



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

7110 6605 9590 0013 1077

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

ent To

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

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1077

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Batch #: 2202
Article #: 71106605959000131077
Date/Time: 8/31/2010 1:28:43 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 1077

1. Article Addressed to:

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

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

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

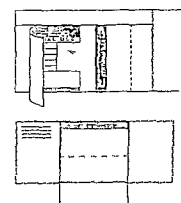
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1077

1. Article Addressed to:

T D CUNNINGHAM
PO BOX 5383
DENVER, CO 80217-5383

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew H. Adams ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131077
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0013 1091

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

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

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



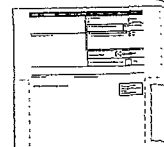
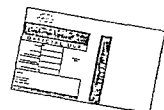
7110 6605 9590 0013 1091

TAMACAM LLC
C/O JAMES M RAYMOND-POA
PO BOX 291445
KERRVILLE, TX 78029-1445

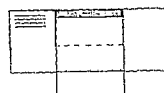
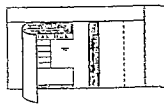
Batch #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1091	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TAMACAM LLC C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1091	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TAMACAM LLC C/O JAMES M RAYMOND-POA PO BOX 291445 KERRVILLE, TX 78029-1445	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131091
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0013 4023

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

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

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

PS Form 3800, August 2009 See Reverse for Instructions



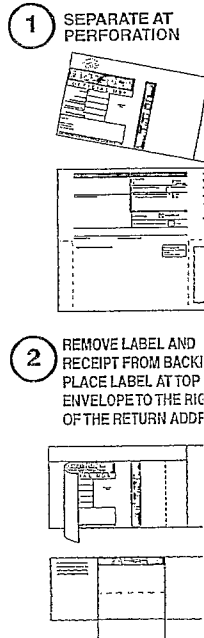
7110 6605 9590 0013 4023

TANE R POTTER
109 KING JAMES CIR
OXFORD, PA 19363-4223

Batch #: 2273
Article #: 71106605959000134023
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0013 4023	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TANE R POTTER 109 KING JAMES CIR OXFORD, PA 19363-4223	



2. Article Number 7110 6605 9590 0013 4023 SEP 24 2010 PS-19363-9998	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>T R Potter</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TANE R POTTER 109 KING JAMES CIR OXFORD, PA 19363-4223	

Batch #: 2273
Article #: 71106605959000134023
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 1107

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

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

TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1107

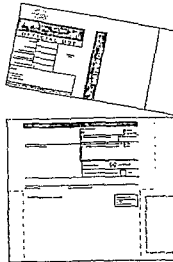
TED E DUFF TRUST
PO BOX 398
RUIDOSO, NM 88345

Batch #: 2202
Article #: 711066059590000131107
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

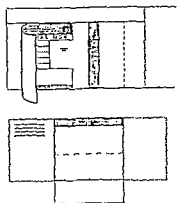
Reorder Form LCD-81 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1107	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TED E DUFF TRUST PO BOX 398 RUIDOSO, NM 88345	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1107	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TED E DUFF TRUST PO BOX 398 RUIDOSO, NM 88345	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 711066059590000131107
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0013 1114

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

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

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



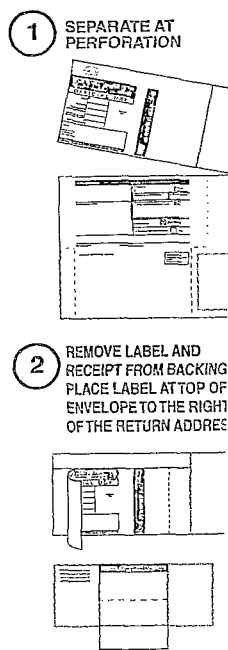
7110 6605 9590 0013 1114

TEMPE LIMITED PARTNERSHIP
C/O F E OR M K HARRINGTON
8081 CLYMER LANE
INDIANAPOLIS, IN 46250

Batch #: 2202
Article #: 711066059590000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

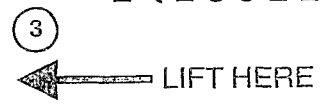
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1114	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TEMPE LIMITED PARTNERSHIP C/O F E OR M K HARRINGTON 8081 CLYMER LANE INDIANAPOLIS, IN 46250	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1114	A. Signature X Mary Harrington	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) M. HARRINGTON	C. Date of Delivery 9-20-10
TEMPE LIMITED PARTNERSHIP C/O F E OR M K HARRINGTON 8081 CLYMER LANE INDIANAPOLIS, IN 46250	D. Is delivery address different from item 1? If YES enter delivery address below:	☒ Yes ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 711066059590000131114
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 1121

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

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

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1121

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Batch #: 2202
Article #: 71106605959000131121
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2: Article Number

7110 6605 9590 0013 1121

1. Article Addressed to:

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

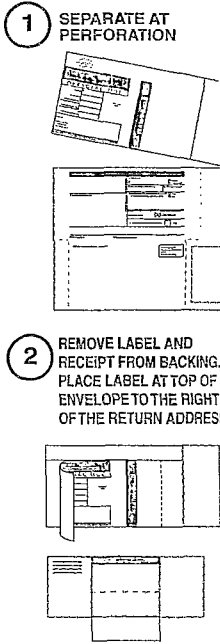
B. Received by (Printed Name)

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 1121

1. Article Addressed to:

TERA ELIZABETH SALTER
1457 W UNIVERSITY DR 74
MESA, AZ 85201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

B. Received by (Printed Name)
TERA SALTER

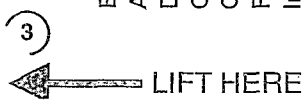
C. Date of Delivery
SEP 23 2010

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131121
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 4030

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

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

TERESA SLOCUM
21 RD 5150
BLOOMFIELD, NM 87413

Form 3800, August 2006. See Reverse for Instructions



7110 6605 9590 0013 4030

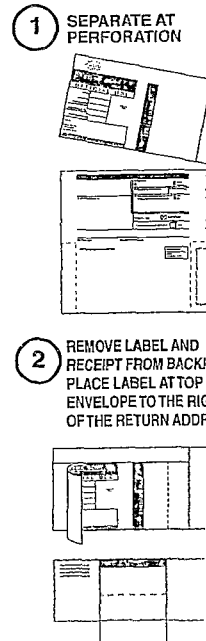
TERESA SLOCUM
21 RD 5150

BLOOMFIELD, NM 87413

Batch #: 2273
Article #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4030	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4030	A. Signature X <i>Teresa Slocum</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/17/10
TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000134030
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 1138

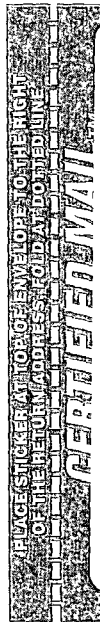
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

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

TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1138

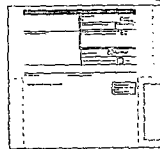
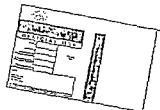
TEX ZIA PROPERTIES LTD
PO BOX 261427
PLANO, TX 75026-1427

Batch #: 2202
Article #: 71106605959000131138
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

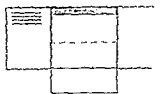
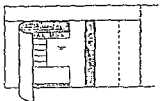
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1138	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TEX ZIA PROPERTIES LTD PO BOX 261427 PLANO, TX 75026-1427	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1138	A. Signature X <i>Sara Montgomery</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sara Montgomery</i> <i>9-9-10</i>
TEX ZIA PROPERTIES LTD PO BOX 261427 PLANO, TX 75026-1427	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131138
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 1145

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

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

TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1145

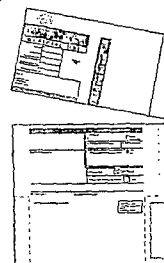
TEXAS ROYALTIES
P O BOX 3579
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131145
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

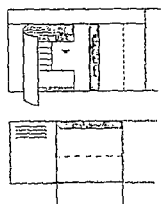
Reorder Form LCD-81
01/07

2. Article Number 7110 6605 9590 0013 1145	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: TEXAS ROYALTIES P O BOX 3579 MIDLAND, TX 79702	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1145	COMPLETE THIS SECTION ON DELIVERY A. Signature X E Edwards B. Received by (Printed Name) E Edwards C. Date of Delivery 8-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
1. Article Addressed to: TEXAS ROYALTIES P O BOX 3579 MIDLAND, TX 79702	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131145
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



7110 6605 9590 0013 1152

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

Postmark Here

Postage To

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

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

Form 3811, August 2008 See Reverse for Instructions



7110 6605 9590 0013 1152

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0013 1152

1. Article Addressed to:

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

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 1152

1. Article Addressed to:

THE DOROTHY T RUTTER TRUST
PO BOX 3186
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

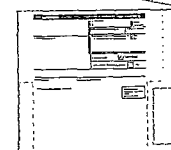
3. Service Type

☒ Certified

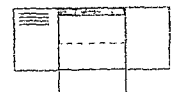
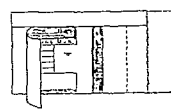
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2202
Article #: 71106605959000131152
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0013 1084

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

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

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1084

T H MCELVAIN OIL AND GAS PROP
ATTN: MR. RICK HARRIS
1050 17TH ST STE 1800
DENVER, CO 80265

Batch #: 2202
Article #: 71106605959000131084
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

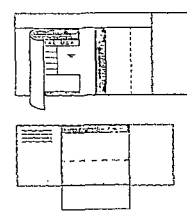
Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1084	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
T H MCELVAIN OIL AND GAS PROP ATTN: MR. RICK HARRIS 1050 17TH ST STE 1800 DENVER, CO 80265	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION

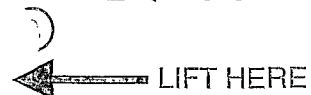


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1084	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
T H MCELVAIN OIL AND GAS PROP ATTN: MR. RICK HARRIS 1050 17TH ST STE 1800 DENVER, CO 80265	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

Batch #: 2202
Article #: 71106605959000131084
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 1169

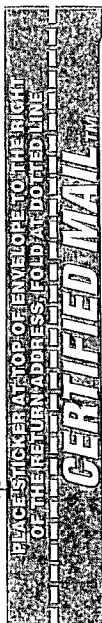
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1169

THE FASKEN FAMILY LIMITED PARTNERSH
P. O. BOX 5383
DENVER, CO 80217

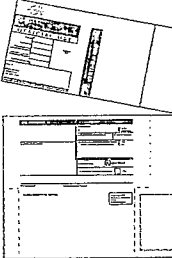
Batch #: 2202
Article #: 71106605959000131169
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

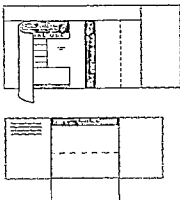
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1169	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE FASKEN FAMILY LIMITED PARTNERSH P. O. BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1169	A. Signature <i>M. Howell</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. Howell 9-7-10</i>
THE FASKEN FAMILY LIMITED PARTNERSH P. O. BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131169
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 1176

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

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

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

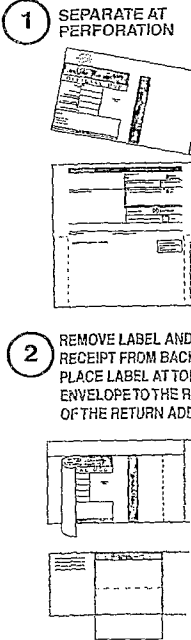
PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS - FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0013 1176

THE NORDAN TRUST
112 E. PECAN, SUITE 500
SAN ANTONIO, TX 78205

Batch #: 2202
Article #: 71106605959000131176
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1176	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THE NORDAN TRUST 112 E. PECAN, SUITE 500 SAN ANTONIO, TX 78205	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1176	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Debbie Riley</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Debbie Riley</i> C. Date of Delivery <i>9-8-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THE NORDAN TRUST 112 E. PECAN, SUITE 500 SAN ANTONIO, TX 78205	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131176
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 1183

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

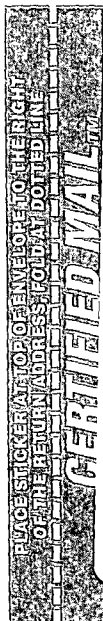
Code: Allocation Project - D.Howell

sent To

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

THE ROBERT A SMITH & PATRICIA L SMI
3 ROAD 2978
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1183

THE ROBERT A SMITH & PATRICIA L SMI
3 ROAD 2978
AZTEC, NM 87410

Batch #: 2202
Article #: 71106605959000131183
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SM
3 ROAD 2978
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X

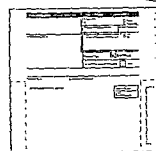
B. Received by (Printed Name) C. Date of Delivery

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

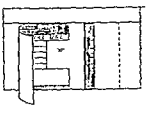
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1183

1. Article Addressed to:

THE ROBERT A SMITH & PATRICIA L SM
3 ROAD 2978
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Pat Smith*

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131183
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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

7110 6605 9590 0013 1190

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

ent To

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

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1190

THE VIOLA I STEWART TRUST
P. O. BOX 291245
KERRVILLE, TX 78029-1245

Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

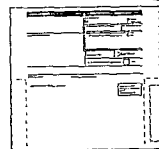
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1190	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE VIOLA I STEWART TRUST P. O. BOX 291245 KERRVILLE, TX 78029-1245	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

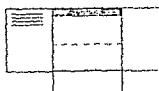
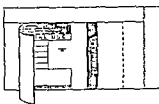
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1190	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Nicole Govertsen 09/08/10
THE VIOLA I STEWART TRUST P. O. BOX 291245 KERRVILLE, TX 78029-1245	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION

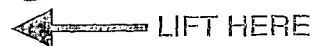


2 REMOVE LABEL AND RECEIPT FROM BACK. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2202
Article #: 71106605959000131190
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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

7110 6605 9590 0013 1206

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

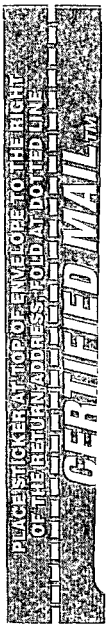
Postmark Here

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

THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1206

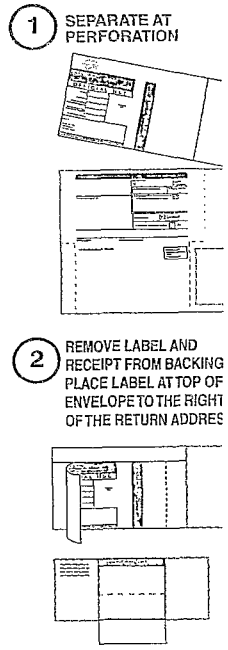
THE WRIGHT BROS TRUST
C/O STANLEY M WRIGHT
2157 HWY 130
BENNETT, IA 52721-9801

Batch #: 2202
Article #: 71106605959000131206
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
File #:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1206	A. Signature ☐ Agent ☒ Addressee	
	B. Received by (Printed Name)	
	C. Date of Delivery	
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
1. Article Addressed to:	3. Service Type ☒ Certified	
THE WRIGHT BROS TRUST C/O STANLEY M WRIGHT 2157 HWY 130 BENNETT, IA 52721-9801	4. Restricted Delivery? (Extra Fee) ☐ Yes	

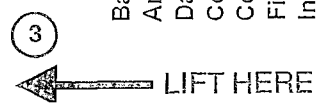
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1206	A. Signature ☐ Agent ☒ Addressee	
	B. Received by (Printed Name)	
	C. Date of Delivery	
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
1. Article Addressed to:	3. Service Type ☒ Certified	
THE WRIGHT BROS TRUST C/O STANLEY M WRIGHT 2157 HWY 130 BENNETT, IA 52721-9801	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131206
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 1213

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

sent To

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

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1213

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Batch #: 2202
Article #: 71106605959000131213
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

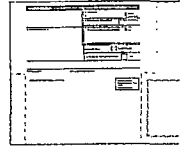
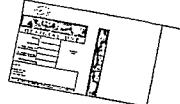
B. Received by (Printed Name) C. Date of Delivery

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

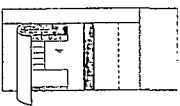
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2202
Article #: 71106605959000131213
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Batch #: 2202

Article #: 71106605959000131213

Date/Time: 8/31/2010 1:28:44 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

3 LIFT HERE

2. Article Number

7110 6605 9590 0013 1213

1. Article Addressed to:

THELMA DEMOTT
501 E PHELPS APT B4
HOPKINS, MO 64461

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Thelma Demott* ☐ Addressee

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

Thelma Demott *9/17/10*
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
7110 6605 9590 0013 1220

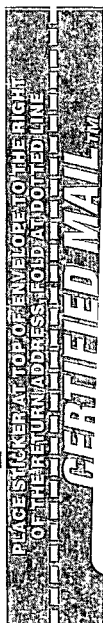
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

THELMA GRAHAM FAMILY LIMITED PARTN
7111 E 82 STREET
TULSA, OK 74133

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1220

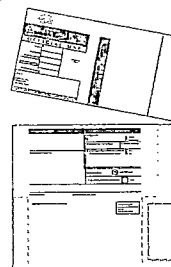
THELMA GRAHAM FAMILY LIMITED PARTNE
7111 E 82 STREET
TULSA, OK 74133

Batch #: 2202
Article #: 71106605959000131220
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

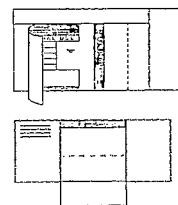
Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1220	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1220	A. Signature X <i>William O. Graham</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	SEP 07 2010
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131220
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Certific Mail Only, No Insurance Coverage Provided)

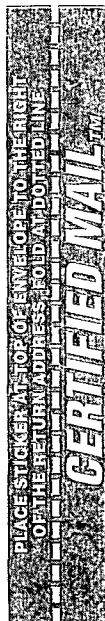
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

sent To
Theodore J Blechar Trust
6669 Barnaby St NW
Washington, DC 20015

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

Form 3800 (August 2005) See Reverse for Instructions

Code: Allocation Project - D.Howell



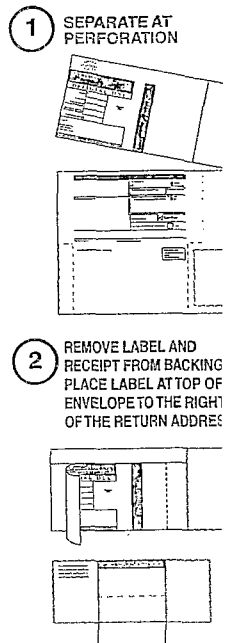
7110 6605 9590 0013 1237

THEODORE J BLECHAR TRUST
6669 BARNABY ST NW
WASHINGTON, DC 20015

Batch #: 2202
Article #: 71106605959000131237
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1237	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THEODORE J BLECHAR TRUST 6669 BARNABY ST NW WASHINGTON, DC 20015 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1237	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THEODORE J BLECHAR TRUST 6669 BARNABY ST NW WASHINGTON, DC 20015 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131237
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 3170	
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	
ent To	
THOMAS AHO TR	
1391 SMT CHASE DR	
SNELLVILLE, GA 30078-3520	
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™

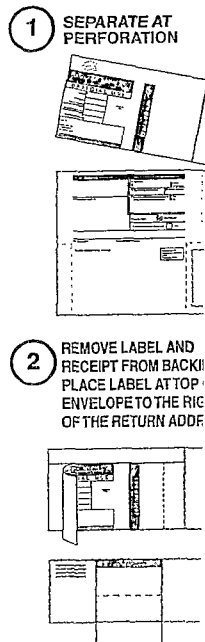
7110 6605 9590 0013 3170

THOMAS AHO TR
1391 SMT CHASE DR

SNELLVILLE, GA 30078-3520

Batch #: 2269
Article #: 71106605959000133170
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3170	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
THOMAS AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3170	A. Signature X <i>Barbara Aho</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>Barbara Aho</i>	C. Date of Delivery <i>9/20/10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
THOMAS AHO TR 1391 SMT CHASE DR SNELLVILLE, GA 30078-3520		

Batch #: 2269
Article #: 71106605959000133170
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
7110 6605 9590 0013 1244

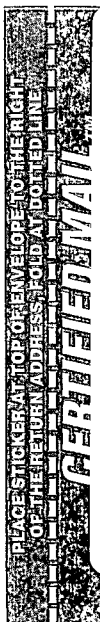
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

sent To
THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

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

Form 3800, August 2006-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



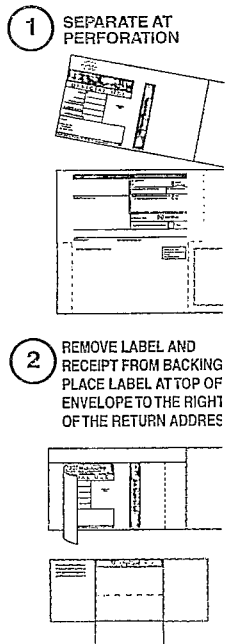
7110 6605 9590 0013 1244

THOMAS B. CATRON, III AND JUNE
U/A DECEMBER 1, 1996
PO BOX 788
SANTA FE, NM 87504-0788

Batch #: 2202
Article #: 71106605959000131244
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1244	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996 PO BOX 788 SANTA FE, NM 87504-0788 Code: Allocation Project - D.Howell	

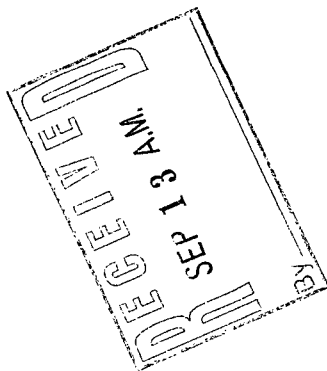


2. Article Number 7110 6605 9590 0013 1244	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>John Catron</i> B. Received by (Printed Name) <i>JOHN CATRON</i> C. Date of Delivery <i>9/14/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS B. CATRON, III AND JUNE U/A DECEMBER 1, 1996 PO BOX 788 SANTA FE, NM 87504-0788 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131244
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

ConocoPhillips

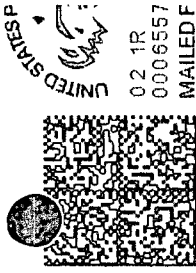


7110 6605 9590 0013 1251

Handwritten: JH 9/7

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

- ☐ Insured
- ☐ Registered
- ☐ No Such Number
- ☐ Date
- ☐ Card/Initials
- ☐ Street
- ☐ Apted
- ☐ No Such Number
- ☐ Date
- ☐ Card/Initials





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Use Mail Only; No Insurance Coverage Provided)
7110 6605 9590 0013 1251

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

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

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

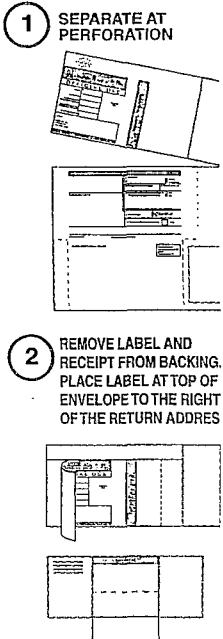


7110 6605 9590 0013 1251

THOMAS D CITRANGOLA &
PO BOX 5720
SPRING HILL, FL 34609

Batch #: 2202
Article #: 71106605959000131251
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1251	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2202
Article #: 71106605959000131251
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
For more information, visit us at www.usps.com
7110 6605 9590 0013 1268

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

sent To
THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1268

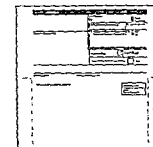
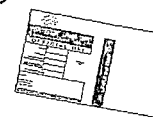
THOMAS E DUNNAM III
14618 REIGH COUNT
SAN ANTONIO, TX 78248-1139

Batch #: 2202
Article #: 71106605959000131268
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

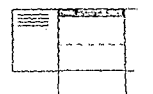
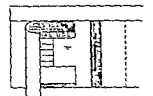
Reorder Form LCD-811 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1268	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS E DUNNAM III 14618 REIGH COUNT SAN ANTONIO, TX 78248-1139 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1268	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Thomas E. Dunnam III</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>THOMAS E DUNNAM III 14618 Reigh Count San Antonio TX 78248</i> 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS E DUNNAM III 14618 REIGH COUNT SAN ANTONIO, TX 78248-1139 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131268
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0013 1275

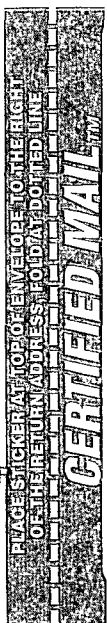
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To
THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



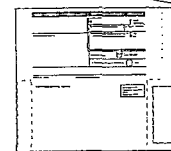
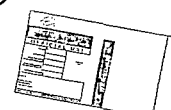
7110 6605 9590 0013 1275

THOMAS F MCKENNA SR CREDIT SHELTER
1200 EUBANK AVE
ALBUQUERQUE, NM 87112

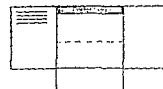
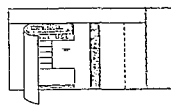
Batch #: 2202
Article #: 71106605959000131275
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1275	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS F MCKENNA SR CREDIT SHELTER 1200 EUBANK AVE ALBUQUERQUE, NM 87112	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1275	A. Signature X <i>C. Walker</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS F MCKENNA SR CREDIT SHELTER 1200 EUBANK AVE ALBUQUERQUE, NM 87112	<i>C. Walker</i> <i>9/3/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131275
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0013 1282

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

Send To
THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1282

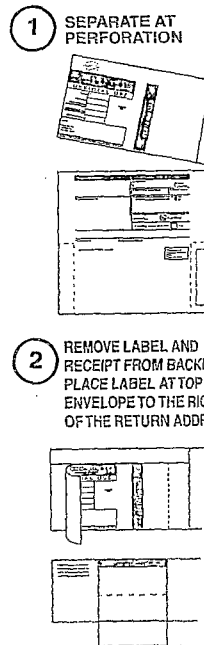
THOMAS KEVIN PRESTON
6802 RAYNOR WAY
SUGAR LAND, TX 77479

Batch #: 2202
Article #: 71106605959000131282
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 1282	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS KEVIN PRESTON 6802 RAYNOR WAY SUGAR LAND, TX 77479 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1282	COMPLETE THIS SECTION ON DELIVERY A. Signature X Leslie Preston ☐ Agent ☐ Addressee B. Received by (Printed Name) Leslie Preston C. Date of Delivery 9/16/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMAS KEVIN PRESTON 6802 RAYNOR WAY SUGAR LAND, TX 77479 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131282
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 1299

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

sent To
THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

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

Form 3800, August 2008, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1299

THOMAS P TINNIN
PO BOX 1885
ALBUQUERQUE, NM 87103

Batch #: 2202
Article #: 71106605959000131299
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1299	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS P TINNIN PO BOX 1885 ALBUQUERQUE, NM 87103	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

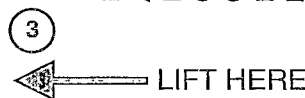
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2202
Article #: 71106605959000131299
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 1305

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

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

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD.
STURGEON BAY, WI 54235-9575

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



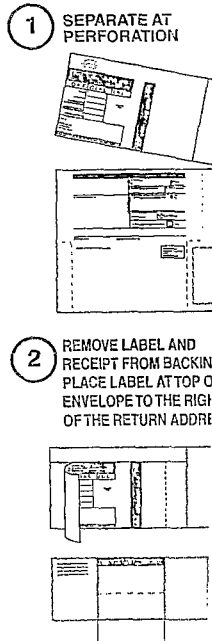
7110 6605 9590 0013 1305

THOMAS POLLOCK
3931 WHITEFISH BAY ROAD
STURGEON BAY, WI 54235-9575

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1305	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THOMAS POLLOCK 3931 WHITEFISH BAY ROAD STURGEON BAY, WI 54235-9575	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1305	A. Signature X <i>Agent</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-7-10
THOMAS POLLOCK 3931 WHITEFISH BAY ROAD STURGEON BAY, WI 54235-9575	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131305
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

ConocoPhillips

7110 6605 9590 0013 1312

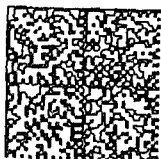
THOMAS R DUFFIN
1508 ADAMS



REASON CHECKED

- ☐ Moved, Left No Address/Unable To Forward
☐ Attempted - Not Known
☒ Unclaimed ☐ Refused
☐ No Such Street ☐ No Such Number
☐ Insufficient Address

Hand-drawn scribble or signature.



02 1R
0006557
MAILED F

UNITED STATES

2nd 9-15
Rt



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

7110 6605 9590 0013 1329

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

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

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1329

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Batch #: 2202
Article #: 71106605959000131329
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

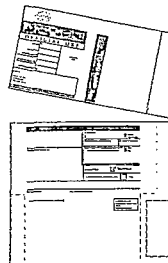
B. Received by (Printed Name) C. Date of Delivery

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

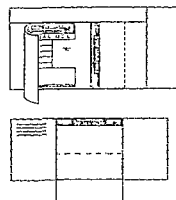
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1329

1. Article Addressed to:

THOMAS W ISHAM
3101 W CHESTNUT AVE
YAKIMA, WA 98902

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Tom Isam* ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131329
Date/Time: 8/31/2010 1:28:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0013 1336

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

Postmark
Here

ent To

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

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell

Form 3811, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1336

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Batch #: 2202
Article #: 71106605959000131336
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1336

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

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 1336

1. Article Addressed to:

THOMAS W MANDRY
5843 49TH ST
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below: ☐ No

3. Service Type



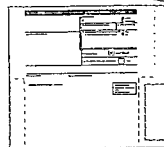
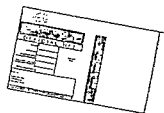
Certified

4. Restricted Delivery? (Extra Fee)

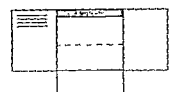
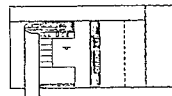


Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2202
Article #: 71106605959000131336
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



LIFT HERE



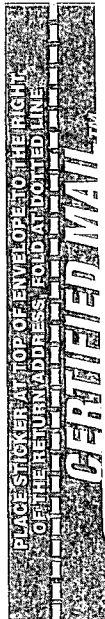
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com

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

Postage To
THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1343

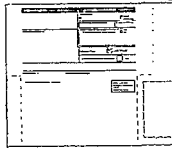
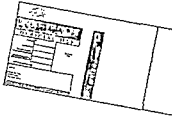
THOMPSON FAMILY LLC
1370 TESUQUE CREEK RD
SANTA FE, NM 87501

Batch #: 2202
Article #: 71106605959000131343
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

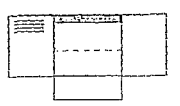
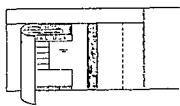
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0013 1343	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501 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 1343	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Shirley Thompson</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Shirley Thompson</i> <i>8/31/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: THOMPSON FAMILY LLC 1370 TESUQUE CREEK RD SANTA FE, NM 87501 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131343
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only, No Insurance Coverage Provided)
For information visit www.usps.com
7110 6605 9590 0013 1350

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

ent To
TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048
treat, Apt. No.;
- PO Box No.
ity, State, Zip+4

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1350

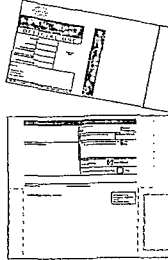
TIERRA POBRE LLC
PO BOX 1847
CORRALES, NM 87048

Batch #: 2202
Article #: 71106605959000131350
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

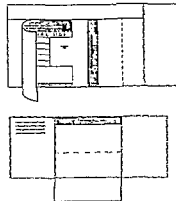
Reorder Form LCD-1 rev. 01/07

2. Article Number 7110 6605 9590 0013 1350	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TIERRA POBRE LLC PO BOX 1847 CORRALES, NM 87048 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 1350	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) JAMES V HARRIS C. Date of Delivery 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TIERRA POBRE LLC PO BOX 1847 CORRALES, NM 87048 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131350
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit your website at www.usps.com
7110 6605 9590 0013 1367

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

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

TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



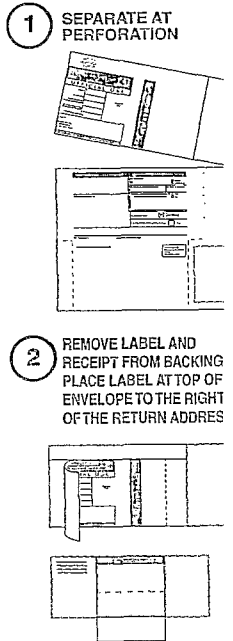
7110 6605 9590 0013 1367

TIM B. ALLISON
1401 CHACO
GRANTS, NM 87020

Batch #: 2202
Article #: 71106605959000131367
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1367	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TIM B. ALLISON 1401 CHACO GRANTS, NM 87020 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1367	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-9-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TIM B. ALLISON 1401 CHACO GRANTS, NM 87020 Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131367
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(First-Class Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0013 1374

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

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

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1374

TIMOTHY COBURN
2060 CAMINO A LOS CERROS
MENLO PARK, CA 94025

Batch #: 2202
Article #: 71106605959000131374
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1374	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TIMOTHY COBURN 2060 CAMINO A LOS CERROS MENLO PARK, CA 94025 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



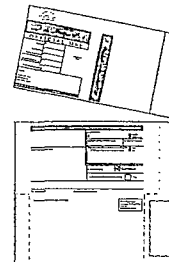
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

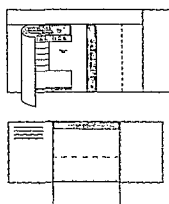
Batch #: 2202
Article #: 71106605959000131374
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





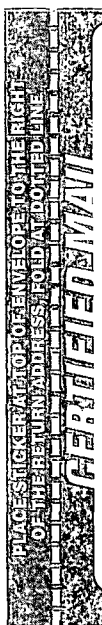
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

Form 3800, August 2008 PSN 7510-0013-1381, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1381

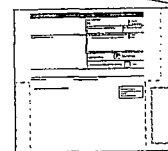
TIMOTHY WINSTON WARD
3856 KELLY BLVD
CARROLLTON, TX 75007

Batch #: 2202
Article #: 71106605959000131381
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

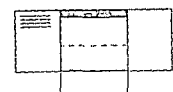
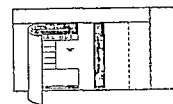
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1381	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TIMOTHY WINSTON WARD 3856 KELLY BLVD CARROLLTON, TX 75007	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1381	A. Signature X <i>[Signature]</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TIMOTHY WINSTON WARD 3856 KELLY BLVD CARROLLTON, TX 75007	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131381
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(U.S. Mail Only. No Insurance Coverage Provided.)
For information visit www.usps.com
7110 6605 9590 0013 1398

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

ant To **TINA GILES**
16794 US HWY 550
AZTEC, NM 87410

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

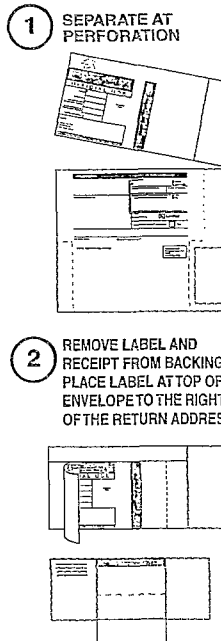


7110 6605 9590 0013 1398

TINA GILES
16794 US HWY 550
AZTEC, NM 87410

Batch #: 2202
Article #: 711066059590000131398
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1398	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: TINA GILES 16794 US HWY 550 AZTEC, NM 87410	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1398	COMPLETE THIS SECTION ON DELIVERY A. Signature X Tina Giles 87410 ☐ Agent ☐ Addressee B. Received by (Printed Name) Tina Giles C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: TINA GILES 16794 US HWY 550 AZTEC, NM 87410	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 711066059590000131398
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0013 3712

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

ent To **TINA GOMEZ**
PO BOX 5796
PAGOSA SPRINGS, CO 81147

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™

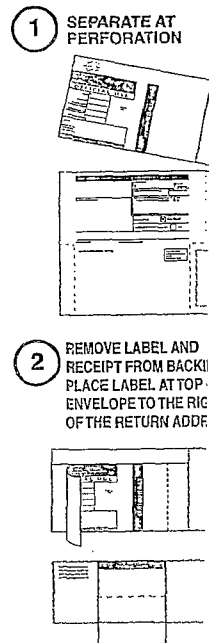
7110 6605 9590 0013 3712

TINA GOMEZ
PO BOX 5796

PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133712
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3712	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TINA GOMEZ PO BOX 5796 PAGOSA SPRINGS, CO 81147	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3712	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</i> <i>9/24/10</i>
TINA GOMEZ PO BOX 5796 PAGOSA SPRINGS, CO 81147	D. Is 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 #: 2272
Article #: 71106605959000133712
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 3187	
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	
ent To	
TINA HERBERT	
331 MISTY ISLE LN UT C	
LAS VEGAS, NV 89107	
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 3187

TINA HERBERT
331 MISTY ISLE LN UT C
LAS VEGAS, NV 89107

Batch #: 2269
Article #: 71106605959000133187
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3187	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
1. Article Addressed to: TINA HERBERT 331 MISTY ISLE LN UT C LAS VEGAS, NV 89107	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269
Article #: 71106605959000133187
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE

Reorder Form LCD-1 rev. 01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(First-Class Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0013 1404

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	
Sent To TINMIL A NM LLC C/O TINNIN LAW FIRM 500 MARQUETTE NW STE 1300 ALBUQUERQUE, NM 87102		
Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions		

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1404

TINMIL A NM LLC
C/O TINNIN LAW FIRM
500 MARQUETTE NW STE 1300
ALBUQUERQUE, NM 87102

Batch #: 2202
Article #: 71106605959000131404
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1404	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: TINMIL A NM LLC C/O TINNIN LAW FIRM 500 MARQUETTE NW STE 1300 ALBUQUERQUE, NM 87102	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type		☒ Certified
4. Restricted Delivery? (Extra Fee)		☐ Yes
Code: Allocation Project - D.Howell		

PS Form 3811

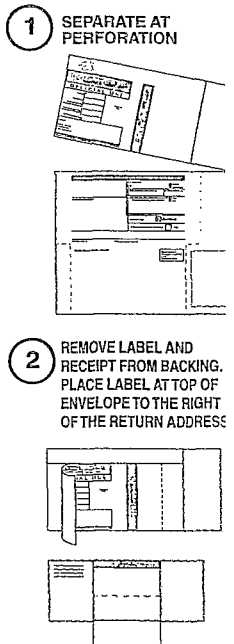
Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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



Batch #: 2202
Article #: 71106605959000131404
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our Website at www.usps.com
7110 6605 9590 0013 1411

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

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

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

PS Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1411

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Batch #: 2202
Article #: 71106605959000131411
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1411

1. Article Addressed to:

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

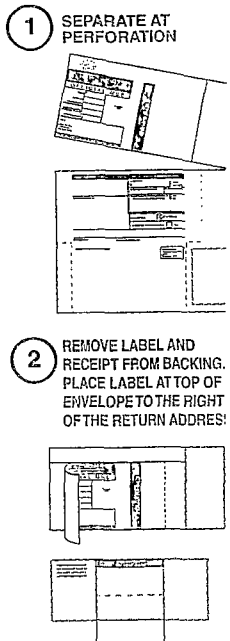
A. Signature ☒ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 1411

1. Article Addressed to:

TOM D PATTERSON TRUSTEE OF THE
6908 PRESTONSHIRE LANE
DALLAS, TX 75225

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Tom Patterson*

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131411
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Electronic Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com
7110 6605 9590 0013 1428

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

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

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1428

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Batch #: 2202
Article #: 71106605959000131428
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0013 1428

1. Article Addressed to:

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

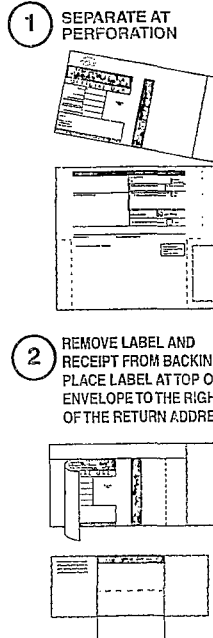
A. Signature
X ☐ Agent
☐ Addressee

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 1428

1. Article Addressed to:

TOM K MARTELLA
16754 W 75TH PL
ARVADA, CO 80007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Tom Martella* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Tom Martella *9-4-2010*

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131428
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





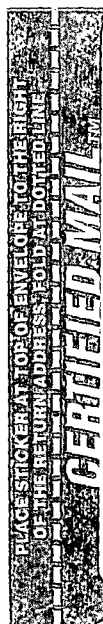
U.S. Postal Service
CERTIFIED MAIL RECEIPT
Registered Mail Only. No Insurance Coverage Provided.
Delivery Information Visit our Website at www.usps.com
7110 6605 9590 0013 1435

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

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

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1435

TOMMY BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM 87401

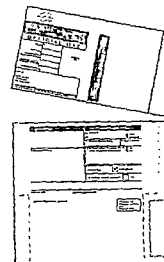
Batch #: 2202
Article #: 71106605959000131435
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

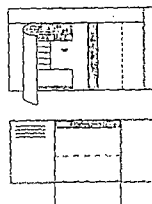
2. Article Number 7110 6605 9590 0013 1435	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TOMMY BOLACK 3901 BLOOMFIELD HWY FARMINGTON, NM 87401	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0013 1435	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X Becky Morris Addressee B. Received by (Printed Name) C. Date of Delivery Becky Morris D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TOMMY BOLACK 3901 BLOOMFIELD HWY FARMINGTON, NM 87401	

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131435
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811

Domestic Return Receipt

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(U.S. Mail Only, No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0013 1442

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

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

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



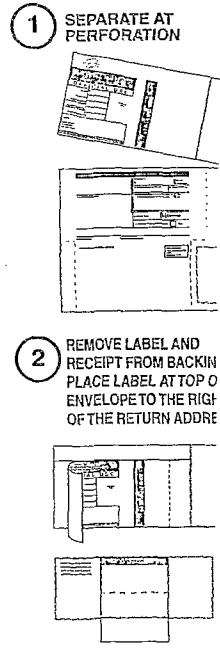
7110 6605 9590 0013 1442

TONI THOMAS
401 W JEFFERSON
SHERIDAN, MO 64486

Batch #: 2202
Article #: 71106605959000131442
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

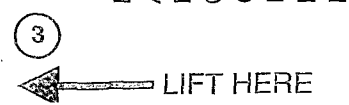
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 1442	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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 0013 1442	COMPLETE THIS SECTION ON DELIVERY A: Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery toni Thomas 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2202
Article #: 71106605959000131442
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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

7110 6605 9590 0013 1459

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

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

TRIGG OIL & GAS LIMITED PARTNERSHIP
 PO BOX 520
 ROSWELL, NM 88201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1459

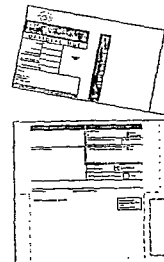
TRIGG OIL & GAS LIMITED PARTNERSHIP
 PO BOX 520
 ROSWELL, NM 88201

Batch #: 2202
 Article #: 71106605959000131459
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

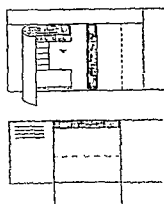
Reorder Form LCD-81 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1459		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1459		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2202
 Article #: 71106605959000131459
 Date/Time: 8/31/2010 1:28:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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

7110 6605 9590 0013 1466

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

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

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1466

TRIGG OIL LLC
4 MAIZE TR
PLACITAS, NM 87043

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1466	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TRIGG OIL LLC 4 MAIZE TR PLACITAS, NM 87043	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

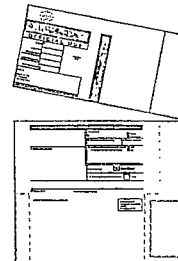
UNITED STATES POSTAL SERVICE



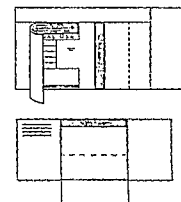
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

Batch #: 2202
Article #: 71106605959000131466
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 1473

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

ant To
reat, Apt. No.;
PO Box No.
ity, State, Zip+4

TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

Form 3800, August 2006 (PSN) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1473

TRISTAR GAS MARKETING COMPANY
8150 N CENTRAL EXPRESSWAY
DALLAS, TX 75206

Batch #: 2202
Article #: 71106605959000131473
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1473	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRISTAR GAS MARKETING COMPANY 8150 N CENTRAL EXPRESSWAY DALLAS, TX 75206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



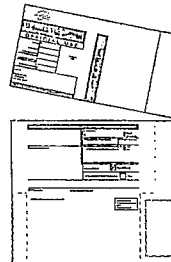
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

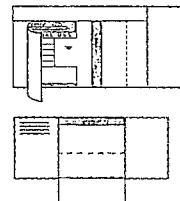
Batch #: 2202
Article #: 71106605959000131473
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 1480

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

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

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



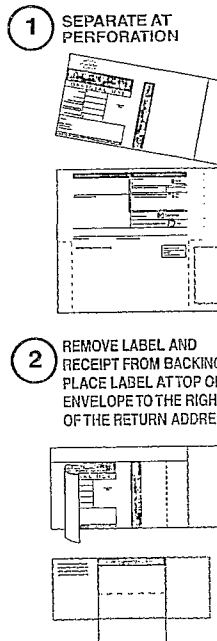
7110 6605 9590 0013 1480

TROUT LIMITED PARTNERSHIP
7500 S HWY 83
SCOTT CITY, KS 67871

Batch #: 2202
Article #: 71106605959000131480
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8-01/07

2. Article Number 7110 6605 9590 0013 1480	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TROUT LIMITED PARTNERSHIP 7500 S HWY 83 SCOTT CITY, KS 67871	
Code: Allocation Project - D.Howell	



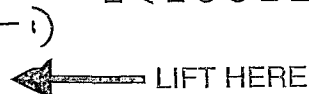
PS Form 3811

2. Article Number 7110 6605 9590 0013 1480	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Meiba Trout</i> B. Received by (Printed Name) <i>Meiba Trout</i> C. Date of Delivery <i>9-7-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: TROUT LIMITED PARTNERSHIP 7500 S HWY 83 SCOTT CITY, KS 67871	
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131480
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811

Domestic Return Receipt





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

7110 6605 9590 0013 1497

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

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

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

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™

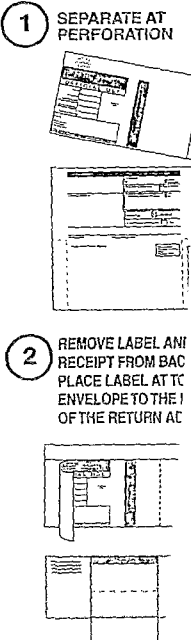
7110 6605 9590 0013 1497

TRUST UW SUE C BERGERE
PO BOX 788
SANTA FE, NM 87501

Batch #: 2202
Article #: 71106605959000131497
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1497	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRUST UW SUE C BERGERE PO BOX 788 SANTA FE, NM 87501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1497	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRUST UW SUE C BERGERE PO BOX 788 SANTA FE, NM 87501	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131497
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:



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

7110 6605 9590 0013 1503

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

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

TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Form 3800, August 2009, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1503

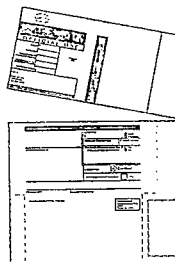
TRUST UWO VIRGINIE ISHAM FBO HENRY
2510 S SAINT PAUL ST
DENVER, CO 80210-6219

Batch #: 2202
Article #: 71106605959000131503
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

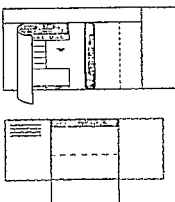
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1503	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRUST UWO VIRGINIE ISHAM FBO HENRY 2510 S SAINT PAUL ST DENVER, CO 80210-6219	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1503	A. Signature X <i>Pwira Isham</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
TRUST UWO VIRGINIE ISHAM FBO HENRY 2510 S SAINT PAUL ST DENVER, CO 80210-6219	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2202
Article #: 71106605959000131503
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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

7110 6605 9590 0013 1510

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

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

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1510

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Batch #: 2202
Article #: 71106605959000131510
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1510

1. Article Addressed to:

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Code: Allocation Project - D.Howell

PS Form 3811

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

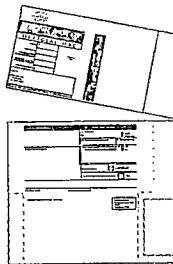
B. Received by (Printed Name) C. Date of Delivery

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

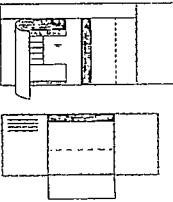
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 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 1510

1. Article Addressed to:

TTB PROPERTIES LP
1805 UTAH ST
HOUSTON, TX 77007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131510
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0013 1527

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

ant To

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

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1527

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Batch #: 2202
Article #: 71106605959000131527
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 1527

1. Article Addressed to:

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES enter delivery address below:

☐ No

3. Service Type



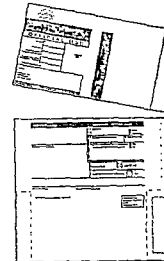
Certified

4. Restricted Delivery? (Extra Fee)

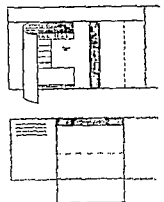
☐

Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1527

1. Article Addressed to:

TUW MARY E BROWN WILL
1857 55TH AVE
ALEDO, IL 61231-8610

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rachel Brown

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Rachel Brown

C. Date of Delivery

9-7-10

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

If YES enter delivery address below:

☐ No

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)

☐

Yes

Batch #: 2202
Article #: 71106605959000131527
Date/Time: 8/31/2010 1:28:46 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



LIFT HERE