X <i>Shirley J. Miheco</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY J MIHECOBY 3505 N BUENA VISTA FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129715
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3

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7110 6605 9590 0012 9722

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

SHIRLEY M GAULDIN
P O BOX 825
BURNET, TX 78611

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9722

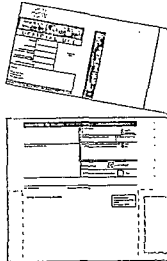
SHIRLEY M GAULDIN
P O BOX 825
BURNET, TX 78611

Batch #: 2199
Article #: 71106605959000129722
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

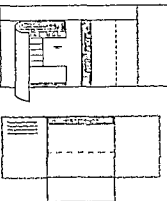
Reader Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9722	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY M GAULDIN P O BOX 825 BURNET, TX 78611	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9722	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SHIRLEY M GAULDIN P O BOX 825 BURNET, TX 78611	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129722
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 9739

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

Postmark
Here

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9739

SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

Batch #: 2199
Article #: 71106605959000129739
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

ent To

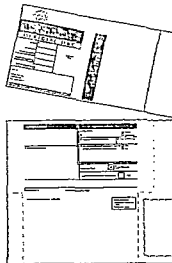
Street, Apt. No.,
PO Box No.
City, State, Zip+4

SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

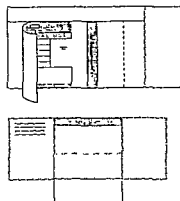
Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9739	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SILVERADO OIL & GAS LLP PO BOX 52308 TULSA, OK 74152	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9739	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SILVERADO OIL & GAS LLP PO BOX 52308 TULSA, OK 74152	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129739
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 9746

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

Postmark Here

Code: Allocation Project - D.Howell

1. Article Addressed to:

SPEEREX LIMITED PARTNERSHIP
ATTN STEPHEN W SPEER
PO BOX 1363
MOUNT PLEASANT, SC 29465-1363

2. Article Number

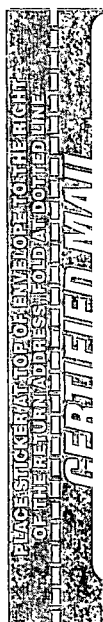
7110 6605 9590 0012 9746

3. Service Type

4. Restricted Delivery? (Extra Fee)

Code: Allocation Project - D.Howell

PS Form 3811, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9746

SPEEREX LIMITED PARTNERSHIP
ATTN STEPHEN W SPEER
PO BOX 1363
MOUNT PLEASANT, SC 29465-1363

Batch #: 2199
Article #: 71106605959000129746
Date/Time: 8/31/2010 1:09:52 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 9746

1. Article Addressed to:

SPEEREX LIMITED PARTNERSHIP
ATTN STEPHEN W SPEER
PO BOX 1363
MOUNT PLEASANT, SC 29465-1363

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

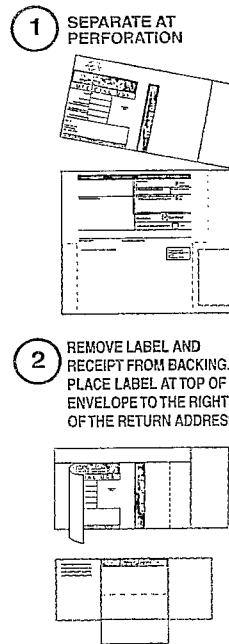
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B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 9746

1. Article Addressed to:

SPEEREX LIMITED PARTNERSHIP
ATTN STEPHEN W SPEER
PO BOX 1363
MOUNT PLEASANT, SC 29465-1363

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X Stephen W Speer

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

Stephen W Speer 9-15-10

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

PO Box 1363

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129746
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9753

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

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

SPINDLETOP EXPLORATION COMPANY INC
P O BOX 25163
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



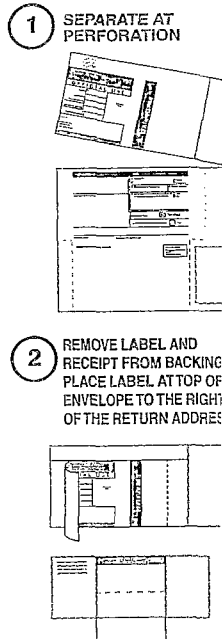
7110 6605 9590 0012 9753

SPINDLETOP EXPLORATION COMPANY INC
P O BOX 25163
DALLAS, TX 75225

Batch #: 2199
Article #: 71106605959000129753
Date/Time: 8/31/2010 1:09:52 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 9753	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SPINDLETOP EXPLORATION COMPANY INC P O BOX 25163 DALLAS, TX 75225 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9753	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>9-4-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SPINDLETOP EXPLORATION COMPANY INC P O BOX 25163 DALLAS, TX 75225 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129753
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 9760

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

sent To
STANLEY R ARNOLD
PO BOX 269
DE BEGUE, CO 81630-0269

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

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



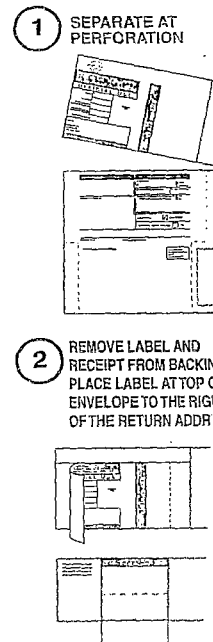
7110 6605 9590 0012 9760

STANLEY R ARNOLD
PO BOX 269
DE BEGUE, CO 81630-0269

Batch #: 2199
Article #: 71106605959000129760
Date/Time: 8/31/2010 1:09:52 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 9760	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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 9760	COMPLETE THIS SECTION ON DELIVERY A. Signature X Stanley R. Arnold ☐ Agent ☐ Addressee B. 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 #: 2199
Article #: 71106605959000129760
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 9777

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

Send To
STELLA L MALONE
10137 PINK CARNATION CT
ORLANDO, FL 32825-8814
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9777

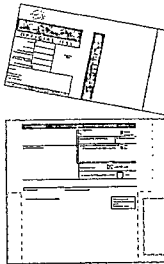
STELLA L MALONE
10137 PINK CARNATION CT
ORLANDO, FL 32825-8814

Batch #: 2199
Article #: 71106605959000129777
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

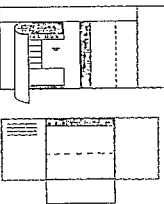
Reorder Form LCD-1 Rev. 01/07

2: Article Number 7110 6605 9590 0012 9777	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STELLA L MALONE 10137 PINK CARNATION CT ORLANDO, FL 32825-8814 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 9777	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Stella L Malone</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) STELLA L. MALONE C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STELLA L MALONE 10137 PINK CARNATION CT ORLANDO, FL 32825-8814 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129777
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

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

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

STELLA MADGE GREER
7 E JANICE, APT 202
YUKON, OK 73099

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



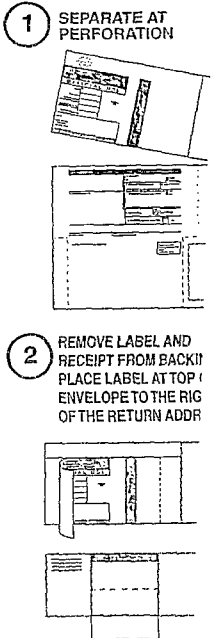
7110 6605 9590 0012 9784

STELLA MADGE GREER
7 E JANICE, APT 202
YUKON, OK 73099

Batch #: 2199
Article #: 71106605959000129784
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9784	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STELLA MADGE GREER 7 E JANICE, APT 202 YUKON, OK 73099	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9784	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
STELLA MADGE GREER 7 E JANICE, APT 202 YUKON, OK 73099	STELLA GREER 9-1-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129784
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



an Juan Business Unit
O Box 4289
armington NM 87499-4289


Conocophillips

7110 6605 9590 0012 9791

9-20



STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410



UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM ZIP

9-20
a-k



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0012 9807

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

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

STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9807

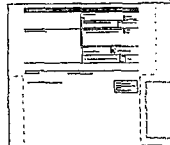
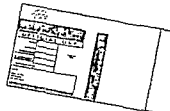
STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

Batch #: 2199
Article #: 711066059590000129807
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

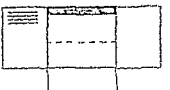
Form 3800, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 9807	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STEPHEN BRIGHTBILL 17635 VALLADARES DR SAN DIEGO, CA 92127 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 9807	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STEPHEN BRIGHTBILL 17635 VALLADARES DR SAN DIEGO, CA 92127 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 711066059590000129807
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 9814

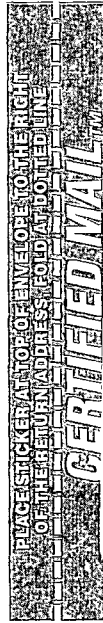
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

STEVE JACOB HOUSTON
9433 NE 14TH ST
CLYDE HILL, WA 98004

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9814

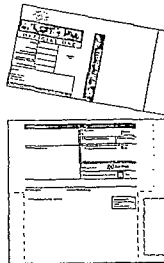
STEVE JACOB HOUSTON
9433 NE 14TH ST
CLYDE HILL, WA 98004

Batch #: 2199
Article #: 71106605959000129814
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

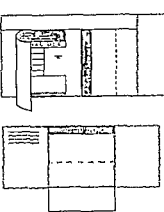
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 9814	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 9814	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Alison Bottelstein</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2199
Article #: 71106605959000129814
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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CERTIFIED MAIL RECEIPT
 (Mail Only, No Insurance Coverage Provided)
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7110 6605 9590 0012 9821

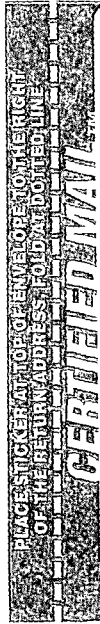
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

STEVEN H BARD
 7122 ROCKY FORK RD
 SMYRNA, TN 37167

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9821

STEVEN H BARD
 7122 ROCKY FORK RD
 SMYRNA, TN 37167

Batch #: 2199
 Article #: 71106605959000129821
 Date/Time: 8/31/2010 1:09:52 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

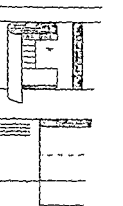
Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9821		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STEVEN H BARD 7122 ROCKY FORK RD SMYRNA, TN 37167		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL, RECEIPT FROM ENVELOPE TO RETURN



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9821		A. Signature X STEVEN H BARD ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) STEVEN H BARD	C. Date of Delivery 9/8/2010
STEVEN H BARD 7122 ROCKY FORK RD SMYRNA, TN 37167		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2199
 Article #: 71106605959000129821
 Date/Time: 8/31/2010 1:09:52 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PROVED

U.S. Postal Service
REGISTERED MAIL RECEIPT
For Mail Only; No Insurance Coverage Provided
Delivery Information: Visit our website at www.usps.com

7110 6605 9590 0012 9838

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

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

STEVEN PRICE FASKEN REVOCABLE TRUST
 PO BOX 32687
 SANTA FE, NM 87594-2687

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO PREVENT OPENING RETURN ADDRESS FOLD AND DO NOT WRITE

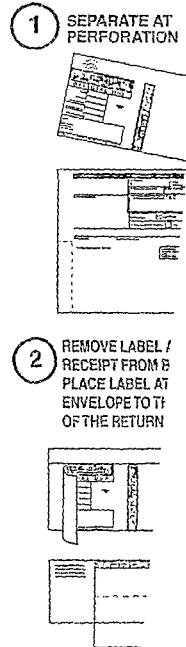
7110 6605 9590 0012 9838

STEVEN PRICE FASKEN REVOCABLE TRUST
 PO BOX 32687
 SANTA FE, NM 87594-2687

Batch #: 2199
 Article #: 71106605959000129838
 Date/Time: 8/31/2010 1:09:52 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9838	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
STEVEN PRICE FASKEN REVOCABLE TRUST PO BOX 32687 SANTA FE, NM 87594-2687	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9838	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
STEVEN PRICE FASKEN REVOCABLE TRUST PO BOX 32687 SANTA FE, NM 87594-2687	Steven Fasken	9/3/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2199
 Article #: 71106605959000129838
 Date/Time: 8/31/2010 1:09:53 PM
 Code: Allocation Project - D.Howell
 Code2:

PROVED

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

7110 6605 9590 0012 9845

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

Sent To

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

STOREY-LINCOLN PRTRNSHP
 21205 5TH AVE S
 DES MOINES, WA 98198

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9845

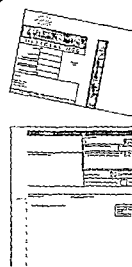
STOREY-LINCOLN PRTRNSHP
 21205 5TH AVE S
 DES MOINES, WA 98198

Batch #: 2199
 Article #: 71106605959000129845
 Date/Time: 8/31/2010 1:09:53 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

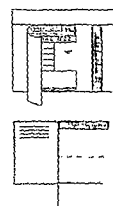
Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9845		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STOREY-LINCOLN PRTRNSHP 21205 5TH AVE S DES MOINES, WA 98198		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL, RECEIPT FROM ENVELOPE TO PLACE LABEL AT ENVELOPE TO TOP OF THE RETURN



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 9845		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
STOREY-LINCOLN PRTRNSHP 21205 5TH AVE S DES MOINES, WA 98198		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2199
 Article #: 71106605959000129845
 Date/Time: 8/31/2010 1:09:53 PM
 Code: Allocation Project - D.Howell



7110 6605 9590 0012 9852

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	

STUART ROBERT DOUGLAS TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

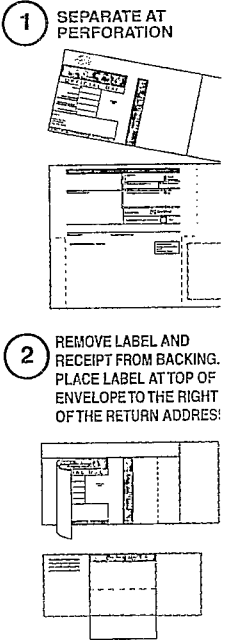


7110 6605 9590 0012 9852

STUART ROBERT DOUGLAS TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2199
Article #: 71106605959000129852
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	7110 6605 9590 0012 9852
1. Article Addressed to:	STUART ROBERT DOUGLAS TRUST PO BOX 99084 FORT WORTH, TX 76199-0084
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes



2. Article Number	7110 6605 9590 0012 9852
1. Article Addressed to:	STUART ROBERT DOUGLAS TRUST PO BOX 99084 FORT WORTH, TX 76199-0084
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☒ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2199
Article #: 71106605959000129852
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Guaranteed Delivery, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 9869

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

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

STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



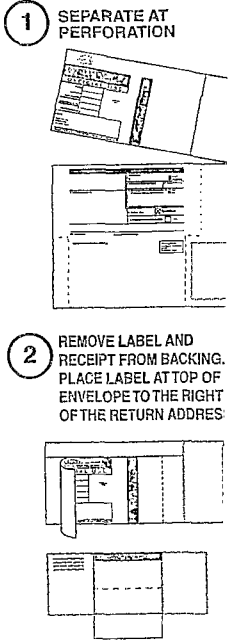
7110 6605 9590 0012 9869

STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

Batch #: 2199
Article #: 71106605959000129869
Date/Time: 8/31/2010 1:09:53 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 9869	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STUBBEMAN FAMILY FOUNDATION PO BOX 3473 ABILENE, TX 79604 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9869	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>David Stubbeman</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>David Stubbeman</i> SEP 7 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: STUBBEMAN FAMILY FOUNDATION PO BOX 3473 ABILENE, TX 79604 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129869
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
7110 6605 9590 0012 9876

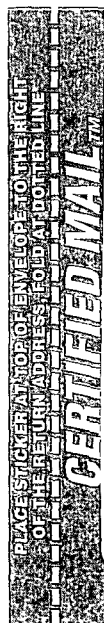
Postage	\$ \$1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$6.15	

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

SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

Code: Allocation Project - D.Howell

Form 3800, August 2006 See reverse for instructions



7110 6605 9590 0012 9876

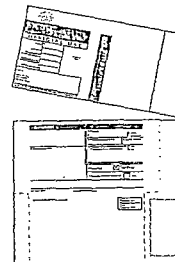
SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

Batch #: 2199
Article #: 71106605959000129876
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

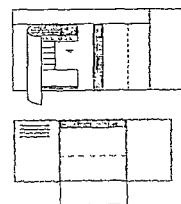
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 9876	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 9876	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sue R Boyd</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Sue R Boyd</i> C. Date of Delivery <i>9/1/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2199
Article #: 71106605959000129876
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



Postal Service
REGISTERED MAIL RECEIPT
(Insurance Coverage Provided)

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

Postage To: SUE HANSON MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



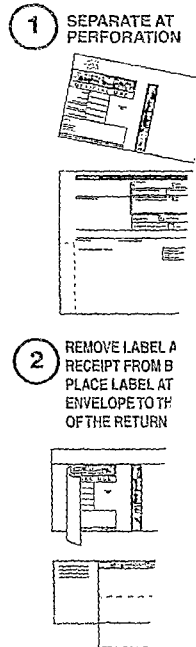
7110 6605 9590 0012 9883

SUE HANSON MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Batch #: 2199
Article #: 71106605959000129883
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9883	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUE HANSON MCBRIDE PO BOX 1515 ROSWELL, NM 88202-1515	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9883	A. Signature X Jan Starnes ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUE HANSON MCBRIDE PO BOX 1515 ROSWELL, NM 88202-1515	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129883
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:



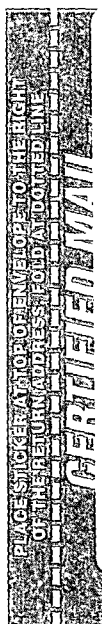
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

Postmark
Here

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 9890

SUE K VANDEWART ROMERO
PO BOX 457
SAN ANTONIO, NM 87832

Batch #: 2199
Article #: 71106605959000129890
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	7110 6605 9590 0012 9890
1. Article Addressed to:	SUE K VANDEWART ROMERO PO BOX 457 SAN ANTONIO, NM 87832
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

1 SEPARATE AT PERFORATION

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

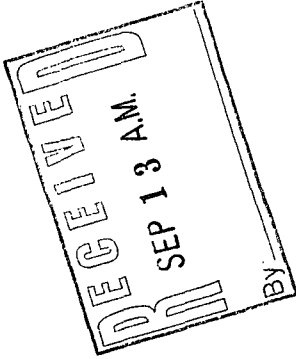
2. Article Number	7110 6605 9590 0012 9890
1. Article Addressed to:	SUE K VANDEWART ROMERO PO BOX 457 SAN ANTONIO, NM 87832
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2199
Article #: 71106605959000129890
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:

San Juan Business Center
PO Box 4289
Farmington NM 87499

ConocoPhillips

7110 6605 9590 0012 9906



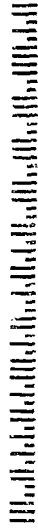
**ATTEMPTED,
NOT KNOWN**

SUE WARD HALL ESTATE
C/O BEN HALL
PO BOX 4063
ASPEN, CO 81612

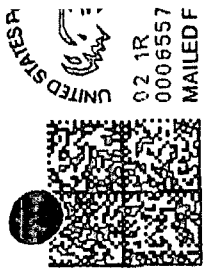
PO Box 2088

NIXIE 3058 1 21 09/08/10

RETURN TO SENDER
ATTEMPTED-NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



Resent





LaserSubstrates, Inc.TM

1.800.538.4900
www.lasersub.com

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

7110 6605 9590 0013 5150

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

ent To

SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

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

Form 3800, August 2006 See Reverse for Instructions

Code: Dawn:Allocation
Code2:



7110 6605 9590 0013 5150

SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

Batch #: 2329
Article #: 71106605959000135150
Date/Time: 10/4/2010 1:56:08 PM
Code: Dawn:Allocation
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 5150	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUE WARD HALL PO BOX 2088 ASPEN, CO 81612	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Dawn:Allocation Code2:	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

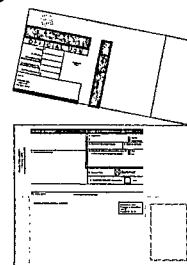
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

OPTIONAL LABEL

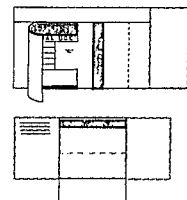
3

Batch #: 2329
Article #: 71106605959000135150
Date/Time: 10/4/2010 1:56:08 PM
Code: Dawn:Allocation
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



LIFT HERE



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(For Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 9906

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

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

SUE WARD HALL ESTATE
C/O BEN HALL
PO BOX 4063
ASPEN, CO 81612

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9906

SUE WARD HALL ESTATE
C/O BEN HALL
PO BOX 4063
ASPEN, CO 81612

Batch #: 2199
Article #: 71106605959000129906
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

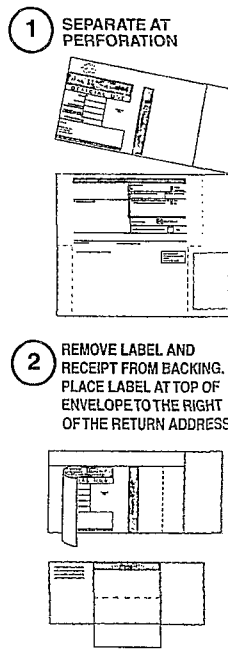
2. Article Number 7110 6605 9590 0012 9906	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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
SJBUC ConocoPhillips
P.O. Box 4289
Farmington, NM 87499



Batch #: 2199
Article #: 71106605959000129906
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 3163	
Postage	
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00

ent To **\$5.54**
SUSAN AHO LANG
4378 SHILOH TRL
POWDER SPRINGS, GA 30127

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™

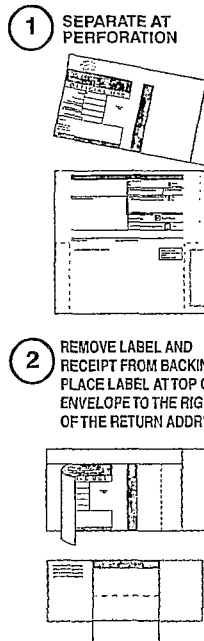
7110 6605 9590 0013 3163

SUSAN AHO LANG
4378 SHILOH TRL

POWDER SPRINGS, GA 30127

Batch #: 2269
Article #: 71106605959000133163
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3163	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN AHO LANG 4378 SHILOH TRL POWDER SPRINGS, GA 30127	



2. Article Number 7110 6605 9590 0013 3163	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Susan Lang</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Susan Lang</i> C. Date of Delivery <i>9-24-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN AHO LANG 4378 SHILOH TRL POWDER SPRINGS, GA 30127	

Batch #: 2269
Article #: 71106605959000133163
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 9913

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

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

SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



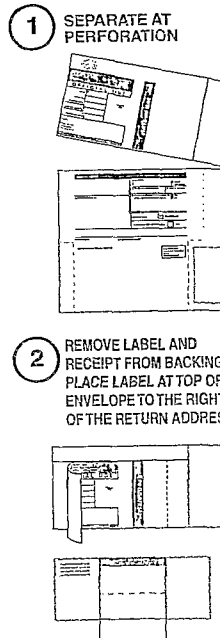
7110 6605 9590 0012 9913

SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

Batch #: 2199
Article #: 71106605959000129913
Date/Time: 8/31/2010 1:09:53 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 9913	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN BEAMON PORTER 319 KNIPP FOREST HOUSTON, TX 77024	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9913	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery SUSAN B Porter 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
1. Article Addressed to: SUSAN BEAMON PORTER 319 KNIPP FOREST HOUSTON, TX 77024	
Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129913
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 9937

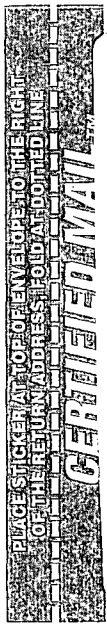
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
SUSAN FRY BRACKEN
PO BOX 7550
TYLER, TX 75711-7550

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



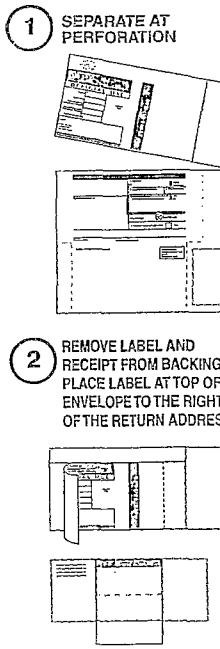
7110 6605 9590 0012 9937

SUSAN FRY BRACKEN
PO BOX 7550
TYLER, TX 75711-7550

Batch #: 2199
Article #: 71106605959000129937
Date/Time: 8/31/2010 1:09:53 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 9937	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN FRY BRACKEN PO BOX 7550 TYLER, TX 75711-7550 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 9937	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Susan Bracken</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>SUSAN BRACKEN</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN FRY BRACKEN PO BOX 7550 TYLER, TX 75711-7550 Code: Allocation Project - D.Howell	

Batch #: 2199
Article #: 71106605959000129937
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For information, visit our website at www.usps.com
7110 6605 9590 0013 0940

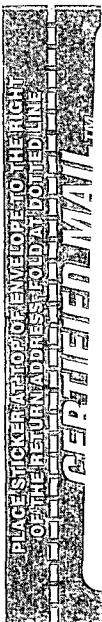
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0940

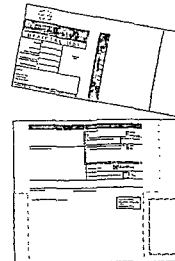
SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

Batch #: 2202
Article #: 71106605959000130940
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

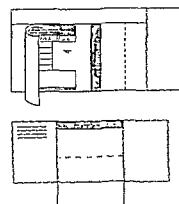
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 0940	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN H RITTER 4700 VIA MEDIA AUSTIN, TX 78746 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 0013 0940	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Susan H Ritter</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Susan H Ritter</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN H RITTER 4700 VIA MEDIA AUSTIN, TX 78746 <i>Sign and put back in mail box</i> Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130940
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 0957

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

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PO Box No.
City, State, Zip+4

SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0957

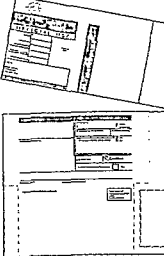
SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Batch #: 2202
Article #: 71106605959000130957
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

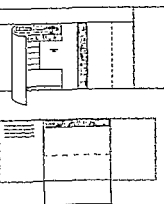
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0013 0957	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 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 0013 0957	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130957
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 0971

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

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

SUSAN LEIGH PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0971

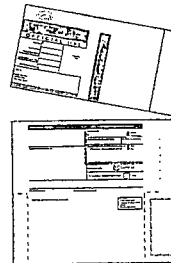
SUSAN LEIGH PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402

Batch #: 2202
Article #: 71106605959000130971
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

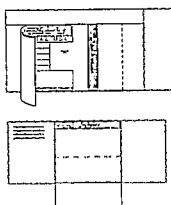
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 0971	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN LEIGH PIERCE NELSON 4901 CRESTWOOD DR. FARMINGTON, NM 87402 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING
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2. Article Number 7110 6605 9590 0013 0971	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Kyle Nelson 8-31-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN LEIGH PIERCE NELSON 4901 CRESTWOOD DR. FARMINGTON, NM 87402 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130971
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0013 0964

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

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

SUSAN LEE BOND GREEN
3821 MONTICELLO DR
FORT WORTH, TX 76107-1719

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0964

SUSAN LEE BOND GREEN
3821 MONTICELLO DR
FORT WORTH, TX 76107-1719

Batch #: 2202
Article #: 71106605959000130964
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

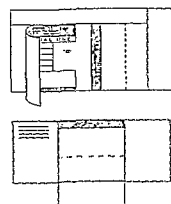
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 0964	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN LEE BOND GREEN 3821 MONTICELLO DR FORT WORTH, TX 76107-1719	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 0964	A. Signature X <i>S. Green</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN LEE BOND GREEN 3821 MONTICELLO DR FORT WORTH, TX 76107-1719	<i>Susan Green</i> <i>9/10/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000130964
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 9920

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

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

SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

Code: Allocation Project - D.Howell



7110 6605 9590 0012 9920

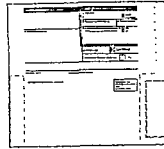
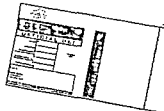
SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

Batch #: 2199
Article #: 71106605959000129920
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Code2:
File #:
Internal File #:
Internal Code #:

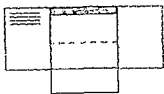
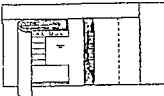
Reorder Form LCD-11 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9920	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN FASKEN HARTIN TRUST #1 PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9920	A. Signature <i>X Matthew [Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Matthew [Signature] 9-7-10</i>
SUSAN FASKEN HARTIN TRUST #1 PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2199
Article #: 71106605959000129920
Date/Time: 8/31/2010 1:09:53 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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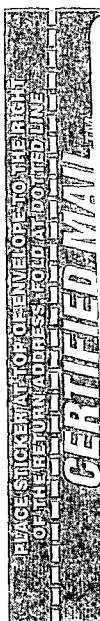
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



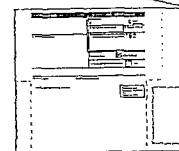
7110 6605 9590 0013 0988

SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

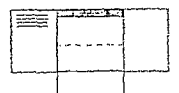
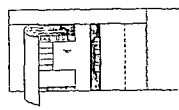
Batch #: 2202
Article #: 71106605959000130988
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 0988	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN MARIE CUCKLER 3418 CAMELOT DR FORT COLLINS, CO 80525	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 0988	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSAN MARIE CUCKLER 3418 CAMELOT DR FORT COLLINS, CO 80525	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000130988
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 0995

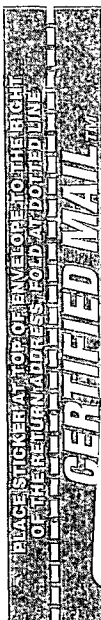
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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r PO Box No.
ity, State, Zip+4

SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0013 0995

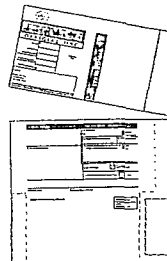
SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Batch #: 2202
Article #: 71106605959000130995
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

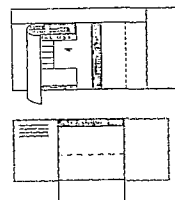
Reorder Form LCD-Rev. 01/07

2. Article Number 7110 6605 9590 0013 0995	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN R HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 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 0013 0995	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSAN R HESS BAUMANN 2410 BRIARBROOK HOUSTON, TX 77042 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000130995
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1008

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

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

SUSANNA P KELLY JR
8383 CHAPMAN
BOZEMAN, MT 59718-9133

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



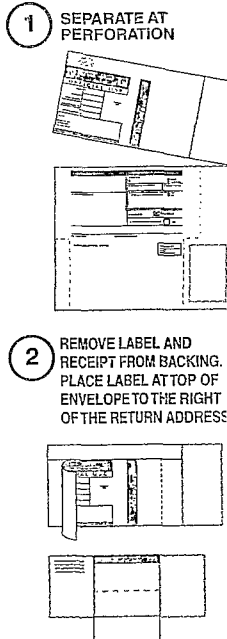
7110 6605 9590 0013 1008

SUSANNA P KELLY JR
8383 CHAPMAN
BOZEMAN, MT 59718-9133

Batch #: 2202
Article #: 71106605959000131008
Date/Time: 8/31/2010 1:28:41 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 0013 1008	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSANNA P KELLY JR 8383 CHAPMAN BOZEMAN, MT 59718-9133 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1008	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Susan Kelly</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>OSIE KELLY</i> C. Date of Delivery <i>9/7/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUSANNA P KELLY JR 8383 CHAPMAN BOZEMAN, MT 59718-9133 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131008
Date/Time: 8/31/2010 1:28:41 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1015

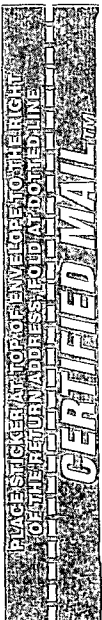
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1015

SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

Batch #: 2202
Article #: 71106605959000131015
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number
7110 6605 9590 0013 1015

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

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

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

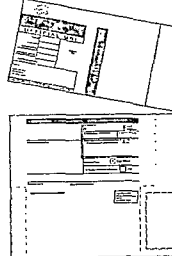
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

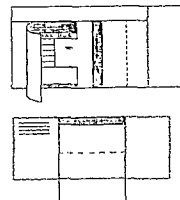
1. Article Addressed to:
SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

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 0013 1015

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Terry Johnson

B. Received by (Printed Name) C. Date of Delivery
TERRY JOHNSON 8/18/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131015
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For information on our website, visit www.usps.com
7110 6605 9590 0013 1022

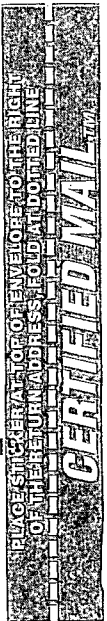
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SUSANNE SHAW TR UAD SEPTEMBER 11 19
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



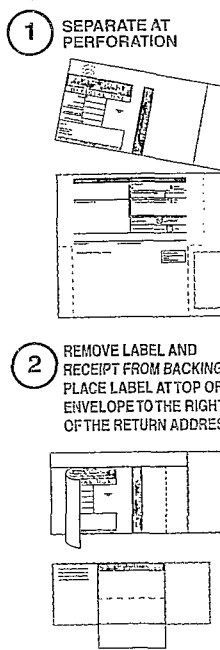
7110 6605 9590 0013 1022

SUSANNE SHAW TR UAD SEPTEMBER 11 19
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2202
Article #: 71106605959000131022
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

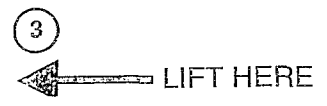
Reorder Form LCD-B-11 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1022	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SUSANNE SHAW TR UAD SEPTEMBER 11 19 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1022	A. Signature X <i>Lisa S. Warren</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery LISA S. WARREN 9-7-10
SUSANNE SHAW TR UAD SEPTEMBER 11 19 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is 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 #: 2202
Article #: 71106605959000131022
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0013 1039

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

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

SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1039

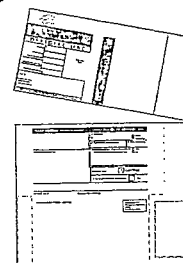
SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

Batch #: 2202
Article #: 71106605959000131039
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

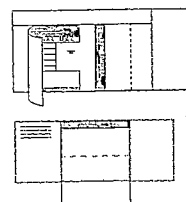
Reorder Form LCD-B Rev. 01/07

2. Article Number 7110 6605 9590 0013 1039	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUVIAN RUTH DAVES 21239 COUNTY RD W LEWIS, CO 81327 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 0013 1039	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Suvian Daves</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUVIAN RUTH DAVES 21239 COUNTY RD W LEWIS, CO 81327 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131039
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1046

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

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

SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1046

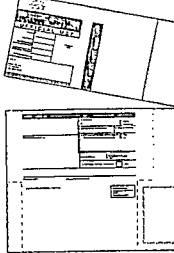
SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

Batch #: 2202
Article #: 71106605959000131046
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

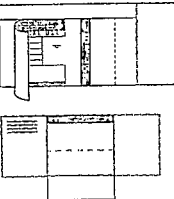
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1046	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUZANNE PRESTON CAMFERDAM 5410 LEXINGTON DR BENTON, AR 72019 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 0013 1046	COMPLETE THIS SECTION ON DELIVERY A. Signature X Suzanne Camferdam ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Suzanne Camferdam 9-13-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: SUZANNE PRESTON CAMFERDAM 5410 LEXINGTON DR BENTON, AR 72019 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131046
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0013 1053

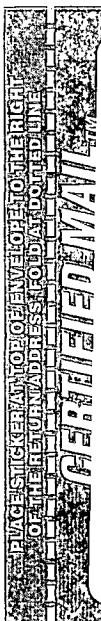
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1053

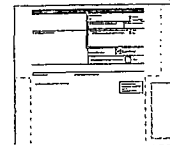
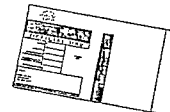
SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

Batch #: 2202
Article #: 71106605959000131053
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

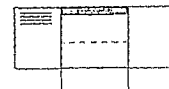
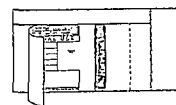
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1053	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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
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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 ADDRESS



2. Article Number 7110 6605 9590 0013 1053	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sylvia Lee</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Sylvia Lee</i> <i>9/03/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2202
Article #: 71106605959000131053
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 1060

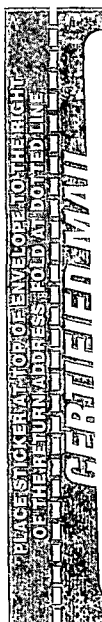
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1060

SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

Batch #: 2202
Article #: 71106605959000131060
Date/Time: 8/31/2010 1:28:42 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1060

1. Article Addressed to:

SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

3. Service Type



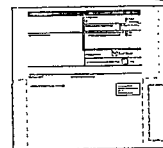
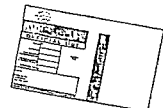
Certified

4. Restricted Delivery? (Extra Fee)

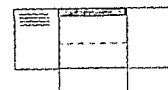
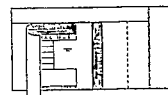
☐

Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1060

1. Article Addressed to:

SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Jennifer Thomason

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 #: 2202
Article #: 71106605959000131060
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

