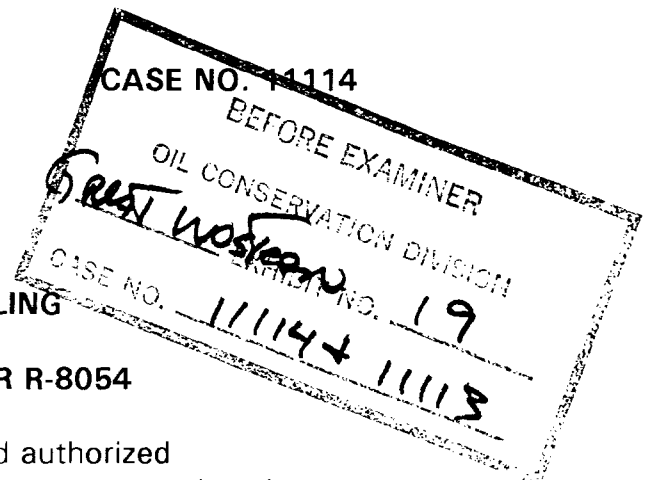


**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION**

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

Application of Great Western  
Drilling Company for Statutory  
Unitization, South Carter(San Andres)  
Unit Area, Lea County, New Mexico.

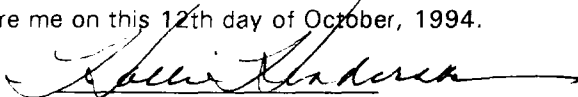
**CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054**



W. THOMAS KELLAHIN, attorney in fact and authorized representative of Great Western Drilling Company, states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 20th day of September 1994 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for October 13, 1994, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

  
W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 12th day of October, 1994.

  
Notary Public

My Commission Expires: June 15th, 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this to you.
- Attach this form to the mailpiece. It does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**GREAT WESTERN/S. CARTER**

**September 20, 1994**

so that we can

3. Article Addressed to:

Case Western Reserve Univ.  
Investment Manager  
2040 Adelbert Rd.  
Cleveland, OH 44106

4a. Article Number  
**321 036 780**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**SEP 27 1994**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**P 321 036 780**

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Case Western Reserve Univ.  
Investment Manager  
2040 Adelbert Rd.  
Cleveland, OH 44106

991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this to you.
- Attach this form to the mailpiece. It does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**GREAT WESTERN/S. CARTER**

**September 20, 1994**

so that we can

3. Article Addressed to:

Lester Armour, Jr.  
461 Park Forest Way  
W. Palm Beach, Florida 33414

4a. Article Number  
**321 036 872**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**11-3-94**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**P 321 036 872**

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Lester Armour, Jr.  
461 Park Forest Way  
W. Palm Beach, Florida 33414

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this to you.
- Attach this form to the mailpiece. It does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**GREAT WESTERN/S. CARTER**

**September 20, 1994**

so that we can

3. Article Addressed to:

Beluah H. Simmons Test Trust A  
F/B/O Jean S. Sullivan  
1st Natl Bank Lubbock  
Suc. Trustee, Trust Dept#101-3033  
POB 1241  
Lubbock, Texas 79408

4a. Article Number  
**321 036 891**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**P 321 036 891**

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Beluah H. Simmons Test Trust A  
F/B/O Jean S. Sullivan  
1st Natl Bank Lubbock  
Suc. Trustee, Trust Dept#101-3033  
POB 1241  
Lubbock, Texas 79408

300, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print  
return **GREAT WESTERN/S. CARTER**  
• At **September 20, 1994**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Beulah H. Simmons Test.TrustB  
F/B/O Mary Jane Hand  
1st natl Bank Lubbock,  
Suc.Trustee, Trust Dept#101-3068  
POB 1241  
Lubbock, Texas 79408

4a. Article Number  
**321 036 892**

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
**SEP 23 1994**

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**P 321 036 892**

**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail.  
(See Reverse)

Sent to:  
Beulah H. Simmons Test.TrustB  
F/B/O Mary Jane Hand  
1st natl Bank Lubbock,  
Suc.Trustee, Trust Dept#101-3068  
POB 1241  
Lubbock, Texas 79408

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing)	

191

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print  
return **GREAT WESTERN/S. CARTER**  
• At **September 20, 1994**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
John H. Webb  
POB 904  
Midland, Texas 79702

4a. Article Number  
**321 036 896**

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**P 321 036 896**

**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail.  
(See Reverse)

John H. Webb  
POB 904  
Midland, Texas 79702

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing)	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print  
return **GREAT WESTERN/S. CARTER**  
• At **September 20, 1994**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Mary Alice Geier Turner  
POB 71  
Newagen, Maine 04551

4a. Article Number  
**321 036 895**

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
**9-29-94**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

**P 321 036 895**

**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail.  
(See Reverse)

Mary Alice Geier Turner  
POB 71  
Newagen, Maine 04551

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing)	

800, June 1991

**GREAT WESTERN/S. CARTER**  
**September 20, 1994**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it to you.

**GREAT WESTERN/S. CARTER**

September 20, 1994

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

J.E. Simmons Test. Trust A  
F/B/O Jean S. Sullivan  
1st Natl. Bank Lubbock  
Suc. Trustee, Trust Dept #101-3076  
POB 1241  
Lubbock, Texas 79408

4a. Article Number  
**321 036 890**

4b. Service Type

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 890



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

J.E. Simmons Test. Trust A  
F/B/O Jean S. Sullivan  
1st Natl. Bank Lubbock  
Suc. Trustee, Trust Dept #101-3076  
POB 1241  
Lubbock, Texas 79408

Registered Mail Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it to you.

**GREAT WESTERN/S. CARTER**

September 20, 1994

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

J.E. Simmons Test. Trust B  
F/B/O Mary Jane Hand  
1st Natl. Bank Lubbock,  
Suc. Trustee, Trust Dept 101-3084  
POB 1241  
Lubbock, Texas 79408

4a. Article Number  
**321 036 893**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 893



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

J.E. Simmons Test. Trust B  
F/B/O Mary Jane Hand  
1st Natl. Bank Lubbock,  
Suc. Trustee, Trust Dept 101-3084  
POB 1241  
Lubbock, Texas 79408

Registered Mail Fee	
Restricted Delivery Fee	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it to you.

**GREAT WESTERN/S. CARTER**

September 20, 1994

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Samuel B. Sherer, Jr.  
1756 Allard  
Grosse Point Woods, MI 48236

4a. Article Number  
**321 036 827**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Samuel B. Sherer, Jr.  
1756 Allard  
Grosse Point Woods, MI 48236

Registered Mail Fee	
Restricted Delivery Fee	
Signature Required Fee	
Postage	\$

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Lombard Sayre Estate  
c/o Shelly Ocana  
318 Mendocino Ave., Ste. 46  
Santa Rosa, CA 95404

4a. Article Number  
321 036 828

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
9/23/94

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 828

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Lombard Sayre Estate  
c/o Shelly Ocana  
318 Mendocino Ave., Ste. 46  
Santa Rosa, CA 95404

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (including to Whom & Date Delivered)	
Return Receipt (including to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

1, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Sydney Rowan Trust#5528  
Team Bank, David Frame, Jr,  
Jean Rowan McNab, Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199

4a. Article Number  
321 036 877

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 888

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sydney Rowan Trust#5528  
Team Bank, David Frame, Jr,  
Jean Rowan McNab, Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199

P 321 036 886

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Leigh Rowan Trust#2131  
Elton M. Hyder, Jr, Team Bank  
Co-Trustees  
POB 99084  
Fort Worth Texas 76199

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (including to Whom & Date Delivered)	
Return Receipt (including to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

1,800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Leigh Rowan Trust#2131  
Elton M. Hyder, Jr, Team Bank  
Co-Trustees  
POB 99084  
Fort Worth Texas 76199

4a. Article Number  
321 036 886

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 886

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Leigh Rowan Trust#2131  
Elton M. Hyder, Jr, Team Bank  
Co-Trustees  
POB 99084  
Fort Worth Texas 76199

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (including to Whom & Date Delivered)	
Return Receipt (including to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form.  
• Attach return to this form.  
• Write "R" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

we can space

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Kelly Lynn Rowan Trust  
#2130, Elton M. Hyder, Jr  
Team Bank, Co-Trustees  
POB 99084  
Fort Worth, Texas 76199

4a. Article Number  
321 036 831

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 831



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Kelly Lynn Rowan Trust  
#2130, Elton M. Hyder, Jr  
Team Bank, Co-Trustees  
POB 99084  
Fort Worth, Texas 76199

P 321 036 830



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Arch H. Rowan, III Trust  
#5527, Team Bank, David Frame, Jr  
Jean Rowan McNab Co-Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199

P 321 036 829



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Estate of Stella S. Rowan  
Mark Hart, Jr & Jean Rowan McNab  
Co-Trustees  
307 W 7th Street, Ste 1900  
Fort Worth, Texas 76102

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form.  
• Attach return to this form.  
• Write "R" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

we can space

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Arch H. Rowan, III Trust  
#5527 Team Bank, David Frame, Jr  
Jean Rowan McNab, Co-Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199

4a. Article Number  
321 036 830

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form.  
• Attach return to this form.  
• Write "R" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

can e nber. date

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Estate of Stella S. Rowan  
Mark Hart, Jr & Jean Rowan McNab  
Co-Trustees  
307 W 7th Street, Ste 1900  
Fort Worth, Texas 76102

4a. Article Number  
321 036 829

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
SEP 23 1994

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

3800, June 1991

Postage	
Insurance	
Registration	
Return Receipt	
Other	
TOTAL	\$
Postage in Advance	

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the return this card.  
• Attach to the mailpiece.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
W.F. Rockwell, Jr.  
c/o Judith Zsiros  
960 Penn Avenue  
Pittsburg, PA 15222

4a. Article Number  
321 036 824

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
9/23

5. Signature (Addressee)  
Mr. Rockwell

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 826

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail.  
(See Reverse)

W.F. Rockwell, Jr.  
c/o Judith Zsiros  
960 Penn Avenue  
Pittsburg, PA 15222

Special Delivery Fee  
Restricted Delivery Fee  
Return Receipt (showing to whom & date delivered)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the return this card.  
• Attach to the mailpiece.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
William M. Renick  
c/o Peggy J. Standefer  
2872 Ivy Street  
San Diego, CA 92104

4a. Article Number  
321 036 825

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
9-26-94

5. Signature (Addressee)  
P. Standefer

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 825

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail.  
(See Reverse)

William M. Renick  
c/o Peggy J. Standefer  
2872 Ivy Street  
San Diego, CA 92104

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the return this card.  
• Attach to the mailpiece.  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
J. Hiram Moore, Ltd.  
POB 10908  
Midland, Texas 79702

4a. Article Number  
321 036 822

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
J. Roberts

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 822

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail.  
(See Reverse)

J. Hiram Moore, Ltd.  
POB 10908  
Midland, Texas 79702

1800, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to whom & date delivered)	
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this to you.  
• Attach **GREAT WESTERN/S. CARTER**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**W.V.&Emma G. Lawrence  
POB 2309  
Hobbs, New Mexico 88240**

4a. Article Number  
**321 036 849**

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
**9/23**

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• **GREAT WESTERN/S. CARTER**  
• **September 20, 1994**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**Patrick Laughlin Trust#5525  
Team Bank,David Frame,Jr.,  
Jean McNab Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199**

4a. Article Number  
**321 036 848**

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*Albert D. 9/25/94*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this to you.  
• Attach **GREAT WESTERN/S. CARTER**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
**Erica Laughlin Trust#5526  
Team Bank,David Frame, Jr.  
Jean McNab, Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199**

4a. Article Number  
**321 036 847**

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 849



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

**W.V.&Emma G. Lawrence  
POB 2309  
Hobbs, New Mexico 88240**

P 321 036 848



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

**Patrick Laughlin Trust#5525  
Team Bank,David Frame,Jr.,  
Jean McNab Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199**

P 321 036 847



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

**Erica Laughlin Trust#5526  
Team Bank,David Frame, Jr.  
Jean McNab, Trustees  
PO Drawer 99084  
Fort Worth, Texas 76199**

100, June 1991

Article Number	
Article Description	
Article Value	
Postage	
Insurance	
Other Fees	
Total	\$

**GREAT WESTERN/S. CARTER  
September 20, 1994**



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• A GREAT WESTERN/S. CARTER  
• September 20, 1994  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Brent Rowan Hyder Trust  
Elton M. Hyder, Jr. & Team Bank  
Co-Trustees ACCT #2127  
POB 99084  
Fort Worth, Texas 76199

4a. Article Number  
321 036 833

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 835



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to  
Judith K. Robinson, John G. Brooks  
Surviving Trustees U/O/T of  
Freda T. Kaufmann  
c/o Peter Shapland, Esq.  
50 Rowes Wharf  
Boston, MA 02110

P 321 036 834



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Elton M. Hyder, III Trust  
Elton M. Hyder, Jr. & Team Bank  
Co-Trustees ACCT #2129  
POB 99084  
Fort Worth, Texas 76199

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• A GREAT WESTERN/S. CARTER  
• September 20, 1994  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Elton M. Hyder, III Trust  
Elton M. Hyder, Jr. & Team Bank  
Co-Trustees ACCT #2129  
POB 99084  
Fort Worth, Texas 76199

4a. Article Number  
321 036 834

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 833



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Brent Rowan Hyder Trust  
Elton M. Hyder, Jr. & Team Bank  
Co-Trustees ACCT #2127  
POB 99084  
Fort Worth, Texas 76199

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• A GREAT WESTERN/S. CARTER  
• September 20, 1994  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Judith K. Robinson, John G. Brooks  
Surviving Trustees U/O/T of  
Freda T. Kaufmann  
c/o Peter Shapland, Esq.  
50 Rowes Wharf  
Boston, MA 02110

4a. Article Number  
321 036 835

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)


PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

300, June 1991


GREAT WESTERN/S. CARTER  
September 20, 1994

**your RETURN ADDRESS completed on the reverse side?**

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b • Print 'return to: <b>GREAT WESTERN/S. CARTER</b> • Attach does not <b>September 20, 1994</b> • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address  2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  Ann Whitney Hyder Trust Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2128 POB 99084 Fort Worth, Texas 76199	4a. Article Number <p style="font-size: 1.5em; text-align: center;">321 036 832</p> 4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)	7. Date of Delivery	
6. Signature (Agent) 	8. Addressee's Address (Only if requested and fee is paid)	

**Thank you for using Return Receipt Service.**

P 321 036 832

 **Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

UNITED STATES  
POSTAL SERVICE


Ann Whitney Hyder Trust  
Eiton M. Hyder, Jr. & Team Bank  
Co-Trustees ACCT #2128  
POB 99084  
Fort Worth, Texas 76199

20-0-1	20-0-1
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P 321 036 887

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

 **UNITED STATES  
POSTAL SERVICE**

Corellia Brown Hoyt, Deceased  
Society National Bank.  
Trustee U/W/O S-4068100  
Trust Tax Dept.  
800 Superior Ave.  
Cleveland, OH 44114

1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399</
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P 321 036 884

 **Receipt for  
Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Goldston Oil Corporation  
Agent, Owners Revenue Acct.  
POB 570365  
Houston, Texas 77257

[illegible]

GREAT WESTERN/S. CARTER  
September 20, 1994

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address. return <b>GREAT WESTERN/S. CARTER</b> • At <b>September 20, 1994</b> does • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>Goldston Oil Corporation</b> <b>Agent, Owners Revenue Acct.</b> <b>POB 570365</b> <b>Houston, Texas 77257</b>		4a. Article Number <b>321 036 884</b>	
		4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery <b>9/26/94</b>	
6. Signature (Agent) <b>Beth Hume</b>		8. Addressee's Address (Only if requested and fee is paid)	

**Thank you for using Return Receipt Service.**

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • <input type="checkbox"/> <b>Postage</b> ret <b>GREAT WESTERN/S. CARTER</b> doi <b>September 20, 1994</b> • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <b>Jack H. Mayfield, Jr.</b> <b>POB 200692</b> <b>Houston, Texas 77216</b>		4a. Article Number <b>321 036 852</b> 4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee)		7. Date of Delivery <b>SEP 24 1994</b>	
6. Signature (Agent) <b>L DUPREE</b>		8. Addressee's Address (only if requested and fee is paid)	

**Thank you for using Return Receipt Service.**

P. 321 036 852



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Jack H. Mayfield, Jr.  
POB 200692  
Houston, Texas 77216

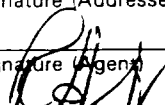
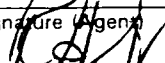
P. 321 036 882

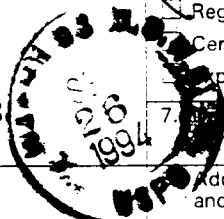


## Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Travel  
See Reverse

**Is your RETURN ADDRESS completed on the reverse side?**

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Prior to <b>GREAT WESTERN/S. CARTER</b> return • Att <b>September 20, 1994</b> does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address  2. <input type="checkbox"/> Restricted Delivery  Consult postmaster for fee.	
3. Article Addressed to:  <b>James McMillian Gibson</b> <b>c/o American Security</b> <b>&amp; Trust Company</b> <b>Washington, DC 20013</b>		4a. Article Number <b>321 036 892</b>  4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise  7. Date of Delivery	
5. Signature (Addressee) 		Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			



PS Form 3811, December 1991
☆U.S. GPO: 1993-352-714
**DOMESTIC RETURN RECEIPT**

**Thank you for using Return Receipt Service.**

James McMillian Gibson  
c/o American Security  
& Trust Company  
Washington, DC 20013

200, June 1991

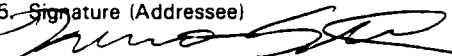

P 321 036 881



Receipt for  
Certified Mail

No Insurance Coverage Provided  
Do not use for international travel  
See Reverse

**Is your RETURN ADDRESS completed on the reverse side?**

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address. return to: <b>GREAT WESTERN/S. CARTER</b> <b>September 20, 1994</b> • Attach if it does not. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address  2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <b>Gencorp, Inc.</b> <b>Tax Dept.</b> <b>175 Ghent Road</b> <b>Fairlawn, OHio 44313</b>		4a. Article Number <b>321 136 881</b> 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee) 		7. Date of Delivery <b>9-26-94</b> 8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form **3811**, December 1991

★U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

**Thank you for using Return Receipt Service.**

Gencorp, Inc.  
Tax Dept.  
175 Ghent Road  
Fairlawn, OHio 44313

100, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it.
- Attach to **GREAT WESTERN/S. CARTER**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

September 20, 1994

3. Article Addressed to:

Catherine B. Debord  
3228 Veda Street  
Redding, CA 96001

4a. Article Number  
**321 036 880**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**SEP 23 1994**

5. Signature (Addressee)

6. Signature (Agent)  
*Mary Darty*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 880



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Catherine B. Debord  
3228 Veda Street  
Redding, CA 96001

P 321 036 878



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Comerica Bank  
Trust Real Estate  
Dept.-3228  
POB 75000  
Detroit, MI 48275-3228

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it.
- Attach to **GREAT WESTERN/S. CARTER**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

September 20, 1994

3. Article Addressed to:

Comerica Bank  
Trust Real Estate  
Dept.-3228  
POB 75000  
Detroit, MI 48275-3228

4a. Article Number  
**321 036 878**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**SEP 23 1994**

5. Signature (Addressee)  
*Tracy Suborachi*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 877



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Eugene A. Casaroli, Jr., POA  
13761 Bell Court  
Sterling Heights, MI 48312

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return it.
- Attach to **GREAT WESTERN/S. CARTER**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

September 20, 1994

3. Article Addressed to:

Eugene A. Casaroli, Jr., POA  
13761 Bell Court  
Sterling Heights, MI 48312

4a. Article Number  
**321 036 877**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**9-24-94**

5. Signature (Addressee)  
*Eugene A. Casaroli*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

800, June 1991

Article Number	
Service Type	
Date of Delivery	
Signature of Addressee	
Signature of Agent	
Postmark of Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print **GREAT WESTERN/S. CARTER**
- Attach **September 20, 1994**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert E.L. Brown, Jr.  
21516 Betty Ann Court  
Los Gatos, CA 95030

4a. Article Number  
**321 036 875**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**9-26-94**

5. Signature (Addressee)  
*Robert E. Brown*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 875

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail (See Reverse)

Robert E.L. Brown, Jr.  
21516 Betty Ann Court  
Los Gatos, CA 95030

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print **GREAT WESTERN/S. CARTER**
- Attach **September 20, 1994**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AMOCO Production Company  
POB 841521  
Dallas, Texas 75284

4a. Article Number  
**321 036 871**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
**SEP 24 1994**

5. Signature (Addressee)

6. Signature (Agent)  
*AR*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 871

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail (See Reverse)

AMOCO Production Company  
POB 841521  
Dallas, Texas 75284

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print **GREAT WESTERN/S. CARTER**
- Attach **September 20, 1994**
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary Susan Altgelt Trust  
#5524, Team Bank, David Frame, Jr.  
Jean Rowan McNab, Trustees  
P.O. Drawer 99084  
Fort Worth, Texas 76199

4a. Article Number  
**321 036 778**

4b. Service Type

☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)  
*MSA*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 778

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail (See Reverse)

Mary Susan Altgelt Trust  
#5524, Team Bank, David Frame, Jr.  
Jean Rowan McNab, Trustees  
P.O. Drawer 99084  
Fort Worth, Texas 76199

Service Charge	
Restricted Delivery Fee	
Return Receipt Showing to Addressee's Address	
Return Receipt Showing to Addressee's Address	
TOTAL Postage & Fees	\$
Postmark in Date	

GREAT WESTERN/S. CARTER  
September 20, 1994



No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

[illegible]

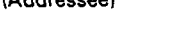
3




No Insurance Coverage Provided  
Do not use for international travel  
See Reverse

100, June 1991		
		\$

133

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print return address so that we can return to you if delivery does not permit.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
GREAT WESTERN/S. CARTER Attu September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		4a. Article Number 321 036 775
3. Article Addressed to:  Arch Rowen Altgelt Trust #5522, Team Bank, David Frame, Jr. Jean Rowan McNab, Trustees Drawer 99084 Fort Worth, Texas 76199		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature (Addressee)  6. Signature (Agent) 		7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811, December 1991      U.S. GPO: 1993-352-714      DOMESTIC RETURN RECEIPT		

**Thank you for using Return Receipt Service.**

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print & return this card. • Attach to envelope. • Write on back. • The fee is delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address  2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
GREAT WESTERN/S. CARTER September 20, 1994		3. Article Addressed to:  James E. Altgelt Trust #5523, Team Bank, David Frame, Jr. Jean Rowan McNab, Trustees Drawer 99084 Fort Worth, Texas 76199	
5. Signature (Addressee)		4a. Article Number 321 036 782	
6. Signature (Agent) 		4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991		*U.S. GPO: 1993-352-714	

**Thank you for using  
Return Receipt Service.**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your return this **October 3, 1994**  
• Attach **does not**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Kirby D. Schenek Trust  
Westen Commerce Bank  
POB 1627  
Lovington, NM 88260  
ATTN: RITA NEAL

4a. Article Number  
**321 036 915**

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Kirby D. Schenek*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 915



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Kirby D. Schenek Trust  
Westen Commerce Bank  
POB 1627  
Lovington, NM 88260  
ATTN: RITA NEAL

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your return this **October 3, 1994**  
• Attach **does not**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Mildred Golden Turner  
POB 2483  
Roswell, NM 88202

4a. Article Number  
**321 036 918**

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
*Mildred Golden Turner*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 918



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Mildred Golden Turner  
POB 2483  
Roswell, NM 88202

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	

P 321 036 916



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Stuart Carter  
POB 247  
Wilcox, AZ 85644

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	
Return Receipt showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Great Western/S. Carter  
October 3, 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your return this **October 3, 1994**  
• Attach **does not**  
• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Stuart Carter  
POB 247  
Wilcox, AZ 85644

4a. Article Number  
**321 036 916**

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
**10-6-94**

5. Signature (Addressee)  
*Stuart Carter*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

3800, June 1991

Return Receipt (Postage)	
Return Receipt (Postage and Fees)	
Return Receipt (Postage and Fees) with Priority Date (Insured)	
Return Receipt (Showing to Whom Date and Addressee's Address)	
Total Postage & Fees	\$
Postmark or Date	



P 321 036 873



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to

Broadcast Service Co., Inc.  
625 N. Michigan Ave.  
Chicago, IL 60611

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

300, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 879



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to

Clinton F. Davidson, III  
Hunter Creek Unit 942  
0143 Lone Pine Road  
Aspen, CO 81611

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

380, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 894



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to

H.W. Sweatt  
730 Second Ave. South  
Ste 506  
Minneapolis, MN 55485

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

380, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 850



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to

Paul B. Magnuson, Jr.  
Valley Road  
Locust Valley, NY 11560

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

100, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 883



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)


Sent to

Jack H. Mayfield, Jr., et al  
Executors of the Estate of  
Iris Goldston, Deceased  
c/o Byrnes, Lazor & Fishchew  
2603 August, ste. 711  
Houston, Texas 77057


Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

1800, June 1991

GREAT WESTERN/S. CARTER  
September 20, 1994

REGISTERED NO. <b>E381046571</b>		POSTMARK 	
To Be Completed By Post Office	Reg. Fee \$ <b>4.50</b>	Special Delivery	
	Handling Charge	Return Receipt	<input checked="" type="checkbox"/>
	Postage \$ <b>1.04</b>	Restricted Delivery	<input checked="" type="checkbox"/>
	Received by <i>[Signature]</i>		
To Be Completed By Customer (Please Print) All Entries Must Be in Ball Point or Typed	Customer Must Declare Full Value \$ <i>[Signature]</i>	<input type="checkbox"/> With Postal Insurance	\$25,000 International Indemnity Is Limited (See Reverse)
		<input checked="" type="checkbox"/> Without Postal Insurance	
	FROM <b>KELLAHIN &amp; KELLAHIN</b> <b>117 N GUADALUPE</b> <b>SANTA FE, NM 87504</b>		
	TO <b>ELIZABETH ANN KENICK</b> <b>224 44th Ave NW</b> <b>GILEAD, CANADA CANADA T2K0J1A</b>		

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)  
April 1991 (See Information on Reverse)

REGISTERED NO. <b>E381046571</b>		POSTMARK 	
To Be Completed By Post Office	Reg. Fee \$ <b>4.50</b>	Special Delivery	<input checked="" type="checkbox"/>
	Handling Charge	Return Receipt	<input checked="" type="checkbox"/>
	Postage \$ <b>1.04</b>	Restricted Delivery	<input checked="" type="checkbox"/>
	Received by <i>[Signature]</i>		
To Be Completed By Customer (Please Print) All Entries Must Be in Ball Point or Typed	Customer Must Declare Full Value \$ <i>[Signature]</i>	<input type="checkbox"/> With Postal Insurance	\$25,000 International Indemnity Is Limited (See Reverse)
		<input checked="" type="checkbox"/> Without Postal Insurance	
	FROM <b>KELLAHIN &amp; KELLAHIN</b> <b>117 N GUADALUPE</b> <b>SANTA FE, NM 87504</b>		
	TO <b>ELIZABETH ANN KENICK</b> <b>224 44th Ave NW</b> <b>GILEAD, CANADA CANADA T2K0J1A</b>		

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)  
April 1991 (See Information on Reverse)

P 321 036 874



# **Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Postmark or Date	
------------------	--

Eleanor A. Brown  
451 Laurel Street  
Menlo Park, CA 94025

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 864



# **Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Postmark or Date	
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Lynn Williams  
23 Rehwindel Road NW  
Edmonton, Alberta,  
Canada T6R 1Y3

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 889



# **Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Postmark or Date	
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Kirby D. Schenck Trust  
c/o Western Commerce Bank  
Attn: Vicki Clark  
POB 1627  
Roswell, New Mexico 88202

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 824



# **Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Postmark or Date	
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Elizabeth Ann Renick  
224 44th Ave. NW  
Calgary, Alberta  
Canada T2K 0J1A

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 823



# **Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Postmark or Date	
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Wynne H. Phelan  
3721 Ella Lee Lane  
Houston, Texas 77027

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 821



# **Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Postmark or Date	
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Jane S. Moore  
4917 Rock Wood Parkway NW  
Washington, DC 20016

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom Date, and Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 851



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Bert W. Martin  
44 East Exchange Street  
Akron, Ohio 44308

800, June 1991

Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom, Date, and Addressee's Address)	
TOTAL Postage Required	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994

P 321 036 885



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Harvey A. Heller, Jr.  
Trustee: Heller Company Revocable  
Trust  
POB 3206  
Tulsa, OK 74101

800, June 1991

Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom, Date, and Addressee's Address)	
TOTAL Postage Required	\$
Postmark or Date	

GREAT WESTERN/S. CARTER  
September 20, 1994