



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

7110 6605 9590 0013 1534

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

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

UNIVERSITY OF NEW MEXICO FOUNDATION  
MSC07 4260  
1 UNIVERSITY OF NEW MEXICO  
ALBUQUERQUE, NM 87131-0001

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1534

UNIVERSITY OF NEW MEXICO FOUNDATION  
MSC07 4260  
1 UNIVERSITY OF NEW MEXICO  
ALBUQUERQUE, NM 87131-0001

Batch #: 2202  
Article #: 71106605959000131534  
Date/Time: 8/31/2010 1:28:46 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1534

1. Article Addressed to:

UNIVERSITY OF NEW MEXICO FOUNDATION  
MSC07 4260  
1 UNIVERSITY OF NEW MEXICO  
ALBUQUERQUE, NM 87131-0001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
**X**

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

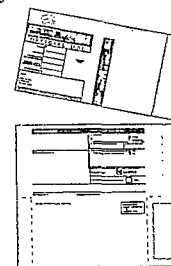
D. Is delivery address different from item 1? ☐ Yes  
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

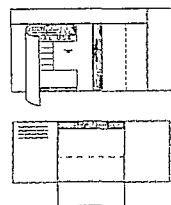
4. Restricted Delivery? (Extra Fee) ☐ Yes

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 1534

1. Article Addressed to:

UNIVERSITY OF NEW MEXICO FOUNDATION  
MSC07 4260  
1 UNIVERSITY OF NEW MEXICO  
ALBUQUERQUE, NM 87131-0001

**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

Code: Allocation Project - D.Howell

Batch #: 2202  
Article #: 71106605959000131534  
Date/Time: 8/31/2010 1:28:46 PM  
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**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Certific Mail Only; No Insurance Coverage Provided)  
For delivery information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 4047

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

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

UPLANDS RESOURCES INC  
800 PHILTOWER BLDG  
427 S BOSTON  
TULSA, OK 74103-4133

PS Form 3800, August 2006 See Reverse for Instructions



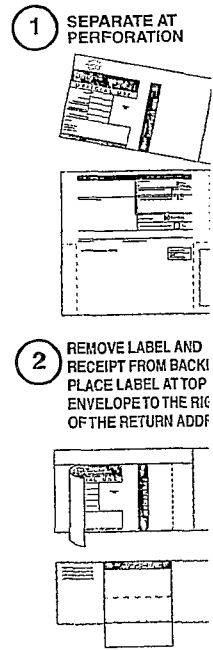
7110 6605 9590 0013 4047

UPLANDS RESOURCES INC  
800 PHILTOWER BLDG  
427 S BOSTON  
TULSA, OK 74103-4133

Batch #: 2273  
Article #: 71106605959000134047  
Date/Time: 9/14/2010 3:35:39 PM  
Code:  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD-8 v. 01/07

|                                                                                     |                                                                                                                                                |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b>                                                            | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                                       |
| 7110 6605 9590 0013 4047                                                            | A. Signature<br><b>X</b> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                  |
| 1. Article Addressed to:                                                            | B. Received by (Printed Name) C. Date of Delivery                                                                                              |
| UPLANDS RESOURCES INC<br>800 PHILTOWER BLDG<br>427 S BOSTON<br>TULSA, OK 74103-4133 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below: <input type="checkbox"/> No |
|                                                                                     | 3. Service Type <input checked="" type="checkbox"/> Certified                                                                                  |
|                                                                                     | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                               |



|                                                                                     |                                                                                                                                                |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Article Number</b>                                                            | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                                       |
| 7110 6605 9590 0013 4047                                                            | A. Signature<br><b>* Jennifer Quinnelly</b> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                               |
| 1. Article Addressed to:                                                            | B. Received by (Printed Name) C. Date of Delivery<br>9-17-10                                                                                   |
| UPLANDS RESOURCES INC<br>800 PHILTOWER BLDG<br>427 S BOSTON<br>TULSA, OK 74103-4133 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES enter delivery address below: <input type="checkbox"/> No |
|                                                                                     | 3. Service Type <input checked="" type="checkbox"/> Certified                                                                                  |
|                                                                                     | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                               |

Batch #: 2273  
Article #: 71106605959000134047  
Date/Time: 9/14/2010 3:35:39 PM  
Code:  
Code2:  
File #:  
Internal File #: