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7110 6605 9590 0012 9357

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

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City, State, Zip+4

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

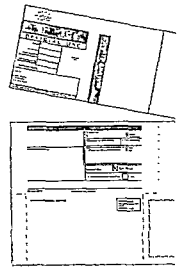
SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

3. Service Type ☒ Certified

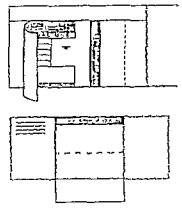
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 9357

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

SABINE ROYALTY TRUST
LBX 840887
DALLAS, TX 75284-0887

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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

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City, State, ZIP+4

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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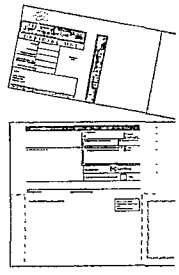
7110 6605 9590 0012 9364

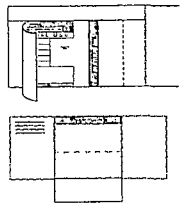
SABLE ENERGY, LTD.
7318 SOUTH YALE, SUITE A
TULSA, OK 74136-7000

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 9364

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9364

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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

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Code: Allocation Project - D.Howell

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

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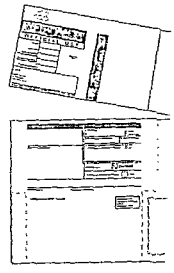
7110 6605 9590 0012 9371

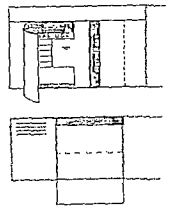
SAL LEE OZ ANDERSON
3212 RIO GRANDE NW
ALBUQUERQUE, NM 87107

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9371

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9371

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Macyn Ryan ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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

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City, State, Zip+4

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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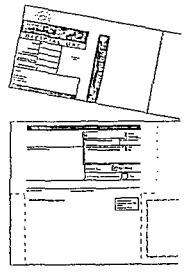
7110 6605 9590 0012 9388

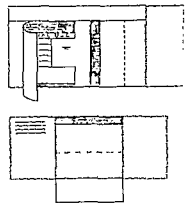
SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 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

1. Article Addressed to:

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 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

1. Article Addressed to:

SALLY ANN MAHAFFEY
PO BOX 904
GOLIAD, TX 77963

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 #:

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7110 6605 9590 0012 9395

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

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SALLY COVINGTON
902 RIVERSIDE DR
CARLSBAD, NM 88220

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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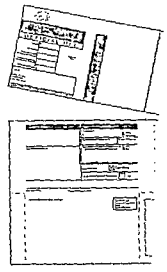
7110 6605 9590 0012 9395

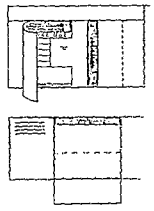
SALLY COVINGTON
902 RIVERSIDE DR
CARLSBAD, NM 88220

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 9395

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SALLY COVINGTON
902 RIVERSIDE DR
CARLSBAD, NM 88220

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9395

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SALLY COVINGTON
902 RIVERSIDE DR
CARLSBAD, NM 88220

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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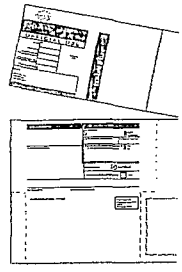
7110 6605 9590 0012 9418

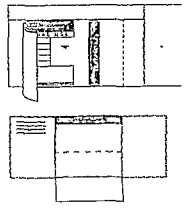
SAMUEL D HAAS
175 CALLE VENTOSO WEST
SANTA FE, NM 87506

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9418

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9418

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SANTA FE NM 87501
SEP 2 2010
USPS

Batch #: 2199
Article #: 71106605959000129418
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 9425

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

Postmark Here

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

SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

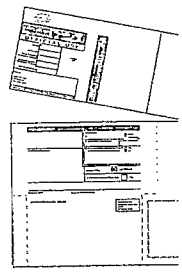
CERTIFIED MAIL

7110 6605 9590 0012 9425

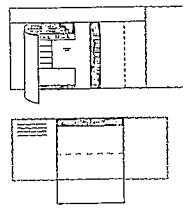
SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

Batch #: 2199
Article #: 71106605959000129425
Date/Time: 8/31/2010 1:09:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 9425

1. Article Addressed to:

SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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 9425

1. Article Addressed to:

SAMUEL HAUSER
PO BOX 911
MONTICELLO, IN 47960

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth Hauser ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) ELIZABETH HAUSER | 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

LAFAYETTE IN 479 9-96-98
SEP - 1 2010
USPS

Batch #: 2199
Article #: 71106605959000129425
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 9432

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
SAMUEL LIONEL DAZZO JR SOLE & SEPAR
Street, Apt. No.; or PO Box No.
6719 EMORY OAK PL NE
City, State, Zip+4
ALBUQUERQUE, NM 87111

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

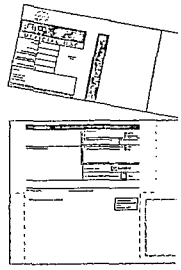
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 9432

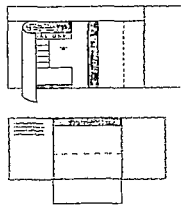
SAMUEL LIONEL DAZZO JR SOLE & SEPAR
6719 EMORY OAK PL NE
ALBUQUERQUE, NM 87111

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9432

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9432

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vicki Dazzo ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

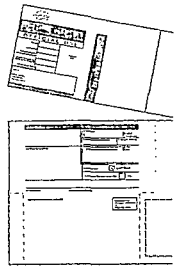
CERTIFIED MAIL™

7110 6605 9590 0012 9449

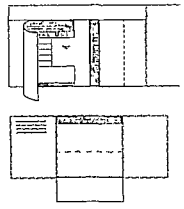
SAN JUAN BASIN POOL LTD
PO BOX 224
CLIFTON, TX 76634

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9449

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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 9449

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 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

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

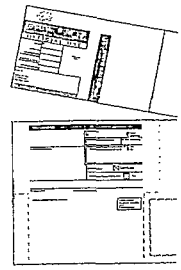
CERTIFIED MAIL™

7110 6605 9590 0012 9456

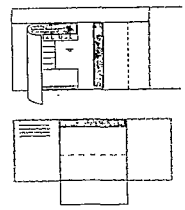
SAN JUAN ROYALTY PARTNERS LLC
C/O CORP TRUST CTR
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9456

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9456

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stacy Triplett ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129456
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 9463

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

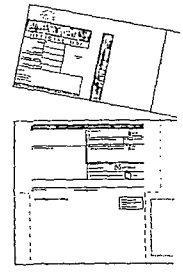
CERTIFIED MAIL™

7110 6605 9590 0012 9463

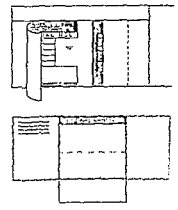
SANDRA C SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9463

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9463

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129463
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 9470

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

7110 6605 9590 0012 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 #:

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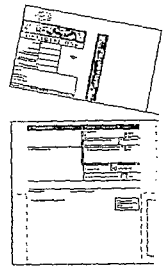
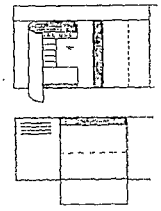


2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 9470

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9470

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

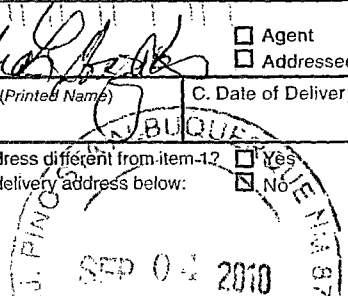
1. Article Addressed to:

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

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 #:

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7110 6605 9590 0012 9401

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
SAM G WALL III
Street, Apt. No.; or PO Box No.
PO BOX 182418
City, State, Zip+4
ARLINGTON, TX 76096-2418

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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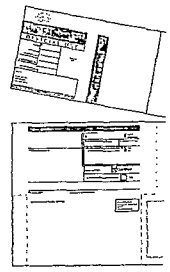
7110 6605 9590 0012 9401

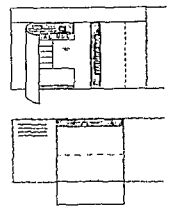
SAM G WALL III
PO BOX 182418
ARLINGTON, TX 76096-2418

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *S. G. Wall* ☐ Agent ☒ Addressee

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

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

USPS BARDIN RD ARLINGTON TX 760 SEP - 9 2010

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 4016

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

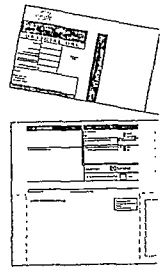
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 4016

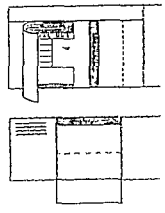
SAMI RAE CISSELL
C/O DAN M NORTON CPA
PO BOX 697
FLORENCE, OR 97439

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 4016

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 4016

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dan M Norton ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 9487

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: SANDRA SIMPSON ET AL RESIDUARY TRST
ATTN PAT HUGHES
Street, Apt. No.; or PO Box No.: 114 W 47TH ST 8TH FL
City, State, Zip+4: NEW YORK, NY 10036-1532

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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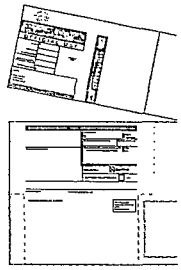
7110 6605 9590 0012 9487

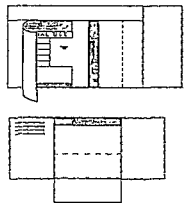
SANDRA SIMPSON ET AL RESIDUARY TRST
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number (Transfer from service label)

7110 6605 9590 0012 9487

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

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

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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

Sent To
SANDRA T CURRIE
Street, Apt. No.; or PO Box No.
PO BOX 949
City, State, Zip+4
HEMPSTEAD, TX 77445

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL™

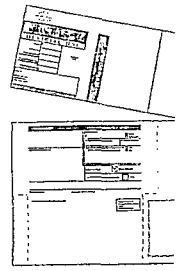
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

7110 6605 9590 0012 9494

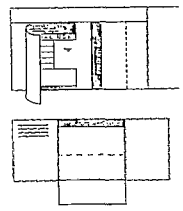
SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9494

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9494

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SANDRA T CURRIE
PO BOX 949
HEMPSTEAD, TX 77445

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP - 7 2010

HEMPSTEAD, TEXAS

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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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(Domestic Mail Only; No Insurance Coverage Provided)

7110 6605 9590 0012 9500

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
SANRIO GAS LLC
Street, Apt. No.; or PO Box No.
PO BOX 1847
City, State, Zip+4
CORRALES, NM 87048

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

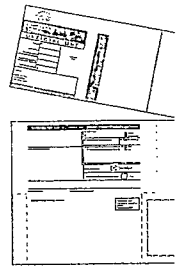
CERTIFIED MAIL™

7110 6605 9590 0012 9500

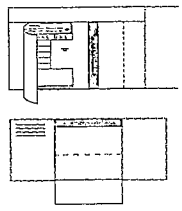
SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-dev. 01/07

2. Article Number

7110 6605 9590 0012 9500

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9500

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

SANRIO GAS LLC
PO BOX 1847
CORRALES, NM 87048

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

CORRALES NM
SEP - 3 2010
USPS - 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 #:

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U.S. Postal Service
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7110 6605 9590 0012 9517

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

Postmark Here

Code: Allocation Project - D.Howell

Sent To
SARAH S MIMS TRUST WILLIAM L MADSEN
Street, Apt. No.; or PO Box No.
PO BOX 111846
City, State, Zip+4
CARROLLTON, TX 75011-1846

PS Form 3800, August 2006 — See Reverse for Instructions

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

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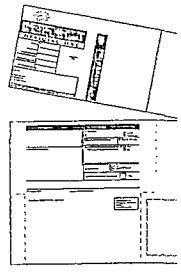
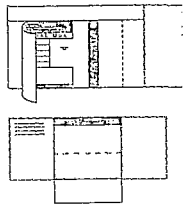
SARAH S MIMS TRUST WILLIAM L MADSEN
PO BOX 111846
CARROLLTON, TX 75011-1846

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 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

2. Article Number

7110 6605 9590 0012 9517

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William L Mad ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 9524

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: SARATOGA ROYALTY LP
Street, Apt. No.; or PO Box No.: PO BOX 2804
City, State, Zip+4: CONROE, TX 77305

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

1 SEPARATE AT PERFORATION

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 9524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. 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:

SARATOGA ROYALTY LP
PO BOX 2804
CONROE, TX 77305

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 9524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. 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:

SARATOGA ROYALTY LP
PO BOX 2804
CONROE, TX 77305

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

CONROE TX 77301 SEP 8 2010 USPS

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

PS Form 3811 — Domestic Return Receipt

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U.S. Postal Service™
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7110 6605 9590 0012 9531

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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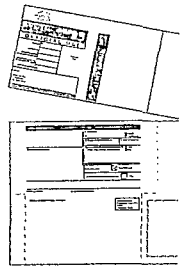
7110 6605 9590 0012 9531

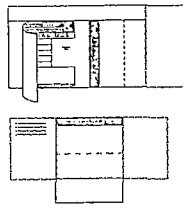
SCHRAM 2006 FAMILY TRUST
731 SILENT HOLLOW
SAN ANTONIO, TX 78258

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9531

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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

PS Form 3811

2. Article Number

7110 6605 9590 0012 9531

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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 #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 9548

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

Postmark Here

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

SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 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

1. Article Addressed to:

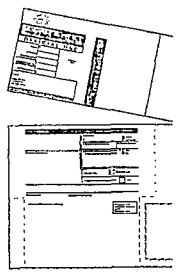
SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

3. Service Type ☒ Certified

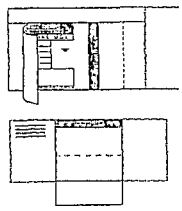
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9548

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Scot Anderson ☐ Agent ☑ Addressee

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

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

1. Article Addressed to:

SCOT A ANDERSON
1900 AVE F
COUNCIL BLUFFS, IA 51501

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 9555

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 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 Rev. 01/07

2. Article Number
7110 6605 9590 0012 9555

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

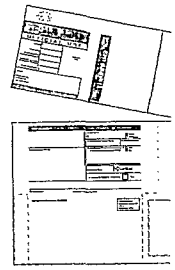
SCOTT ALAN PERRYMAN
8175 W BECKTON LN
GARDEN CITY, ID 83714-1375

3. Service Type ☒ Certified

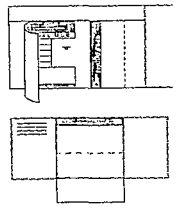
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 9555

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Perryman ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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Postal Service
FIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 9562

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4
SCOTT ANTHONY VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

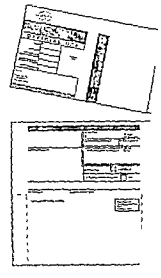
CERTIFIED MAIL™

7110 6605 9590 0012 9562

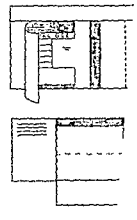
SCOTT ANTHONY VENEZIA
PO BOX 432976
SAN DIEGO, CA 92143-2976

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HI

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

7110 6605 9590 0012 9579

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

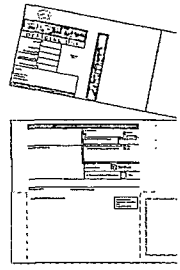
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD Rev. 01/07

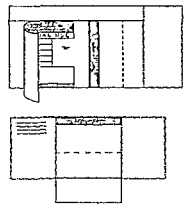
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



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



Lisa Hunter, Land Department
SJBU ConocoPhillips
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 #:

3 LIFT HERE

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

7110 6605 9590 0012 9586

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

Postmark Here

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

SCOTT SMITH
4425 SE RIVER RD
MARTINDALE, TX 78655

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions

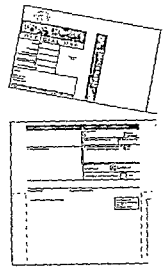
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 9586

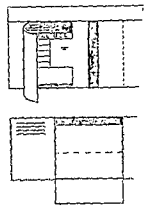
SCOTT SMITH
4425 SE RIVER RD
MARTINDALE, TX 78655

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 9586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. 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:

SCOTT SMITH
4425 SE RIVER RD
MARTINDALE, TX 78655

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Madelyn Smith
☑ Agent
☐ Addressee

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

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

MARTINDALE
SEP 07 2010
USPS

1. Article Addressed to:

SCOTT SMITH
4425 SE RIVER RD
MARTINDALE, TX 78655

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HEF

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

7110 6605 9590 0012 9593

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
SDF LLC
C/O SAMUAL LIONEL DAZZO JR
Street, Apt. No.; or PO Box No.
6719 EMORY OAKS PL NE
City, State, Zip+4
ALBUQUERQUE, NM 87111

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

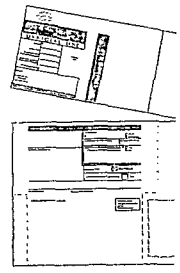
CERTIFIED MAIL™

7110 6605 9590 0012 9593

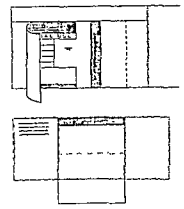
SDF LLC
C/O SAMUAL LIONEL DAZZO JR
6719 EMORY OAKS PL NE
ALBUQUERQUE, NM 87111

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9593

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0012 9593

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vicki Dazzo ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 9609

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

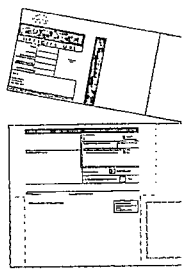
CERTIFIED MAIL™

7110 6605 9590 0012 9609

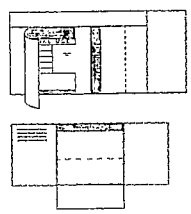
SEALY & COMPANY LP
PO BOX 471725
FORT WORTH, TX 76147

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9609

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9609

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 9616

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

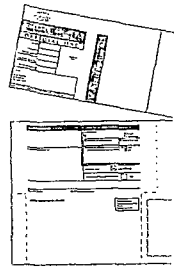
CERTIFIED MAIL™

7110 6605 9590 0012 9616

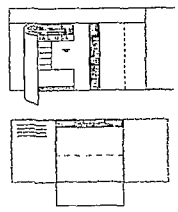
SHARBRO OIL LTD CO
P O BOX 840
ARTESIA, NM 88211-0840

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 9616

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9616

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Colby Hamilton ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

USPS SEP - 2 2010 ARTESIA, NM

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 9623

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

Postmark Here

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

SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

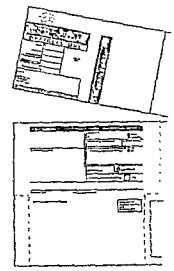
CERTIFIED MAIL™

7110 6605 9590 0012 9623

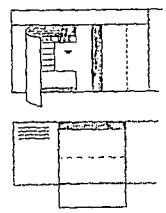
SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811[illegible] 01/07

2. Article Number

7110 6605 9590 0012 9623

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9623

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon Burns ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

SHARON BEAMON BURNS
401 HEADLANDS AVE
MILL VALLEY, CA 94941

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 9630

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
SHAWN P HANNIFIN
Street, Apt. No.; or PO Box No.
730 17TH STREET SUITE 325
City, State, Zip+4
DENVER, CO 80202

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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 #:

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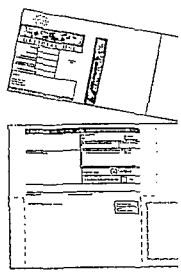

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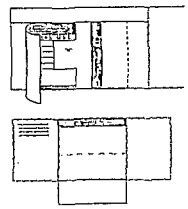

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
4-3-10

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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 9647

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

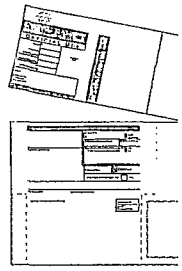
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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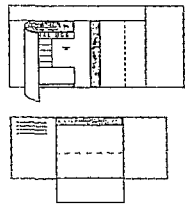

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9647

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

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

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

7110 6605 9590 0012 9654

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
SHEILA WARD
Street, Apt. No.; or PO Box No.
4633 E EDGEMONT AVE
City, State, Zip+4
PHOENIX, AZ 85008-1509

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

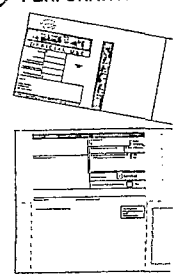
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 9654

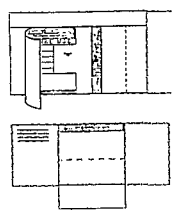
SHEILA WARD
4633 E EDGEMONT AVE
PHOENIX, AZ 85008-1509

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 . 01/07

2. Article Number
7110 6605 9590 0012 9654

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:
SHEILA WARD
4633 E EDGEMONT AVE
PHOENIX, AZ 85008-1509

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 9654

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

1. Article Addressed to:
SHEILA WARD
4633 E EDGEMONT AVE
PHOENIX, AZ 85008-1509

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP - 4 201

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

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7110 6605 9590 0012 9661

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

Postmark Here

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

SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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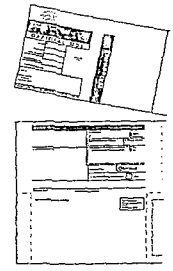
7110 6605 9590 0012 9661

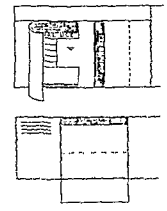
SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9661

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9661

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SHELLEY LYNN WILSON MELODY
5847 SHADY RIVER
HOUSTON, TX 77057

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 #:

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 9678

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
SHEROD L MENGEL JR
Street, Apt. No.; or PO Box No.
5448 SOLEDAD
City, State, Zip+4
EL PASO, TX 79932

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

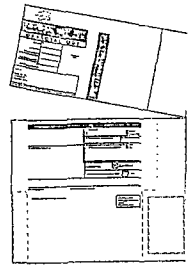
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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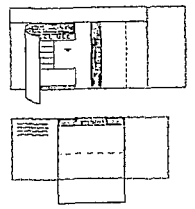

Reorder Form LCD-81 Rev. 01/07

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

1. Article Addressed to:

SHEROD L MENGEL JR
5448 SOLEDAD
EL PASO, TX 79932

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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 9/1/01

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

1. Article Addressed to:

SHEROD L MENGEL JR
5448 SOLEDAD
EL PASO, TX 79932

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 9685

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

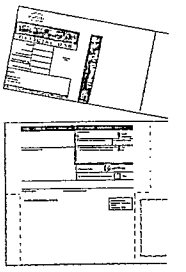
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 9685

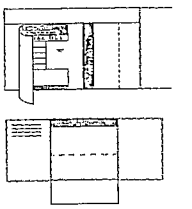
SHERRI HULT HEINTSCHEL
6227 W STATE HIGHWAY 159
FAYETTEVILLE, TX 78940-5344

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 9685

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9685

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Heintschel ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 9692

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

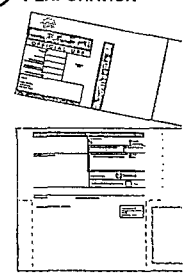
CERTIFIED MAIL™

7110 6605 9590 0012 9692

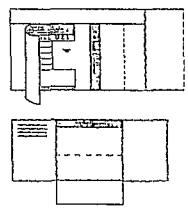
SHERRILL A BOARDMAN
PO BOX 4549
CHESTERFIELD, MO 63006-4549

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-1 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9692

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. 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:

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

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
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Lisa Hunter, Land Department
SJBU ConocoPhillips
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

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

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Sent To
SHIRLEY ANN CHOUTEAU TR JUNE 10 199
Street, Apt. No.; or PO Box No.
7825 S GRANITE AVE
City, State, Zip+4
TULSA, OK 74136

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

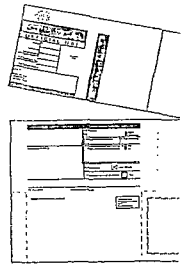
CERTIFIED MAIL™

7110 6605 9590 0012 9708

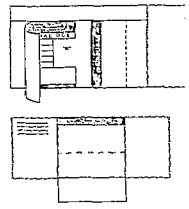
SHIRLEY ANN CHOUTEAU TR JUNE 10 199
7825 S GRANITE AVE
TULSA, OK 74136

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9708

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9708

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dora Garcia ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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

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City, State, Zip+4

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

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Code: Allocation Project - D.Howell

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

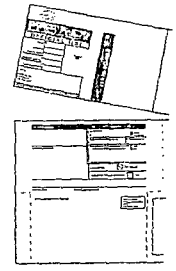
CERTIFIED MAIL™

7110 6605 9590 0012 9715

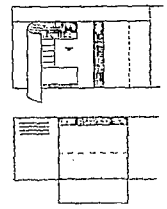
SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 9715

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9715

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley J. Mihecoby ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

SHIRLEY J MIHECOBY
3505 N BUENA VISTA
FARMINGTON, NM 87401

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

USPS 87401 SEP 3 2010 FARMINGTON NM

Batch #: 2199
Article #: 71106605959000129715
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
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Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
SHIRLEY M GAULDIN
Street, Apt. No.; or PO Box No.
P O BOX 825
City, State, Zip+4
BURNET, TX 78611

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9722

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SHIRLEY M GAULDIN
P O BOX 825
BURNET, TX 78611

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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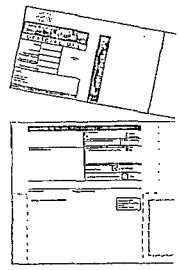

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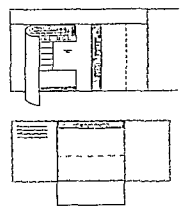

2. Article Number

7110 6605 9590 0012 9722

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley M Gauldin ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

SHIRLEY M GAULDIN
P O BOX 825
BURNET, TX 78611

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

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

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Sent To
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City, State, Zip+4

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

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Code: Allocation Project - D.Howell

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

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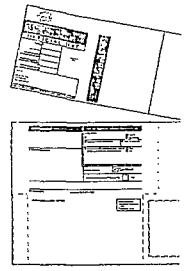
SILVERADO OIL & GAS LLP
PO BOX 52308
TULSA, OK 74152

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

1 SEPARATE AT PERFORATION



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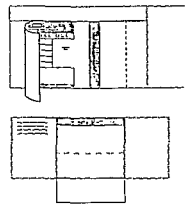

Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0012 9739

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9739

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Greg Dukes ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

OKLAHOMA TAX COMMISSION SEP 4 2010 RECEIVED 3 PM

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

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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

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

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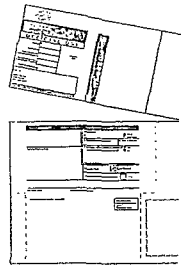
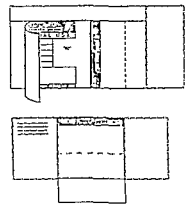
SPEEREX LIMITED PARTNERSHIP
ATTN STEPHEN W SPEER
PO BOX 1363
MOUNT PLEASANT, SC 29465-1363

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stephen Speer ☒ Agent ☒ Addressee

B. Received by (*Printed Name*) Stephen W Speer C. Date of Delivery 9-1-10

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

PO Box 1363

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

Code: Allocation Project - D.Howell

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

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

Form 3800, August 2006 See Reverse for Instructions

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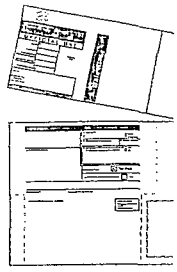
CERTIFIED MAIL

7110 6605 9590 0012 9753

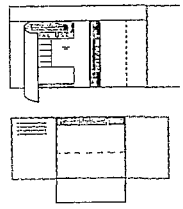
SPINDLETOP EXPLORATION COMPANY INC
P O BOX 25163
DALLAS, TX 75225

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4
STANLEY R ARNOLD
PO BOX 269
DE BEGUE, CO 81630-0269

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 9760

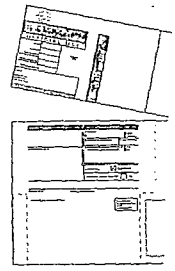
STANLEY R ARNOLD
PO BOX 269
DE BEGUE, CO 81630-0269

Batch #: 2199
Article #: 71106605959000129760
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

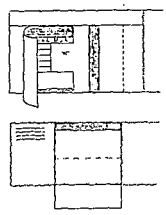
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9760	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: STANLEY R ARNOLD PO BOX 269 DE BEGUE, CO 81630-0269	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 BACKIN PLACE LABEL AT TOP C ENVELOPE TO THE RIGI OF THE RETURN ADDR



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 9760	A. Signature X Stanley R Arnold ☐ Agent ☐ Addressee
1. Article Addressed to: STANLEY R ARNOLD PO BOX 269 DE BEGUE, CO 81630-0269	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

Batch #: 2199
Article #: 71106605959000129760
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 9777

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 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-[illegible] 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

1. Article Addressed to:

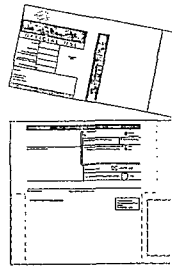
STELLA L MALONE
10137 PINK CARNATION CT
ORLANDO, FL 32825-8814

3. Service Type ☒ Certified

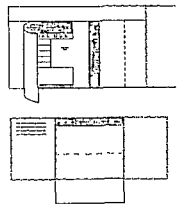
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 9777

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stella L Malone ☐ 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

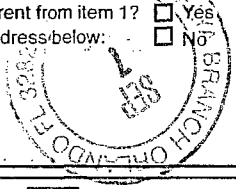
1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 9784

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

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4
STELLA MADGE GREEAR
7 E JANICE, APT 202
YUKON, OK 73099

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

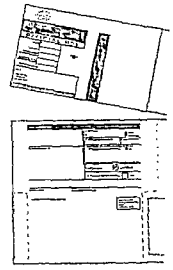
CERTIFIED MAIL™ — PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 9784

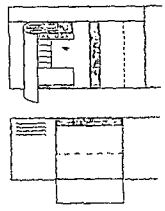
STELLA MADGE GREEAR
7 E JANICE, APT 202
YUKON, OK 73099

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 01/07

2. Article Number
7110 6605 9590 0012 9784

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 9784

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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

SEP - 3 2010 USPS

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

ConocoPhillips

7110 6605 9590 0012 9791

UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM ZIP

RETURNED TO SENDER
UNCLAIMED

STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410

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

7110 6605 9590 0012 9791

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
STEPHANIE ANN CANDELARIA MARTINEZ
Street, Apt. No.; or PO Box No.
PO BOX 375
City, State, Zip+4
AZTEC, NM 87410

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 9791

STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410

Batch #: 2199
Article #: 71106605959000129791
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 9791

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:
STEPHANIE ANN CANDELARIA MARTINEZ
PO BOX 375
AZTEC, NM 87410

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
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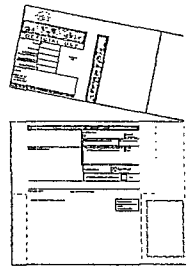
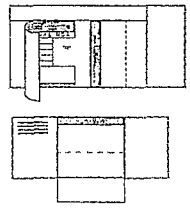
1 SEPARATE AT PERFORATION



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



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

Batch #: 2199
Article #: 71106605959000129791
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

Postmark Here

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

STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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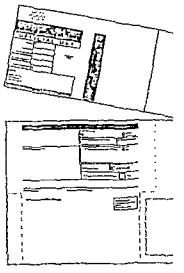
7110 6605 9590 0012 9807

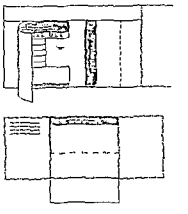
STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

Batch #: 2199
Article #: 71106605959000129807
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 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

1. Article Addressed to:

STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

1. Article Addressed to:

STEPHEN BRIGHTBILL
17635 VALLADARES DR
SAN DIEGO, CA 92127

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2199
Article #: 71106605959000129807
Date/Time: 8/31/2010 1:09:52 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0012 9814

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

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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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0012 9814

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alison Houston ☐ Agent ☐ Addressee

B. 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:

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

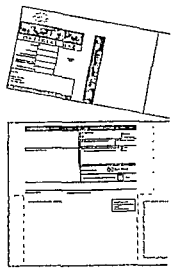
3. Service Type ☒ Certified

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

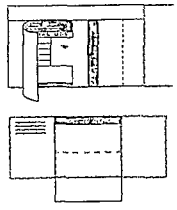
~~Code: Allocation Project - D.Howell~~

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

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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 9821

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

Postmark Here

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

STEVEN H BARD
7122 ROCKY FORK RD
SMYRNA, TN 37167

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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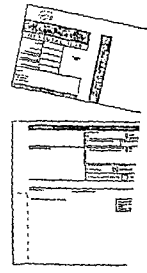
7110 6605 9590 0012 9821

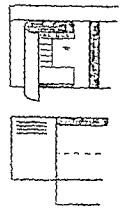
STEVEN H BARD
7122 ROCKY FORK RD
SMYRNA, TN 37167

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL, RECEIPT FROM F PLACE LABEL A ENVELOPE TO TI OF THE RETURN



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 9821

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

STEVEN H BARD
7122 ROCKY FORK RD
SMYRNA, TN 37167

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

P

2. Article Number

7110 6605 9590 0012 9821

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

STEVEN H BARD
7122 ROCKY FORK RD
SMYRNA, TN 37167

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

STEVEN H BARD 9/8/2010

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT

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Postal Service
IFIED MAIL™ RECEIPT

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

7110 6605 9590 0012 9838

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

Postmark Here

Sent To

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

City, State, Zip+4

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions

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

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 #:

1 SEPARATE AT PERFORATION

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

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 9838

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9838

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

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:

3

PS Form 3811 **Domestic Return Receipt**

LIFT H

PROVED

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

7110 6605 9590 0012 9845

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

Postmark Here

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

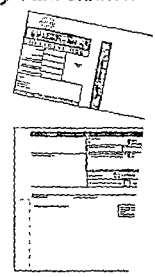
CERTIFIED MAIL™

7110 6605 9590 0012 9845

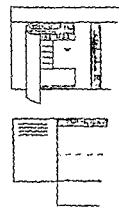
STOREY-LINCOLN PRTNRSHP
21205 5TH AVE S
DES MOINES, WA 98198

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL, RECEIPT FROM F PLACE LABEL A ENVELOPE TO T OF THE RETURN



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 9845

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9845

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

DES MOINES STA SEP 10 2010 USPS 98198-9998

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 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

Postmark Here

Sent To
STUART ROBERT DOUGLAS TRUST
Street, Apt. No.; or PO Box No.
PO BOX 99084
City, State, Zip+4
FORT WORTH, TX 76199-0084

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

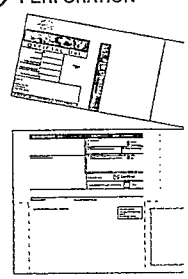
CERTIFIED MAIL™

7110 6605 9590 0012 9852

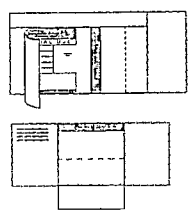
STUART ROBERT DOUGLAS TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 9852

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9852

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0012 9869

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
STUBBEMAN FAMILY FOUNDATION
Street, Apt. No.; or PO Box No.
PO BOX 3473
City, State, Zip+4
ABILENE, TX 79604

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

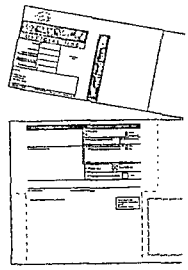
CERTIFIED MAIL™

7110 6605 9590 0012 9869

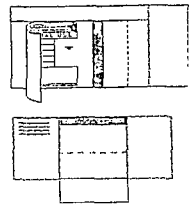
STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81[illegible] 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

1. Article Addressed to:

STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0012 9869

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Stubbeman ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) David Stubbeman C. Date of Delivery SEP 7 2010

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

1. Article Addressed to:

STUBBEMAN FAMILY FOUNDATION
PO BOX 3473
ABILENE, TX 79604

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

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

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

Certified Mail Number: 7110 6605 9590 0012 9876

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: SUE BOYD
Street, Apt. No.; or PO Box No.: PO BOX 13085
City, State, Zip+4: LOS CRUCES, NM 88013

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

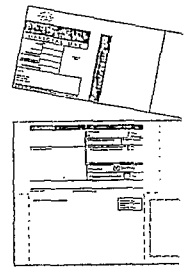
CERTIFIED MAIL™

7110 6605 9590 0012 9876

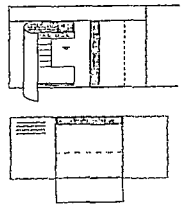
SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 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

1. Article Addressed to:

SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9876

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sue R Boyd ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

SUE BOYD
PO BOX 13085
LOS CRUCES, NM 88013

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

PROVED

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

7110 6605 9590 0012 9883

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION

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

Reorder Form LCD-811R rev.01/07

2. Article Number

7110 6605 9590 0012 9883

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 9883

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Starnes ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT

APPROVED

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 9890

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: SUE K VANDEWART ROMERO
Street, Apt. No.; or PO Box No.: PO BOX 457
City, State, Zip+4: SAN ANTONIO, NM 87832

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

Reorder Form LCD-811R 01/07

2. Article Number

7110 6605 9590 0012 9890

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

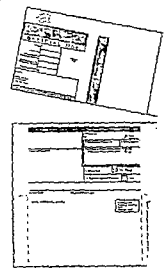
SUE K VANDEWART ROMERO
PO BOX 457
SAN ANTONIO, NM 87832

3. Service Type ☒ Certified

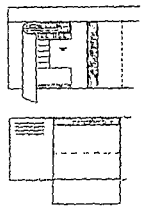
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL ANI RECEIPT FROM BAC PLACE LABEL AT TC ENVELOPE TO THE I OF THE RETURN AD



2. Article Number

7110 6605 9590 0012 9890

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sue Romero ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) SUE ROMERO | C. Date of Delivery 9-6-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HE

PS Form 3811 **Domestic Return Receipt**

San Juan Business Unit
PO Box 4289
Farmington NM 87499

UNITED STATES P
02 1R
0006557
MAILED FI

ConocoPhillips

7110 6605 9590 0012 9906

Resent

RECEIVED
SEP 13 A.M.
By

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

NAME
1st
2nd Notice

ATTEMPTED NOT KNOWN

Resent

LaserSubstrates, Inc.™
1.800.538.4900
www.lasersub.com

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

7110 6605 9590 0013 5150

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

Postmark Here

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

SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

10/4/10

PS Form 3800, August 2006 See Reverse for Instructions

Code: Dawn:Allocation
Code2:

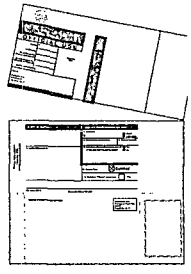
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 5150

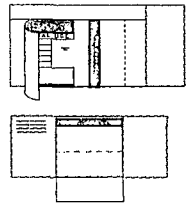
SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811 rev. 01/07
1-800-538-4900
www.printcertifiedmail.com

2. Article Number

7110 6605 9590 0013 5150

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SUE WARD HALL
PO BOX 2088
ASPEN, CO 81612

3. Service Type ☒ Certified

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

Code: Dawn:Allocation
Code2:

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

OPTIONAL LABEL

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

3 LIFT HERE

APPROVED

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

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: ~~SUE WARD HALL ESTATE~~
Street, Apt. No.; or PO Box No.: C/O BEN HALL
City, State, Zip+4: PO BOX 4063
ASPEN, CO 81612

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

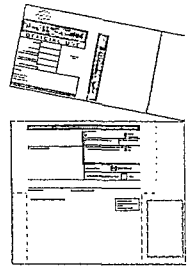
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 9906

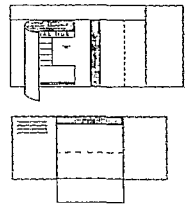
SUE WARD HALL ESTATE
C/O BEN HALL
PO BOX 4063
ASPEN, CO 81612

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

2. Article Number: 7110 6605 9590 0012 9906

1. Article Addressed to:

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

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 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

Postmark Here

Sent To: $5.54
SUSAN AHO LANG
Street, Apt. No.; or PO Box No.: 4378 SHILOH TRL
City, State, Zip+4: POWDER SPRINGS, GA 30127

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™

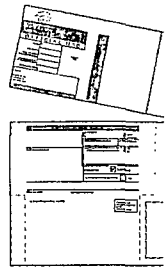
7110 6605 9590 0013 3163

SUSAN AHO LANG
4378 SHILOH TRL

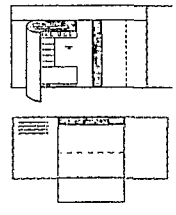
POWDER SPRINGS, GA 30127

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

(1) SEPARATE AT PERFORATION



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



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

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

1. Article Addressed to:

SUSAN AHO LANG
4378 SHILOH TRL

POWDER SPRINGS, GA 30127

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3163

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*): Susan Lang | C. Date of Delivery: 9-24-10

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

1. Article Addressed to:

SUSAN AHO LANG
4378 SHILOH TRL

POWDER SPRINGS, GA 30127

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

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

(3) LIFT HERE

APPROVED

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

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: SUSAN BEAMON PORTER
Street, Apt. No.; or PO Box No.: 319 KNIPP FOREST
City, State, Zip+4: HOUSTON, TX 77024

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

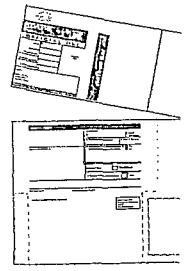
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 9913

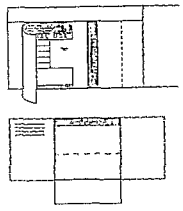
SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 9913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

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

2. Article Number
7110 6605 9590 0012 9913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan B Porter ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Susan B Porter | C. Date of Delivery 9-8-10

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

SEP - 8 2010
HOUSTON TX 77024

1. Article Addressed to:

SUSAN BEAMON PORTER
319 KNIPP FOREST
HOUSTON, TX 77024

Code: Allocation Project - D.Howell

3. Service Type ☒ Certified

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

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 9937

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

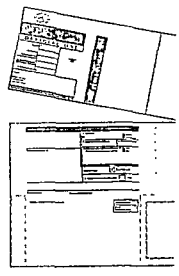
CERTIFIED MAIL™

7110 6605 9590 0012 9937

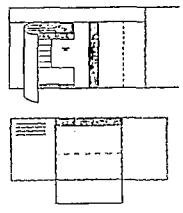
SUSAN FRY BRACKEN
PO BOX 7550
TYLER, TX 75711-7550

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0012 9937

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

~~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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 0940

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

Postmark Here

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

SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

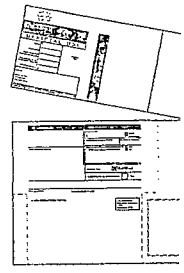
CERTIFIED MAIL™

7110 6605 9590 0013 0940

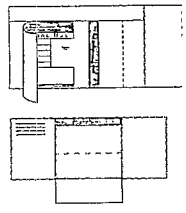
SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 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

1. Article Addressed to:

SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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
SUSAN H RITTER

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

1. Article Addressed to:

SUSAN H RITTER
4700 VIA MEDIA
AUSTIN, TX 78746

Sign and Put back in mailbox

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 0957

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

Postmark Here

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

SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

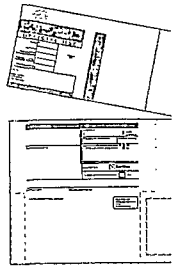
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 0957

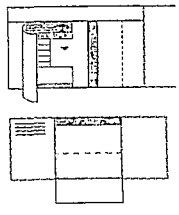
SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD- Rev. 01/07

2. Article Number

7110 6605 9590 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

1. Article Addressed to:

SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

1. Article Addressed to:

SUSAN HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 0971

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
SUSAN LEIGH PIERCE NELSON
Street, Apt. No.; or PO Box No.
4901 CRESTWOOD DR.
City, State, Zip+4
FARMINGTON, NM 87402

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

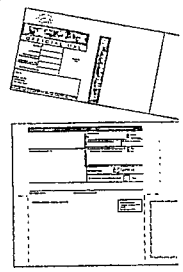
CERTIFIED MAIL™

7110 6605 9590 0013 0971

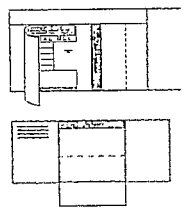
SUSAN LEIGH PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 0971

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 0964

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

Postmark Here

Code: Allocation Project - D.Howell

Sent To
SUSAN LEE BOND GREEN
Street, Apt. No.; or PO Box No.
3821 MONTICELLO DR
City, State, Zip+4
FORT WORTH, TX 76107-1719

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

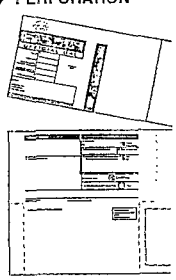
CERTIFIED MAIL™

7110 6605 9590 0013 0964

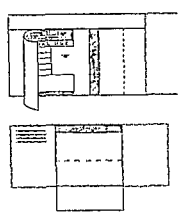
SUSAN LEE BOND GREEN
3821 MONTICELLO DR
FORT WORTH, TX 76107-1719

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 0964

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 0964

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S. Green ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 9920

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 9920

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

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

Reorder Form LCD-3811, Rev. 01/07

2. Article Number

7110 6605 9590 0012 9920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

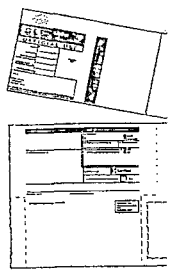
SUSAN FASKEN HARTIN TRUST #1
PO BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

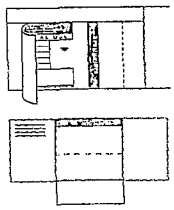
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 9920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Hartman ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
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7110 6605 9590 0013 0988

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
SUSAN MARIE CUCKLER
Street, Apt. No.; or PO Box No.
3418 CAMELOT DR
City, State, Zip+4
FORT COLLINS, CO 80525

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

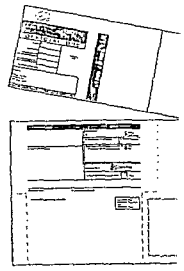
CERTIFIED MAIL

7110 6605 9590 0013 0988

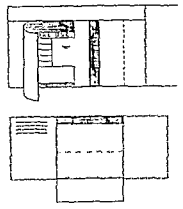
SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0013 0988

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0013 0988

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

SUSAN MARIE CUCKLER
3418 CAMELOT DR
FORT COLLINS, CO 80525

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 0995

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
SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

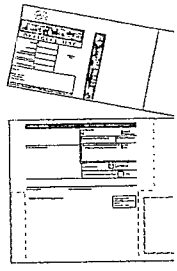
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 0995

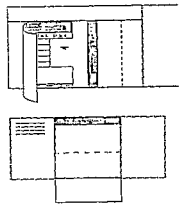
SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0013 0995

1. Article Addressed to:

SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

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 0013 0995

1. Article Addressed to:

SUSAN R HESS BAUMANN
2410 BRIARBROOK
HOUSTON, TX 77042

Code: Allocation Project - D.Howell

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

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

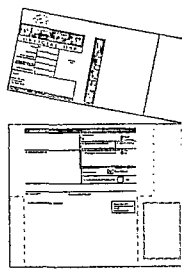
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1008

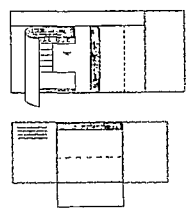
SUSANNA P KELLY JR
8383 CHAPMAN
BOZEMAN, MT 59718-9133

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0013 1008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susie Kelly ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

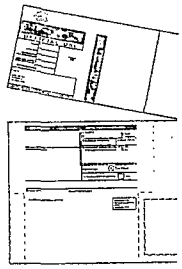
CERTIFIED MAIL™

7110 6605 9590 0013 1015

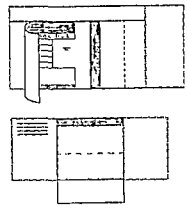
SUSANNA PHILLIPS KELLY
ATTN: STEVE WILLIAMSON
PO BOX 1865
BOZEMAN, MT 59771

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0013 1015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

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

2. Article Number

7110 6605 9590 0013 1015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Terry Johnson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) TERRY JOHNSON | C. Date of Delivery 9/8/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

~~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 #:

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7110 6605 9590 0013 1022

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

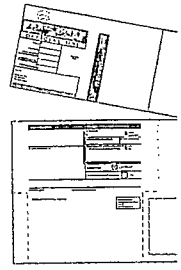
CERTIFIED MAIL

7110 6605 9590 0013 1022

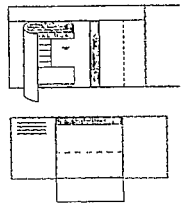
SUSANNE SHAW TR UAD SEPTEMBER 11 19
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 1022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

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

2 Article Number

7110 6605 9590 0013 1022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

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

3. Service Type ☒ Certified

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

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

LISA S WARREN

9-7-10

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 1039

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

Postmark Here

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

SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

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

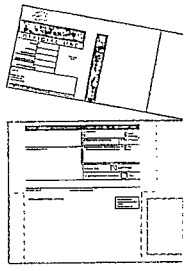
CERTIFIED MAIL™

7110 6605 9590 0013 1039

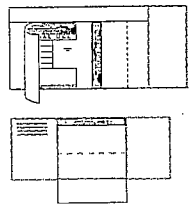
SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

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

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 ☐ Agent ☐ Addressee

B. 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:

SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1039

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Suvian Daves ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

SUVIAN RUTH DAVES
21239 COUNTY RD W
LEWIS, CO 81327

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 Domestic Return Receipt

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 1046

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

Postmark Here

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

SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

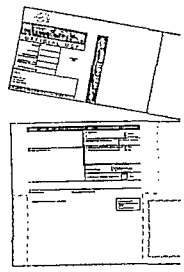
CERTIFIED MAIL™

7110 6605 9590 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 #:

1 SEPARATE AT PERFORATION



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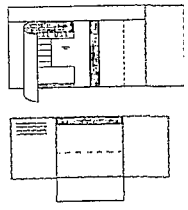

Reorder Form LCD-8 Rev. 01/07

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

1. Article Addressed to:

SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

3. Service Type ☒ Certified

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

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

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*) Suzanne Camferdam | C. Date of Delivery 9-13-10

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

1. Article Addressed to:

SUZANNE PRESTON CAMFERDAM
5410 LEXINGTON DR
BENTON, AR 72019

3. Service Type ☒ Certified

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

~~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 #:

PS Form 3811 **Domestic Return Receipt**

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APPROVED

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

7110 6605 9590 0013 1053

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

Postmark Here

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

SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

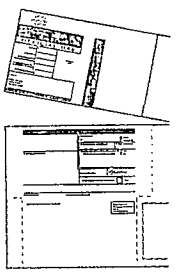
CERTIFIED MAIL

7110 6605 9590 0013 1053

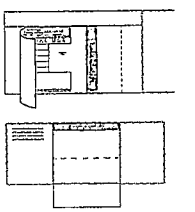
SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 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

1. Article Addressed to:

SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Suzy Lee ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Suzy Lee | C. Date of Delivery 9/03/10

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

1. Article Addressed to:

SYLVIA LITTLE
PO BOX 1258
FARMINGTON, NM 87499

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

FARMINGTON NM 87401 SEP 3 2010 USPS

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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PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0013 1060

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

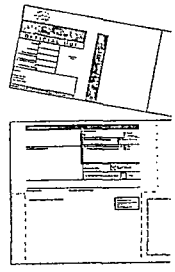
SYNERGY OPERATING LLC
PO BOX 5513
FARMINGTON, NM 87499-5513

3. Service Type ☒ Certified

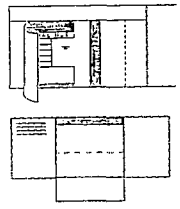
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 0013 1060

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Thomason ☐ 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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

SEP 7 2010 USPS

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

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