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 Conpany, 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 seh 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

 Write "Return Receipt Requester 	carren so that we can be called a so that we cal	1. Addressee's Address ber. 2. Restricted Delivery	Receipt f Certified No Insurance Do not use for (See Reverse) Case Western Resel Investment Manag 2040 Adelbert Rd. Cleveland, OH 441	or Mail Coverage Provider International Mini- erve Univ. er
PS Form 3811, December	r 1991	DOMESTIC RETURN RECEIF	5 Marie - 1 1 2 2 3 3 3 3 3 3 3 3	
PS Form 3811, December	r 1991 - \$0.5. GPO: 1993—352-714	DOMESTIC RETURN RECEIF		872
SENDER: • Complete items 1 and/or 2 for an • Complete GREAT WESTE • Print your September 20 • Attach this form to the money open not permit. • Write "Return Receipt Requested"		1. Addressee's Address	Receipt for Certified I No Insurance Con not use for See Reverse	or
The Return Receipt will show to we delivered. 3. Article Addressed to:	yhom the article was delivered and the da	Consult postmaster for fee. rticle Number 2.1 036 872	Lester Armour, Jr. 461 Park Forest W.	av
Lester Armour, Jr 461 Park Forest V W. Palm Beach, F	Vay	ervice Type gistered Insured rtified COD press Mail Return Receipt for Merchandise te of Delivery dressee's Address (Only if requested d fee is paid)	ot not not not not not not not not not n	,
6. Signature (Agent)		a rec is paid	F 951 0	36 agr
2S Form 3811, December	1991 &U.S. GPO: 1993—352-714 [DOMESTIC RETURN RECEIPT	Receipt for Certified) r
• Complete items 1 and/or 2 for a • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3. and 4a & b. • Print your name and address on • Complete items 1 and/or 2 for a • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 3, and 4a & b. • Print your name and address on • Complete items 1 and address on • Print your name and address on • Complete items 1 and address on • Print your name and address on • Complete items 1 and address on • Compl	the reverse of this form so that we can. CARTER If space on the mailpiece below the article number whom the article was delivered and the day. 4a. A stA 4b. S Re CE Ex 7. Day 8. Ac	1. Addressee's Address	Beluah H. Simmons Test Trust/ F/B/O Jean S. Sullivan 1st Natl Bank Lubbock Suc.Trustee, Trust Dept#101-3 POB 1241 Lubbock, Texas 79408	
6. Signature (Agent) PS Form 3811. December	1991 - 611.5 GPO-1992_352-714	DOMESTIC DETLION DECEIDS	GREAT WESTERN/S. C September 20, 1994	ARTER

SENDER:			
 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 		l also wish to receive the	.) P 321 036 892
• Print return GREAT WESTERN/S. CARTER	at we can	following services (for an extra	Receipt for
• At September 20, 1994	f space	1. Addressee's Address	Certified Mail
 Write "Return Receipt Requested" on the mailpiece below 	the article number.	2. Restricted Delivery	
The Return Receipt will show to whom the article was deli- delivered.		Consult postmaster for fee.	Oct Neverse
3. Article Addressed to: Beulah H. Simmons Test.TrustB F/B/O Mary Jane Hand 1st natl Bank Lubbock,	4a. Art	icle Number	Sent 10
Beulah H. Simmons Test.TrustB	JZ	1 036 892 vice Type	Beulah H. Simmons Test.TrustB
F/B/O Mary Jane Hand 1st nat! Bank Lubbock.	4b. Ser Regi	vice Type stered \(\subseteq \lnsured	F/B/O Mary Jane Hand
Suc.Trustee, Trust Dept#101-3068	☐ Certi	ified COD	
PO8 1241	l l	and Mail Receipt for	Suc.Trustee, Trust Beptil 19
Lubbock, Texas 79408		of Delivery	
		SEP YOU	8
5. Signature (Addressee)	8. Addi	essee Address Only Tequested	
S. Signature (Agent)	anu	fee is 1994 S	Restricted De view Fee
6. Signature (Agent)		1/928	6 Return fleate of Undwind
PS Form 3811, December 1991 &U.S. GPO: 198	3-352.714 D	OMESTIC RETURN RECEIPT	
		DINIESTIC RETURN RECEIPT	P 321 036 896
			Receipt for
SENDER: Complete items 1 and/or 2 for additional services.		l also wish to receive the	Certified Mail
Complete Items Y and ST 1 IN Additional Services.	į	following services (for an extra	No Insurance Coverage Provide
etum September 20, 1994	we can	feel:	Do not use for international M
Att	space	1. Addressee's Address	See Reverse
'Wri	ale number.	2. Restricted Delivery	
 The Return Receipt will show to whom the article was delivered. 	ered and the date	Consult postmaster for fee.	
3. Article Addressed to:	1a Artic	cle Number	John H. Webb
•	32	1034 894 mg	POB 904
John H. Webb	4b. Serv Regis	rice Type tered Insured	Midland, Texas 79702
POB 904	_ Certif		
Midland, Texas 79702	l	ss Maii Return Receipt for	
79702	7. Date	Merchandise 5	
Mulle		, no.	
5. Agnature (Addressee)		essee's Address (Only if requested	•
	and n	ee is paid)	ח ששו חשנ נפר
6. Signature (Agent)		<u>, , ⊢</u>	P 321 036 895
PS Form 3811 , December 1991 &U.S. GPO: 1993	3-352-714 DO	MESTIC RETURN RECEIPT	Receipt for
10.0. d. 0. 100 1	, ac / 14 DO	WESTIC RETURN RECEIPT	Certified Mail No insurance Coverage Provide
		_	Affective Do not use for Internationa V
SENDER:		l also wish to receive the	See Reverse
 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 			. 1 !
PT CREAT WESTERN'S, CARTER	it we can	following services (for an extra fee): 1. Addressee's Address	Many Alla O : -
 At September 20, 1994 	DOCK IF Space		
does Permit. • Write "Return Receipt Requested" on the mailpiece below:	the article number.	2. Restricted Delivery	! POB 71
The Return Receipt will show to whom the article was delived. delivered.	vered and the date	2. Restricted Delivery Consult postmaster for fee.	Newagen, Maine 04551
3. Article Addressed to:	4a. Arti	cie inumber	
	32.	1 036 895 g	
Mary Alice Coll. T	4b. Ser Regis	vice Type	
Mary Alice Geier Turner	☐ Certi	stered Insured fied COD	3
POB 71		fied COD	5 man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Newagen, Maine 04551		Merchandise	5
	7. Date	of Delivery — 29 - 94	
5. Signature (Addressee) Micro Clina	8. Addi	ressee's Address (Only if requested 🛥	\$
Bu Delle		fee is paid)	
6. Signature (Agent)	×	£	GREAT WESTERN/S. CARTER
C. Cigniture (rigority		•	September 20, 1994
PS Form 3811, December 1991 #U.S. GPO: 199	93—352-714 D (OMESTIC RETURN RECEIPT	
	٠,		

SENDER:		
Complete items 1 and/or 2 for additional services.	l also wish to receive the	
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so 	following services (for an extra	b 357 03P 940
GREAT WESTERN/S. CARTER	if anno 1 Addrosoos's Addros	Receipt for
September 20, 1994	4,	Cortified Mail
Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver	ed and the date	No Insurance Coverage Provide
3. Article Addressed to:	Consult postmaster for fee.	Do not use for International N
	THE ATTICLE NUMBER	1000 11010101
J.E.Simmons Test.Trust A F/B/O Jean S. Sullivan	321 036 890 English 4b. Service Type	J.E.Simmons Test.Trust A
1st Natl. Bank Lubbock	¶ j_q⇒ negistered ∟ insured	: F/B/O Jean S. Sullivan
Suc.Trustee, Trust Dept #101-3076	Certified COD Express Mail Return Receipt for	' 1st Natl. Bank Lubbock Suc.Trustee, Trust Dept #101-3076
Lubbock, Texas 79408	A A a sale sa sale sa	! POR 1241
7 1159	7. Date of Delivery	Lubbock, Texas 79408
000		. 1
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)	Strong le ver in er
		Restricted Deliver: File
S. Signature (Agent)	F	
S Form 3811, December 1991 xu.s. GPO: 1993-	252-714 DOMECTIC DETUDAL DECEIPT	-
3 1 0mm 30 1 1, December 1331 x0.3. gr0. 1993	352-714 DOMESTIC RETURN RECEIPT	İ
		P 321 036 893
SENDER:		Receipt for
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	! also wish to receive the following services (for an extra	Certified Mail
	t we can feel: space 1. Addressee's Address	No Insurance Coverage Provid
eturn GREAT WESTERN/S. CARTER	space 1. Addressee's Address	ি স্থান্ত প্ৰথম তি পৰি use for international v
loes September 20, 1994 Write neturn Receipt Requested" on the mailpiece below the		
 The Return Receipt will show to whom the article was deliver derivered. 	ed and the date	J.E. Simmons Test.TrustB
3. Article Addressed to:	4a. Article Number	F·B/O Mary Jane Hand
J.E. Simmons Test.TrustB	321 036 893 E	- 1st Natl. Bank Lubbock, - Suc.Trustee,Trust Dept101-3084
F/B/O Mary Jane Hand	J 4b. Service Type	DOD 4044
1st Natl. Bank Lubbock, Suc.Trustee, Trust Dept101-3084	Registered Insured	Lubbock, Texas 79408
POB 1241	Certified COD Express Mail Return Receipt for	
Lubbock, Texas 79408	Merchandise	
	7. Date of Deliver 13 DOWN	
5. Signature (Addressee)	8. Addressed SAddress Only Frequested	
or origination (Fridancisco)	and fee is Bitt) 23	
6. Signature (Agent)	- 13 1904 les =	P 321 036 827
6. Signature (Agent)	3 1994 E	, 354 070 051
6. Signature (Agent) PS Form 3811, December 1991 &U.S. GPO: 1993-	1004	P 321 036 827 Receipt for Certified Mail
Makest	1084	Receipt for Certified Mail No insurance Coverage Provide
Makest	1084	Receipt for Certified Mail No insurance Coverage Provided Company Comp
PS Form 3811, December 1991 &U.S. GPO: 1993-	1084	Receipt for Certified Mail No insurance Coverage Provide
PS Form 3811, December 1991 &U.S. GPO: 1993- ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra	Receipt for Certified Mail No insurance Coverage Provide Do not use for international N
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print	I also wish to receive the following services (for an extra	Receipt for Certified Mail No insurance Coverage Provided Do not use for international No See Reverse
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GREAT WESTERN/S. CARTER Atta es o Sentember 20, 1994	I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Receipt for Certified Mail No insurance Coverage Provided Do not use for international Name Reverse See Reverse Samuel B. Sherer, Jr.
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GREAT WESTERN/S. CARTER Atta es n Sentember 20, 1994 Write "Return Receipt Requested" on the mailpiece below the	I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Receipt for Certified Mail No insurance Coverage Provided to Do not use for international Name of See Reverse See Reverse Samuel B. Sherer, Jr. 1756 Allard
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GREAT WESTERN/S. CARTER Atta es in Sen+ember 20, 1994 Write "Return Receipt Requested" on the mailpiece below the: The Return Receipt will show to whom the article was delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt for Certified Mail No insurance Coverage Provided to Do not use for international Name of See Reverse See Reverse Samuel B. Sherer, Jr. 1756 Allard
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Complete items 3, and 4a & b. Print CHARTER Atta es n Sentember 20, 1994 Write "Return Receipt Requested" on the mailpiece below the item Return Receipt will show to whom the article was delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt for Certified Mail No insurance Coverage Provided See Reverse See Reverse Samuel B. Sherer, Jr. 1756 Allard
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Atta Les n Sen*ember 20, 1994 Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered. 3. Article Addressed to:	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt for Certified Mail No insurance Coverage Provided to Do not use for international Name of See Reverse See Reverse Samuel B. Sherer, Jr. 1756 Allard
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GREAT WESTERN/S. CARTER Atta es in Sen+ember 20, 1994 Write "Return Receipt Requested" on the mailpiece below the: The Return Receipt will show to whom the article was delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 321 036 827 4b. Service Type Registered Insured	Receipt for Certified Mail No insurance Coverage Provided See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48236
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta GREA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 321 036 827 4b. Service Type Registered Insured	Receipt for Certified Mail No insurance Coverage Provide See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48236
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta es in Sen+ember 20, 1994 Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered. Article Addressed to: Samuel B. Sherer, Jr.	I also wish to receive the following services (for an extra fee): ipace 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified SE Pro OD Express Vail Receipt for	Receipt for Certified Mail No insurance Coverage Provided See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48230
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta GREA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified SSE P OD Express Vall Marchandise 7. Date Delivery	Receipt for Certified Mail No insurance Coverage Provided See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48236
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta GREA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified SSE P OD Express Vall Marchandise 7. Date Delivery	Receipt for Certified Mail No insurance Coverage Provided See Reverse See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI4823
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta GREA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified SEP OD Express Mail Receipt for Marchandise 7. Date Delivery 8. Addressee's Address Only if requested	Receipt for Certified Mail No insurance Coverage Provided Do not use for international No See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48236
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta GREA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified SEP OD Express Mail Receipt for Marchandise 7. Date Delivery 8. Addressee's Address Only if requested	Receipt for Certified Mail No insurance Coverage Provided Do not use for international No See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48236
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print Burn GREAT WESTERN/S. CARTER Atta GREA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified SEP OD Express Vail Receipt for Michandise 7. Date Delivery 8. Addresses Address Only if requested	Receipt for Certified Mail No insurance Coverage Provide See Reverse Samuel B. Sherer, Jr. 1756 Allard Grosse Point Woods, MI48236

CENIDED.	· · · · · · · · · · · · · · · · · · ·				
SENDER: Complete items 1 and/or 2 for additional services.		I also wish to receive the		D 771	
GREAT WESTERN'S. CARTER	nat we can	following services (for an extra	LAICE	· 67957	03P 959
rett September 20 1994		fee):	<u> </u>	Receipt	for
diot	if space		Se	Certified	
The Return Receipt will show to whom the arrule was some	rticle numberd and the date	2. Restricted Delivery	Receipt	No Insuranc	e Coverage Prov
delivered.	and the date	Consult postmaster for fee.	30	See Reverse	for International
3. Article Addressed to:				See neverse	eı
Lombard Sayre Estate	3	1 036 828		i mbord Cours Eu	
c/o Shally Occasion	4b. Ser	vice Type		mbard Sayre Est	ate
c/o Shelly Ocana	☐ Certi	stered Insuled	1 6/	o Shelly Ocana	
318 Mendocino Ave.,Ste.46	☐ Expr	ess Mail Return Receipt for	Suisn 31	8 Mendocino Av	/e.,Ste.46
Santa Rosa, CA 95404	L	Merchandise	Sa Sa	inta Rosa, CA 9	5404
	7. Date	of Delivery 391/	= =		
5. Signature (Addressee)	9 444		2	Special Center of the	-
3. Signature (Augressee)	8. Addr	essee's Address (Only if requested fee is paid)	걸	apeca de Africae	
6. Signature (Agent)	 	·	를	Restricted Deliver, Fue	
o. o.g. o.d. (v. gom)			` } _	Return Report of thing	
PS Form 3811 , December 1991 ×u.s. GPO: 1993	→352-714 DC	MESTIC PETUDA PEGEDT	199	19 Volum & 2000 3- 10003	
10 1 0 m 20 1 1, 2000 mbd 100 1 x0.0. dr 0. 1000	—w2-7.14 D(DMESTIC RETURN RECEIPT	2	titurn Berviot Inswindits Wil- Safe und Andressee Längress	
·				4 4114	
			, ~	i e i e	\$
SENDER:		I also wish to receive the	ì		
 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 			įĺ	, Pagg o	36 888
Print your name and address on the reverse of this form setum this card to TOTAL CARTER	n that we can	following services (for an extra fee):		*	
· A GREAT WESTERNIS. CARTER	if space	1. 🗀 Addressee's Address	} ;	Receipt f	
does September 20, 1994 September 20, 1994 on the mailpiece below the	e article number.	2. Restricted Delivery	<u>:</u> ;	Certified	Wall Coverage Provide
 The Return Receipt will show to whom the article was deliver delivered. 	ed and the date .	2. Restricted Delivery Consult postmaster for fee.		The Strange Durnt use to	coverage Provider International \
3. Article Addressed to:		ie (Mullipe)		See Beversei	
Sydney Rowan Trust#5528	32	ice Type	; ; ;	igeria Administration	
Team Bank, David Frame, Jr,	4b. Serv	ice Type	Te	/dney Rowan Trust#! eam Bank,David Fram	5528
Jean Rowan McNab, Trustees	Regis Certif	rered Insured	1	an Rowan McNab,Tr	ie, Jr,
PO Drawer 99084	1 —	\ a	PC	Drawer 99084	ustees
Fort Worth, Texas 76199	_ Expre	Merchandise		rt Worth, Texas 761	99
	7. Date	of Delivery	:	, , , ones , o,	55
		§	2 :		
5. Signature (Addressee)		ssee's Address (Only if requested	!		٠.
2 0:				6 357 038	- 886 E
6. Signature (Agent) 9/25/04	·	•	Ì	- Pagaint fo	
PS Form 3811 , December 1991 ±U.S. GPO: 1993-	350.714 DO	MESTIC RETURN RECEIPT	!	Receipt for Certified I	
F3 F0fff 30 1, December 1331 x0.3, dF0. 1885-	-332·/14 DO	WESTIC RETURN RECEIPT	ļ		viali Coverage Provide
				miensiales Do not use for	International Vi
			ے ا	See Reverse:	
ENDER: Camplete items 1 and/or 2 for additional services.	i i	I also wish to receive the		antii	
Complete items 3, and 4a & b.		llowing services (for an extra		h Rowan Trust#213	
Print your name and address on the reverse of this form so t GREAT WESTERN/S. CARTER	that we can fe	e):	Co-	n M. Hyder,Jr,Team Trustees	Bank
September 20, 1994	k if space	1. Addressee's Address		3 99084	
Write "Return Receipt Requested" on the mailpiece below the a		2. Restricted Delivery		: Worth Texas 76199	.
The Return Receipt will show to whom the article was delivered livered.	and the date C	2. Restricted Delivery onsult postmaster for fee.	1011	. Worth Texas 70195	1
	4a. Article	Number	L		
3. Article Addressed to:		034 886		Special Tables	
eigh Rowan Trust#2131	321		.	Restricted particles	
eigh Rowan Trust#2131	4b. Servic	034 886 mg			1
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees	4b. Servic	rea 🗀 Insurea	, <u> </u>		-
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084	4b. Servic Registe Certifie	red insured in its control in its co	991	Return Recept on Wing to Whom & Cate Tellverlid	
3. Article Addressed to: Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084 Fort Worth Texas 76199	4b. Servic Registe Certifie Express	d COD Return Receipt for Merchandise	, <u>e</u>	to sythem & 2ath Tell versid. Return Hildelpt Thoward to Jyrsym	
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084	4b. Servic Registe Certifie	d COD Return Receipt for Merchandise Delivery	une 198	to Whom & Catal Tellver id Return Hedelpt Thy wind thi Whilim Date, and Addressine's Address	
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084 Fort Worth Texas 76199	4b. Service Registe Certifie Express	d COD Return Receipt for Merchandise Delivery	June 199	to sythem & 2ath Tell versid. Return Hildelpt Thoward to Jyrsym	\$
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084	4b. Service Registe Certifie Express 7. Date of	i Mail Return Receipt for Merchandise Delivery	June 199	to Whom & Cath Tellseried Return Hedelpt The wind to Whileh Date, und Addressie's Addres TOTAL Postade	1.
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084 Fort Worth Texas 76199	4b. Service Registe Certifie Express 7. Date of	i Mail Return Receipt for Merchandise Delivery	800, June 198	to whom & Date Tellsend Return Helelot Thoward to Weigh Date, and Addressie's Address TOTAL Postnie & Fees Postmark or Date	\$
Leigh Rowan Trust#2131 Elton M. Hyder,Jr,Team Bank Co-Trustees POB 99084 Fort Worth Texas 76199	4b. Service Registe Certifie Express 7. Date of	Insured Ins	800, June 196	ro Whom & Dark Telsverid Return Heuelot Thoward in Welen Date, und Addressie s Addres i TOTAL Postage & Foes	\$

ENDER: Complete items 1 and/or 2 for additional services.		I also wish to receive the	
Prin REAT WESTERN/S. CARTER	we can	following services (for an extra	P 351 036 831
September 20, 1994		fee):	1
Atti	space	1. ☐ Addressee's Address	Receipt for
Writ	cle number.	2. Restricted Delivery	Certified Mail
The Return Receipt will show to whom the article was delivered		۱۵	No Insurance Coverage Pro
olivered. 3. Article Addressed to:		Consult postmaster for fee.	Do not use for International
		21 036 831 B	(See Reverse)
Kelly Lynn Rowan Trust			
#2130, Elton M.Hyder,Jr	₹b. Sei ☐ Regi	vice Type	Kelly Lynn Rowan Trust
Feam Bank, Co-Trustees	☐ Cert	ified COD	#2130, Elton M.Hyder,Jr
POB 99084	1	\ 6	Team Bank, Co-Trustees
Fort Worth, Texas 76199	L Expr		POB 99084
	7. Date	of Delivery	Fort Worth, Texas 76199
	1	JO.	1
. Signature (Addressee)		ressee's Address (Only if requested fee is paid)	19 1 2 10 10
Simply (Acces) of a	and	ree is paid/	
Signature (Agent)		·	P 321 036 830
S Form 3811, December 1991 #U.S. GPO: 1993-35	52-714 D	OMESTIC RETURN RECEIPT	
			Receipt for
			Certified Mail
SENDER:	 		No Insurance Coverage Prov
Complete items 1 and/or 2 for additional services.		l also wish to receive the	Do not use for International
Complete items 3, and 4a & b. Print your name and address on the roughs of the roughs.	ve can	following services (for an extra	300 107730
Attac GR T WESTERN/S. CARTER		fee): 1. \(\sum \) Addressee's Address	<u> </u>
Attac GFF WESTERIVIS. STATE	cace		"" HOWAN III Fruet
Write Sec 110el 207 on the mailpiece below the a	rticic numbe	Consult postmaster for fee.	#352/, Team Bank David C
The Return Receipt will show to whom the article was delivered delivered.	and the date	Consult postmaster for fee.	1 John Howall Michael Co Tailer
3. Article Addressed to:		ticle Number	· IO Diawer good
Arch H. Rowan,III Trust	3.		Fort Worth, Texas 76199
#5527 Team Bank, David Frame, Jr	4b. Se	ervice Type	·
Jean Rowan McNab, CoTrustees	1	rictored Incured	
PO Drawer 99084	Cer		
Fort Worth, Texas 76199	Exp	oress Mail Return Receipt for Merchandise	
FOIL PROFILIT, FEXAS FOTOS	7. Dat	te of Delivery	
		\$	
5. Signature (Addressee)			
J. Signature (Addressee)		د dressee's Address (Only if requested ح	
6. Signature (Agent)		چ dressee's Address (Only if requested	
6. Signature (Agent)	and	dressee's Address (Only if requested of fee is paid)	P 321 036 829
	and	د dressee's Address (Only if requested ح	P 321 036 829 Receipt for
6. Signature (Agent)	and	dressee's Address (Only if requested of fee is paid)	P 321 036 829 Receipt for Certified Mail
6. Signature (Agent)	and	dressee's Address (Only if requested of fee is paid)	P 321 036 829 Receipt for Certified Mail No insurance Coverage Prov
6. Signature (Agent)	and	dressee's Address (Only if requested of fee is paid)	P 321 036 829 Receipt for Certified Mail No insurance Coverage Prov
6. Signature (Agent) PS Form 3811, December 1991 &U.S. GPO: 1993— SENDER: • Complete items 1 and/or 2 for additional services.	and	dressee's Address (Only if requested of fee is paid) DOMESTIC RETURN RECEIPT I also wish to receive the	Receipt for Certified Mail No insurance Coverage Provided Total See Reverse
6. Signature (Agent) PS Form 3811, December 1991	and	dressee's Address (Only if requested of fee is paid) DOMESTIC RETURN RECEIPT I also wish to receive the	Receipt for Certified Mail No insurance Coverage Promotional See Reverse
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 feeturn this GREAT V ESTERN/S. CARTER	352-714 [dressee's Address (Only if requested of fee is paid) DOMESTIC RETURN RECEIPT I also wish to receive the	Receipt for Certified Mail No naurance Coverage Provided Tool to use for International See Reverse Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNah
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 4-return this GREAT V ESTERN/S. CARTER	352-714 [I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Receipt for Certified Mail No insurance Coverage Provided To not use for international See Reverse. Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees
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 feeture this GREAT V ESTERN/S. CARTER does not pt Septen 20, 1994 Write "R	352-714 [I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Receipt for Certified Mail No insurance Coverage Provided To not use for international See Reverse. Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees
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 feeture this GREAT V ESTERN/S. CARTER does not pt Septen 20, 1994	352-714 [I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Receipt for Certified Mail No insurance Coverage Provided To not use for international See Reverse. Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4e & b. • Print your name and address on the reverse of this freturn this GREAT V ESTERN/S. CARTER • Attach t does not pi Septen 20, 1994 • Write "R • The Retu	can e nb. dat	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt for Certified Mail No insurance Coverage Provided to the Coverage Provided 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
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 feeture this GREAT V ESTERN/S. CARTER does not pt Septen 20, 1994 Write 'R The Retu delivered. 3. Article Addressed to:	can e	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt for Certified Mail No insurance Coverage Provided to the Coverage Provided 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
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Print your name and address on the reverse of this freeturn this GREAT V ESTERN/S. CARTER does not p. Septen 20, 1994 Write "R The Returdelivered. Article Addressed to: Estate of Stella S. Rowan	can e nbi dai 4a. A 4b. S	operated a large state of fee is paid) large state of fee is paid in the fee is paid in th	Receipt for Certified Mail No insurance Coverage Provided to the Coverage Provided 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
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 factors at the services of this factors at p. Septen 20, 1994 Write "R The Returdelivered. Article Addressed to: Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNap	can e nbidai 4a. A 4b. S Re	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 21. 036. 82.9 ervice Type gistered Insured	Receipt for Certified Mail No insurance Coverage Provide Action of the 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
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 4-return this GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write "R The Retu delivered. 3. Article Addressed to: Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees	can e nbi dai 4a. A 4b. S	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 21. 036. 82.9 ervice Type gistered Insured	Receipt for Certified Mail No insurance Coverage Provide Action of the 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
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Print your name and address on the reverse of this factor that GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write 'R The Retu delivered. 3. Article Addressed to: Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees 307 W 7th Street, Ste 1900	and	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 2/ 036 829 ervice Type gistered Insured rtified COD Return Receipt for Marchandian	Receipt for Certified Mail No insurance Coverage Produce Receipt for Certified Mail No insurance Coverage Produce Receipt for International 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
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 4-return this GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write "R The Retu delivered. 3. Article Addressed to: Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees	and	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 2/ 03(829 ervice Type gistered Insured rtified COD press Mail Return Receipt for Merchandise te of Deliver CD 0	Receipt for Certified Mail No insurance Coverage Provided Receipt for Certified Mail No insurance Coverage Provided Receipt for International 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
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Print your name and address on the reverse of this factor that GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write 'R The Retu delivered. 3. Article Addressed to: Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees 307 W 7th Street, Ste 1900	and	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 2/ 03(829 ervice Type gistered Insured rtified COD press Mail Return Receipt for Merchandise te of Deliver CD 0	Receipt for Certified Mail No insurance Coverage Provided Receipt for Occident Use for International 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
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Print your name and address on the reverse of this factor that GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write 'R The Retu delivered. 3. Article Addressed to: Estate of Stella S. Rowan Mark Hart, Jr & Jean Rowan McNab Co-Trustees 307 W 7th Street, Ste 1900	can e nbi da 4a. A 4b. S Rei Ce Ex 7. Da	I also wish to receive the following services (for an extra fee): 1. Addressee's Address Property Consult postmaster for fee. Insured rified COD Coress Mail COD Coress Mail Code Code Code Code Code Code Code Code	Receipt for Certified Mail No insurance Coverage Provided Mail No
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 feeturn this GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write "R The Retu delivered. 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	can e nbi da 4a. A 4b. S Rei Ce Ex 7. Da	I also wish to receive the following services (for an extra fee): 1. Addressee's Address Property Consult postmaster for fee. Insured rified COD Coress Mail COD Coress Mail Code Code Code Code Code Code Code Code	Receipt for Certified Mail No insurance Coverage Provided 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
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 feeturn this GREAT V ESTERN/S. CARTER does not pi Septen 20, 1994 Write "R The Retu delivered. 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	can e nbi da 4a. A 4b. S Rei Ce Ex 7. Da	I also wish to receive the following services (for an extra fee): 1. Addressee's Address Property Consult postmaster for fee. Insured rified COD Coress Mail COD Coress Mail Code Code Code Code Code Code Code Code	Receipt for Certified Mail No insurance Coverage Provide a 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

۸.					
ide	SENDER: • Complete items 1 and/or 2 for additional services.		I also wish to receive the	-	.
86.8	Complete items 3, and 4a & b. Print your GREAT WESTERN/S. CARTER return this c Southern the complete items.	.n	following services (for an extra	F	, 357 03P 95P
Ver	return this CSeptember 20, 1994		fee): 1. Addressee's Address		Receipt for
9 .	does not pe				Certified Mail
ţ	Write "R: The Return Receipt will show	nber date	2. In restricted Delivery		No Insurance Coverage Provide
6	delivered.	4- 4-		PUSTAL SERVICE	Do not use for International Ma (See Reverse)
ted	3. Article Addressed to:	4a. Art	icle Number	Gent 11	
complet			2/ 034 824	Ì	
COT	W.F. Rockwell, Jr.	🔼 Regi	atared Insured	W.F. Roc	kwell, Jr.
	c/o Judith Zsiros	☐ Cert		c/o Judit	h Zsiros
#	960 Penn Avenue	□ Ext	Return Receipt for Merchandise	960 Penr	n Avenue
ADDRESS	Pittsburg, PA 15222	7. Date	e of Delivery		, PA 15222
- 1	- Star Market	0 4 1 1	9/2/2	l	
RETURN	5. Signature (Addressee)		ressee's Address (Only if requested fee is paid)	Special Dec	age State
	6. Signature (Agent)		The state of the s	Restricted 0	erwert, Fee
Ę	or organization (Capacity			a Return Reca	not Browing
, yo	PS Form 3811 , December 1991 ±U.S. GPO: 1993—352-	714 D	OMESTIC RETURN RECEIPT	66 to Vinoria	Date Servered
<u> </u>		_		}	
				· •	P 321 036 825
~	SENDER:				Receipt for
.š	 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 		following services (for an extra		Certified Mail
3rSe	• Print) return th GREAT WESTERN/S. CARTER	™e can	fee):	: <u>A.</u> .	No Insurance Coverage Provide
Š	Attacl Sentember 20, 1004	ace	1. Addressee's Address	MIED STATES	Do not use for International Ma 'See Reverse:
9	. Write "Return Receipt Requested" on the mailpiece below the artic		2. Restricted Delivery		0.50 1.10001.30
3	 The Return Receipt will show to whom the article was delivered as aghivered. 	d the date	Consult postmaster for fee.	•	
o pe	3. Article Addressed to:		ticle Number	William	M. Renick
3			7/ 036 825 the price Type		gy J. Standefer
=	William M. Renick	4b. Se Reg	istered Insured	2872 Iv	y Street
2	c/o Peggy J. Standefer	Cert		San Die	go, CA 92104
LV	2872 Ivy Street		Return Receipt for Marchandise		
7	San Diego, CA 92104	7. Dat	e of Delivery	•	
À		/ /	re/ay fum	-	
3	5. Signarure (Addressee)	B. Add	frestee's Address (Only if requested tee is paid)		:
HE LUM	4) Jaluary 1 701	Tariu	Lee is baid) -		
	ਰੇ. Sighature (Agent)		_	,	67357 03P 955
You	PS Form 3811 , December 1991 ★U.S. GPO: 1993—352	714 D	OMESTIC RETURN RECEIPT		Receipt for
3	-3 FORM 30 11, December 1331 - x0.3. dro. 1883-32	ט ייי	OWESTIC RETORN RECEIFT		Certified Mail
	-	,		<u> </u>	No Insurance Coverage Provid
٨.				WIED CTATT	- Do not use for International V ∈ - Sae Reverse
side	SENDER: - Complete items 1 and/or 2 for additional services.		I also wish to receive the		573 1073130
9.0	Complete items 3, and 4a & b.	t we can	following services (for an extra		
Ver	'etui CREAT WESTERN/S. CARTER		following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		Moore, Ltd.
9 - 6	goes September 20, 1994	fspace	1.	POB 109	
£	Wine neturn Receipt Requested" on the mailpiece below the arti- The Return Receipt will show to whom the article was delivered a		2. Restricted Delivery	Midland,	Texas 79702
Ģ	delivered.		Consult postmaster for fee.		
completed	3. Article Addressed to:		ucie number	<u> </u>	
ğ	J. Hiram Moore, Ltd.		21 036 822 Fricing Type	. i i e z ee	· · · · · ·
S	POB 10908 (7 SEP)		ustered i Insured	,	art are the
		Cer	<u> </u>	<u> </u>	A CONTRACTOR OF THE CONTRACTOR
RE	196 /3	7	Merchandise 🛌	199	
ADDRESS	USPS	77. Dat	e of Delivery	En Cate, inc.	esin i bwing to Wellie etdre siee a eddfess
		0 4 2	Aranna'a Address (Osla if assault	Contact of the second	(1q). \$
RETURN	5. Signature (Addressee)		dressee's Address (Only if requested y lee is paid)	OB Fastinary	
ĔŢ	6. Signature (Agent)		r fee is paid)	, '	
ur R	KARPATA		·	i .	ESTERN/S. CARTER r 20, 1994
λoγ	PS Form 3811 , December 1991 *U.S. GPO: 1993—352	-714 \	OMESTIC RETURN RECEIPT	/ September	40, 100 1
S			CITED TO THE FORM RECEIF I	1	

 Complete items 1 and/or 2 for additional services. 		I also wish to receive the		
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the 	at we can	following services (for an extra	į	P 321 036 849
eturn thir GREAT MESTERMIS CARTER		fee):		Receipt for
	ice			Certified Mail
does not September 20, 1994 Write "Return Receipt Inequested" of the second of the se		2. Restricted Delivery		No Insurance Coverage Provide
 The Return Receipt will show to whom the article was delivered a delivered. 	ing the date	Consult postinaster for fee.	MOTED STATES DOSTAL SERVICE	Do not use for International Marsee Reverse)
3. Article Addressed to:		icle Number	į <u>, </u>	Jee nevelse/
	32	1 034 849	j !	
\\\\\\ 2.5mm= C 1-		1 034 849 Function 1998		
W.V.&Emma G. Lawrence	Regi	stered Unsured	, W.V.&En	nma G. Lawrence
POB 2309	Certi	ified \ \ COD	POB 230	9
Hobbs, New Mexico 88240	☐ Expr	ess Mail Return Receipt for Merchandise	*	ew Mexico 88240
	7. Date	of Delivery	110003, 11	ew Mexico 00240
		7/25 2	ļ,	
. Signature (Addressee)		ressee's Address (Only if requested 💂		. 1. · · ·
Xan Pak	and	fee is paid)	1	· · · · ·
(Agent)	1	F	1	
<u> </u>			P	357 036 949
S Form 3811 , December 1991 *U.S. GPO: 1993352	2-714 DO	OMESTIC RETURN RECEIPT	!	Receipt for
				Certified Mail
				No Insurance Coverage Provide
SENDER:			HITED STATES	Do not use for International Ma
 Complete items 1 and/or 2 for additional services. 		I also wish to receive the following services (for an extra		(See Reverse)
GREAT WESTERN/S. CARTER	nat we can	fee):		
September 20, 1994	if space	fee): 1. \(\sum \) Addressee's Address	Patrick Lau	ghlin Trust#5525
c	,	1	Team Bank	,David Frame,Jr.,
The Return Receipt will show to whom the article was delivered	ticle number and the date	2 nestricted belivery	Jean McNa	b Trustees
lelivered.		Consult postmaster for fee.	PO Drawer	99084
3. Article Addressed to:	4a. Ar	ticle ivilmoer	Fort Worth	, Texas 76199
Patrick Laughlin Trust#5525		2/ 036 8 48 m		
Team Bank, David Frame, Jr.,	Ab. Se	istered Insured		•
Jean McNab Trustees	☐ Cer		}	
PO Drawer 99084				
Fort Worth, Texas 76199		Merchandise 5	68	* A .
	7. Dat	e of Denvery	- T	***
		3		Company of the Compan
Signatura (Addresses)	8 Adr	dressee's Address (Only if requested		And Andrews of the Communication of the Communicati
Signature (Addressee)		dressee's Address (Only if requested tee is paid)		And the state of t
			P	321 036 847
6. Stanatúre (Agent). 8/25/94	and	I fee is paid)	P	<u> </u>
6. Stanature (Agent) 9/25/94	and			321 036 847 Receipt for Cartified Mail
6. Stapature (Agent) 9/25/94	and	I fee is paid)	3	321 036 847 Receipt for Cartified Mail No insurance Coverage Provide
6. Stanature (Agent). 9/95/94 PS Form 3811 , December 1991 \$U.S. GPO: 1993—3	and	I fee is paid)	P	321 036 847 Receipt for Cartified Mail No insurance Coverage Provide Do not use for International Mail
Stanature (Agent) Stanature (Ag	and	OOMESTIC RETURN RECEIPT 1 also wish to receive the	P SHIP STATES	321 036 847 Receipt for Cartified Mail No insurance Coverage Provide
6. Stanature (Agent). PS Form 3811, December 1991 ±U.S. GPO: 1993—3. SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	52-714 D	OOMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra	OMETO STATES AND STATE	321 036 847 Receipt for Cartified Mail No insurance Coverage Provide Do not use for International Mail See Reverse!
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S CARTER	52-714 C	I fee is paid) OMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra fee):	Erica Laug	321 036 847 Receipt for Certified Mail No nourance Coverage Provide Do not use for International M. See Reverse!
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S. CARTER	52-714 D	I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Erica Laug Team Ban	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mills See Reverse! hlin Trust#5526 k,David Frame, Jr.
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the arm	sat we can if space ticle number	I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Erica Laug Team Ban Jean McN	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mill See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered.	sat we can if space ticle number	I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Erica Laug Team Ban Jean McN PO Drawe	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mill See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. To GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered.	sat we can if space ticle number and the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number	Erica Laug Team Ban Jean McN PO Drawe	Receipt for Cartified Mail No insurance Coverage Provide Do not use for International Mail See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the and the reverse of this form so the services of the services of this form so the services of this form so the services of this form so the services of the reverse of this form so the services of the reverse of this form so the services of the reverse of this form so the services of the reverse of this form so the services of the reverse of this form so the services of the reverse of this form so the services of the reverse of this form so the services of this form so the services of the reverse of this form so the services of the reverse of this form so the services of the reverse of this form so the services. September 20, 1994 Write "Return Receipt will show to whom the article was delivered selected." Article Addressed to:	sat we can if space ticle number and the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mill See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered silvered. Article Addressed to: Erica Laughlin Trust#5526	sat we can if space ticle number and the date 4a. Art 4b. Set	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cicle Number 21 036 847 ryice Type	Erica Laug Team Ban Jean McN PO Drawe	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mill See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
GENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. For GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Will show to whom the article was delivered elivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr.	sat we can if space ticle number and the date 4a. Art 4b. See Regi	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icicle Number 21 03 6 847 revice Type	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mail See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
EENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. To GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr. Jean McNab, Trustees	sat we can if space ticle number and the date 4a. Art 4b. Ser Regi	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cicle Number 21 03 6 847 rvice Type istered Insured cified COD	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Cartified Mail No insurance Coverage Provide Do not use for International M. See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr. Jean McNab, Trustees PO Drawer 99084	sat we can if space ticle number and the date 4a. Art 4b. See Regi	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cicle Number 2/ 036 847 rvice Type istered Insured cified COD ress Mail Return Receipt for Merchandise	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mill See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. To GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr. Jean McNab, Trustees PO Drawer 99084	sat we can if space ticle number and the date 4a. Art 4b. See Regi	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icicle Number 2/ 03 6 847 rvice Type istered Insured infied COD ress Mail Return Receipt for Merchandise of Delivery	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mill See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. F. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr. Jean McNab, Trustees PO Drawer 99084 Fort Worth, Texas 76199	sat we can if space ticle number and the date 4a. Art 4b. See Regi	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icicle Number 2/ 03 6 847 rvice Type istered Insured infied COD ress Mail Return Receipt for Merchandise of Delivery	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Cartified Mail No insurance Coverage Provide Do not use for International Mail See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. F. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr. Jean McNab, Trustees PO Drawer 99084 Fort Worth, Texas 76199	and state we can if space ticle number and the date 4a. Art 4b. See Regi Cert Expi 7. Date 8. Add	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cicle Number 2/ 03 6 847 rvice Type istered Insured cified COD ress Mail Return Receipt for Merchandise e of Delivery Incessee's Address (Only if requested with the control of th	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Certified Mail No insurance Coverage Provide Do not use for International Mail See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
GENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. For GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Will show to whom the article was delivered elivered. 3. Article Addressed to: Erica Laughlin Trust#5526 Team Bank, David Frame, Jr. Jean McNab, Trustees PO Drawer 99084 Fort Worth, Texas 76199 6. Signature (Addressee)	and state we can if space ticle number and the date 4a. Art 4b. See Regi Cert Expi 7. Date 8. Add	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cicle Number 2/ 03 6 847 rvice Type istered Insured cified COD ress Mail Return Receipt for Merchandise e of Delivery Incessee's Address (Only if requested with the control of th	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Cartified Mail No insurance Coverage Provide Do not use for International Mail See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199
GENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. FOREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the and The Return Receipt will show to whom the article was delivered elivered.	and state we can if space ticle number and the date 4a. Art 4b. See Regi Cert Expi 7. Date 8. Add	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cicle Number 2/ 03 6 847 rvice Type istered Insured cified COD ress Mail Return Receipt for Merchandise a of Delivery Tressee's Address (Only if requested with the control of the	Erica Laug Team Ban Jean McN PO Drawe Fort Worth	Receipt for Cartified Mail No insurance Coverage Provide Do not use for International Mail See Reverse! hlin Trust#5526 k,David Frame, Jr. ab, Trustees r 99084 n, Texas 76199

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 creturn this card to	l also wish to receive the following services (for an extra	
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form of return this card to well. A GREAT WESTERN/S. CARTER 	following and in the	
A GREAT WESTERN/S. CARTER		1
A GREAT WESTERN'S. CARTER	- *hat we can fee):	P 321 036 835
does 4004		5
	if space 1. Addressee's Address	Heceipt tot
• w September 20, 1994	article number. 2. Restricted Delivery	Certified Mail
 The Return Receipt will show to whom the article was delivered. 	ed and the date :	No Insurance Coverage Pro
3. Article Addressed to:	Consult postmaster for fee.	Do not use for Internationa
Brent Rowan Hyder Trust		
Elton M. Hyder, Jr. & Team Bank		Judith K Balti
Co-Trustees ACCT #2127	4b. Service Type ☐ Registered ☐ Insured	Judith K. Robinson, John G.Brooks Surviving Trustees U/O/T of
POB 99084		i reda I. Kaufmann
Fort Worth, Texas 76199	· · · · · · · · · · · · · · · · · · ·	c/oPeter Shapland,Esq.
		50 Rowes Wharf
	7. Date of Delivery	Boston, MA 02110
C:		
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)	Loed a limiter, Fill
	and fee is paid)	
3. Signature (Agent)	→	
Myot		. да аго озь вач
S Form 3811, December 1991 ±U.S. GPO: 1993-	352-714 DOMESTIC RETURN RECEIPT	
	Joined He Louis Receir 1	Receipt for
		Certified Mail
		No insurance Coverage Prov
SENDER:	I also wish to receive the	See Reverse
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		- Coo Hoverse
Print your name and address on the reverse of this form so	following services (for an extra fee): 1. Addressee's Address	Elton M. Hyder,III Trust
Atta GREAT WESTERN/S. CARTER	pace 1. Addressee's Address	Elton M. Hyder Jr. & Team Park
oes n September 20, 1994	1	CO-Trustees ACCT #2129
Write neum necessary or the manplece below the a The Return Receipt will show to whom the article was delivered	article number. 2. Restricted Delivery	POB 99084
elivered.	Consult postmaster for fee.	Fort Worth, Texas 76199
3. Article Addressed to:	1 4a Article Nilmher	{
Elton M. Hyder,III Trust	321 036 834 mg	İ
Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2129	4b. Service Type	200
POB 99084	Registered Insured	
Fort Worth, Texas 76199	Certified COD Express Mail Return Receipt for	The state of the s
	Merchandise -	5
	7. Date of Delivery	6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	no	g - 1 1 2 3 4 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
. Signature (Addressee)	8. Addressee's Address (Only if requested 👱	in grant to be some the contract of
•	and fee is paid)	,
S. Signature (Agent)	⊣	
ll ct		6 357 03P 933
S Form 3811, December 1991 wus. GPO: 1993-	352-714 DOMESTIC RETURN RECEIPT	Receipt for
		Certified Mail
		No insurance Coverage Provi
		चुक्क २३६ Do not use for international
	I also wish to receive the -	See Raverse.
ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b.	following services (for an extra	Room B.
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	following services (for an extra	Brent Rowan Hyder Trust Elton M. Hyder Jr 8 T D
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. pr. The GREAT WESTERN/S. CARTER	following services (for an extra	Elton M. Hyder, Jr. & Team Bank
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. P. GREAT WESTERN/S. CARTER September 20, 1994	following services (for an extra fee): 1. Addressee's Address	Brent Rowan Hyder Trust Elton M. Hyder.Jr.&Team Bank Co-Trustees ACCT #2127 POB 99084
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. P. GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the a	following services (for an extra fee): 1. Addressee's Address	Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the at the Return Receipt will show to whom the article was delivered divered.	following services (for an extra fee): if space 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee.	Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the at the Return Receipt will show to whom the article was delivered divered.	following services (for an extra fee): if space 1. Addressee's Address article number. 1 and the date Consult postmaster for fee.	Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the attitude to the service of the service o	following services (for an extra fee): if space 1. Addressee's Address article number. 1 and the date Consult postmaster for fee.	Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to: Judith K. Robinson, John G. Brooks Surviving Trustees U/O/T of	following services (for an extra fee): if space 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 321 034 835 4b. Service Type	Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered. Article Addressed to: Suddith K. Robinson, John G. Brooks Surviving Trustees U/O/T of freda T. Kaufmann	following services (for an extra fee): if space 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Pagintary delivery Insured	Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered livered. 3. Article Addressed to: Judith K. Robinson, John G. Brooks Surviving Trustees U/O/T of	following services (for an extra fee): if space 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Cordified COD	Etton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084 Fort Worth, Texas 76199
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered. Article Addressed to: Suddith K. Robinson, John G. Brooks Surviving Trustees U/O/T of reda T. Kaufmann SoPeter Shapland, Esq.	following services (for an extra fee): if space 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified Cod Express Mail following services (for an extra fee) 7	Etton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084 Fort Worth, Texas 76199
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. In GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered. Article Addressed to: Judith K. Robinson, John G.Brooks Surviving Trustees U/O/T of Freda T. Kaufmann CoPeter Shapland, Esq. Robinson State Complete Shapland, Esq. Robinson State Complete Shapland, Esq.	following services (for an extra fee): if space 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified Certified Return Receipt for Merchandise 7. Date of Delivery	Etton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084 Fort Worth, Texas 76199
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. In GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered. Article Addressed to: Judith K. Robinson, John G.Brooks Surviving Trustees U/O/T of Freda T. Kaufmann CoPeter Shapland, Esq. Robinson State Complete Shapland, Esq. Robinson State Complete Shapland, Esq.	following services (for an extra fee): if space 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified Certified Return Receipt for Merchandise 7. Date of Delivery	Etton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084 Fort Worth, Texas 76199
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. The GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the atticle was delivered livered. 3. Article Addressed to: Budith K. Robinson, John G.Brooks Burviving Trustees U/O/T of reda T. Kaufmann Fooeter Shapland, Esq. Boston, MA 02110	following services (for an extra fee): if space 1. Addressee's Address article number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified Consult postmaster for fee. 4b. Service Type Registered Insured Certified Return Receipt for Merchandise 7. Date of Delivery	Etton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084 Fort Worth, Texas 76199 Testing a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor a second mayor and a sec
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. In GREAT WESTERN/S. CARTER September 20, 1994 Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered. Article Addressed to: Judith K. Robinson, John G.Brooks Surviving Trustees U/O/T of Freda T. Kaufmann CoPeter Shapland, Esq. Robinson State Complete Shapland, Esq. Robinson State Complete Shapland, Esq.	following services (for an extra fee): if space 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Insured Certified Certified Return Receipt for Merchandise 7. Date of Delivery	Etton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2127 POB 99084 Fort Worth, Texas 76199

SENDER: Complete items 1 and/or 2 for additional services.		I also wish to receive the	
• Complete items 3, and 4a & h		fallaccina anniana tt	b 357 03P 935
return the CREAT WESTERN/S. CARTER • Attack • Attack dees not September 20, 1994	re can	fee): 1. Addressee's Address	Receipt for
• Attacl September 20, 1994	ace	1. 🗆 Addressee's Address 🕏	Certified Mail
D	rticle number.	2 🗆 Bassissad But	No Insurance Coverage Provide
Write "Neturn Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	and the date	2. Restricted Delivery Consult postmaster for fee.	Do not use for International M.
delivered. 3. Article Addressed to: Ann Whitney Hyder Trust Elton M. Hyder, Jr. & Team Bank Co-Trustees ACCT #2128 POB 99084	4a Art	Consult postmaster for fee.	(See Reverse)
Ann Whitney Hyder Trust	32	21 036 832	Jers :
Elton M. Hyder, Jr. & Team Bank		2/ 034 832 F	Ann Whitney Hyder Trust
Co-Trustees ACCT #2128	Regi	stered Linsured	Elton M. Hyder, Jr. & Teem Bank Co-Trustees ACCT #2128
	☐ Certi	ified	POB 99084
Fort Worth, Texas 76199	☐ Expr		Fort Worth, Texas 76199
	7. Date	Merchandise 5	
₹		2	•
5. Signature (Addressee) 6. Signature (Agent)	8. Add	ressee's Address (Only if requested	APCH TOWN IN
	and	fee is paid)	
6. Signature (Agent)	-	Ĕ	1 }
			יים נכים
PS Form 3811, December 1991 *U.S. GPO: 1993—38	2-714 D	OMESTIC RETURN RECEIPT	P 321 036 887
2	D(DIVIESTIC RETURN RECEIPT	Receipt for
			Certified Mail
^-			No Insurance Coverage Provides Do not use for International V
• Complete items 1 and/or 2 for additional services.		I also wish to receive the	See Reverse:
• Complete items 3, and 4a & b.		following services (for an extra	Corellia
• Prin GREAT WESTERN/S. CARTER	we can	1,667.	Corellia Brown Hoyt Deceased Society National Bank.
🗟 • Atta September 20, 1994	space	1. Addressee's Address	
• Write "Return Receipt Requested" on the mailpiece below the	article numbe	2. Restricted Delivery	Trust Tax Dept.
	ed and the dat	2. Restricted Delivery Consult postmaster for fee.	800 Superior Ave. Cleveland, OH 44114
0	4a. A	rticle Number	
3. Article Addressed to: Corellia Brown Hoyt,Deceased Society National Bank. Trustee U/W/O#S-4068100	3	Z/ 034 887 g	
Society National Bank.		ervice Type	
Trustee U/W/O#S-4068100	_ ~	distered Einsured	1
	. —	rtified COD Return Receipt for	No. 1 to 10 per line
Cleveland, OH 44114	Ex	5.000	
800 Superior Ave. Cleveland, OH 44114	7. Da	te of Delivery	The state of the second st
<u>¥</u>		9-26-94	g of the Arman Arman Arman
5. Signature (Addressee)		ldresseé's Address (Only if requested 👱 d fee is paid)	•
		u ree is paid/	D 771 C71 661
6. Signature (Agent)		-	P 351 036 884
PS Form 3811, December 1991			Receipt for
PS Form 3811 , December 1991 &U.S. GPO: 1993-	-352-714	DOMESTIC RETURN RECEIPT	Certified Mail
_			No Insurance Coverage Provide
•			Do not use for International M
SENDER: Gomplete items 1 and/or 2 for additional services.		l also wish to receive the	in the second se
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		following services (for an extra	Coldaton Oil Corneration
M a Committee of the co	t we can	fee):	Goldston Oil Corporation
S THE GREAT WEST LITTERS	space	1. Addressee's Address	Agent, Owners Revenue Acct.
• Nr		•	POB 570365
The Return Receipt will show to whom the article was delivered.		2. Linestricted Delivery	Houston, Texas 77257
5 denvered. 3. Article Addressed to:	A2 A-	Consult postmaster for fee.	
Coldota C. C.	32		
Goldston Oil Corporation	_		the state of the s
Agent, Owners Revenue Acct.		rvice Type Insured	
o _ o _ w o more nevertide Acct.		tified COD	
B POB 570365	☐ Cer		
POB 570365 Houston, Texas 77257	1	ress Mail Return Receipt for	n the water and the
POB 570365 Houston, Texas 77257	□ Ехр	<u></u>	B return to a state Angle Leven
POB 570365 Houston, Texas 77257	□ Ехр	ress Mail Return Receipt for Merchandise	District of the second of the
	7. Dat	ress Mail Return Receipt for Merchandise of Delivery	months of the second of the se
	7. Dat	Return Receipt for Merchandise e of Delivery 1 2 4 4 dressee's Address (Only if requested A	Professional and acceptance of the control of the c
Houston, Texas 77257	7. Dat	Return Receipt for Merchandise e of Delivery 1/2/4/ dressee's Address (Only if requested	######################################
	7. Dat	Return Receipt for Merchandise e of Delivery 1 2 4 4 dressee's Address (Only if requested A	Professional and acceptance of the control of the c

3 SENDER:	l also wish to receive the	
• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	following services (for an extra	, <u>P</u> ,321 036 852
ot GREAT WESTERN/S. CARTER	hat we can fee):	1 - 1 - 1
doi September 20, 1994	: if space 1. Addressee's Address	Receipt for Certified Mail
Write "Return Receipt Requested" on the mailpiece below the	e article number. 2. Restricted Delivery	No Insurance Coverage Provide
	e article number. ed and the date Consult postmaster for fee.	Do not use for international V
3. Article Addressed to:	4a. Article Nomber —	(See Reverse)
Jack H. Mayfield, Jr. POB 200692 Houston, Texas 77216	321 036 852 5	
e E lack H. Marifield In		
Jack H. Mayfield, Jr.	Registered Unsured	Jack H. Mayfield, Jr.
POB 200692	☐ Certified ☐ COD	POB 200692
Houston, Texas 77216	Merchandise 💂	Houston, Texas 77216
	7. Date of Delivery	1 10 doton, rexas 7/2/6
	SEP. 24 1994 SEP. 24 1994	
5. Signature (Addressee)	8. Addresses Address (Only it requested and fee is paid)	
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811 December 1991 at IS GROUPS		, 67351 03P 885
E 6. Signature (Agent) L. DUPREE		Receipt for
PS Form 3811 , December 1991 *U.S. GPO: 1993 —	252.714 DOMECTIO DETURN DECEME	Certified Mail
20.3. dro. 1859	352-714 DOMESTIC RETURN RECEIPT	No Insurance Coverage Provid
		Do not use for International See Reverse:
_		See Neverser
SENDER:	l also wish to receive the	
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		James McMillian Gibson
• Prir GREAT WESTERN/S. CARTER	we can fee): space 1. Addressee's Address	James McMillian Gibson
🖥 • Att September 20, 1994	space 1. Addressee's Address	c/o American Security
joes not permit. Write "Return Receipt Requested" on the mailpiece below the	e article number. 2. Restricted Delivery	& Trust Company
 The Return Receipt will show to whom the article was delived 		Washington, DC 20013
0	4a. Article Number	
James McMillian Gibson	321 036 8 92 4b. Service Type	
ਰੇ James McMillian Gibson	4b. Service Type	Autority of the control of the contr
c/o American Security	Bedistered insured	
Of American Security	Certified COD Spress Mail Return Receipt for	55 (2) - 1 - 1 - 1 - 2 - 1 - 1 - 1 - 1
& Trust Company		
& Trust Company Washington, DC 20013		1
- I	997	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. Signature (Addressee)	ddressee's Address (Only if requested and fee is paid)	
	and fee is paid)	_
≝ 6. Signature (Algent)		6 357 03P 897
6. Signature Agent PS Form 3811, December 1991 &U.S. GPO: 1993	352-714 DOMESTIC RETURN RECEIPT	Receipt for
2 F3 F0HH 3011, December 1001 20.3. di C. 1000	DOWLSTIC RETORN RECEIPT	Certified Mail
		No insurance Coverage Provide
CENTED		्र स्थिति स्था Do not use for international See Reversa:
SENDER: • Complete items 1 and/or 2 for additional services.	1 also wish to receive the	
Complete items 3, and 4a & b.	following services (for an extra	
return th GREAT WESTERN/S. CARTER	156).	Caracan Inc
Attacl September 20, 1994	ace 1. Addressee's Address	Gencorp, Inc.
 Write "Return Receipt Requested" on the mailpiece below the 	article number. 2. Restricted Delivery	Tax Dept.
 The Return Receipt will show to whom the article was delivered. 	Consult postmaster for fee.	175 Ghent Road
3. Article Addressed to:	4a. Article Number	Fairlawn, OHio 44313
	article number. 2. Restricted Delivery d and the date Consult postmaster for fee. 4a. Article Number 32.1 33.4 87/ 4b. Service Type	Service of the
3. Article Addressed to: Gencorp, Inc. Tax Dept. 175 Ghent Road Fairlawn, OHio 44313	4b. Service Type Registered Insured	
Tax Dept.	Certified COD	The Mark Control of the Control of t
175 Ghent Road	Certified COD Express Mail Return Receipt for	5 Propriet James
Fairlawn, OHio 44313	Merchandise	a of to Amor is the Desired to
I alliawii, Onio 44313	7. Date of Delivery	Contact of the contac
	<u> </u>	
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)	
5. Signature (Addressee) 6. Signature (Agent)	and ree is paid,	GREAT WESTERN/S. CARTER
6. Signature (Agent)		September 20, 1994
PS Form 3811 , December 1991 &U.S. GPO: 1993-	252-714 DOMECTIC DETURN PROFIRE	
, 13 FORM JOI 1, December 1331 90.5. GPO: 1893-	352-714 DOMESTIC RETURN RECEIPT	!

SENDER: Complete items 1 and/or 2 for additional services.	i also wish to receive the	i
 Complete items 3, and 4a & b. 	following services (for an extra	086 4E0 LSE 9
Print your name and address on the reverse of this form so	166).	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
GREAT WESTERN/S. CARTER	space 1. Addressee's Address	Receipt for
Write necum necespt nequested on the mailpiece below the	article number. 2. Restricted Delivery	Certified Mail
The Return Receipt will show to whom the article was delivere elivered.	ed and the date	No Insurance Coverage Provi
3. Article Addressed to:	4a Article Number	Do not use for International ;
	121 036 880 E	Service Neversel
Catherine B. Debord	4b. Service Type	
3228 Mode Co	□ negistered □ insured	Cothorine B. B. I
3228 Veda Street	☐ Certified ☐ COD	Catherine B. Debord
Redding, CA 96001	Express Mail Return Receipt for Merchandise	3228 Veda Street
	7. Date of Delivery	Redding, CA 96001
	23 Th	1
. Signature (Addressee)	8. Addressee's Address (Only if requested	
	and fee is paid)	1
Signature (Agent)	T F	 P 321 036 434
mari Naville		P 321 036 878
S Form 3811, December 1991 *u.s. GPO 1983—	352-714 DOMESTIC RETURN RECEIPT	Receipt for
•		Certified Mail
	'	No Insurance Coverage Prov
		Do not use for international
ENDER: Complete items 1 and/or 2 for additional services.	l also wish to receive the	(See Reverse)
Complete items 3, and 4a & b.	following services (for an extra	Comerica Bank
U GREAT WESTERN/S. CARTER	following services (for an extra 6) feel:	Trust Real Estate
September 20, 1994	if space 1 Addressee's Address 👸 '	Dept3228
Write "Return Receipt Requested" on the mailpiece below the	article number 2. Restricted Delivery	POB 75000
The Return Receipt will show to whom the article was delivere Livered.	article number 2. Restricted Delivery and the date Consult postmaster for fee.	Detroit, MI 48275-3228
3. Article Addressed to:	4a. Article Number	5 5 5 6 7 6 7 5 2 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2
omerica Bank	32 1 03 6 878 4b. Service Type	
rust Real Estate	4b. Service Type	
ept3228	i 🔀 Registered 🔠 Insured	
OB 75000	Certified COD	_
etroit, MI 48275-3228	Express Mail Receipt for Merchandise	3
	7. Des of Delivery	garante de la companya de maria
22	noA	
Signature (Addresse)	8. Addressee's Address (Only if requested and fee is paid)	
7775		
. Signature (Agent)	,	P 321 036 877
		Receipt for
S Form 3811, December 1991 &U.S. GPO: 1993—	352-714 DOMESTIC RETURN RECEIPT	Certified Mail
	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
	I	
		mirestary On not use for international
	also wish to receive the	
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		See Reverse
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S, CARTER		See Reverse
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S, CARTER form the structure of the services. Attac September 20, 1994	following services (for an extra	See Reverse: Eugene A. Casaroll Jr. POA
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER for a contract of the contract	following services (for an extra services) ye can feet: ace 1. Addressee's Address	Eugene A. Casaroll, Jr., POA
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER AttacSeptember 20, 1994 bes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver	following services (for an extra services) ye can feet: ace 1. Addressee's Address	Eugene A. Casaroll, Jr., POA
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHFA! WESTERN/S. CARTER turn it AttacSeptember 20, 1994 ces not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver	following services (for an extra fee): pace 1. Addressee's Address a article number ed and the date Consult postmaster for fee. 4a. Article Number	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER fourn to Attac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver elivered.	following services (for an extra fee): pace 1. Addressee's Address a article number ed and the date Consult postmaster for fee. 4a. Article Number	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER attar September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to:	following services (for an extra per can fee): Jace	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER attac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver elivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA	following services (for an extra fee): Jace 1.	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER attac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA 13761 Bell Court	following services (for an extra per la fee): Jace	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER atturn the Attac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver elivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA	following services (for an extra per la fee): Dace 1.	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHLAT WESTERN/S. CARTER tattac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA 13761 Bell Court	following services (for an extra per la fee): Jace	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER attac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA 13761 Bell Court	following services (for an extra per can fee): Jace 1.	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER attac September 20, 1994 oes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA 13761 Bell Court	following services (for an extra per can fee): Jace	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print GHEAT WESTERN/S. CARTER eturn the Attac September 20, 1994 loes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliver relivered. 3. Article Addressed to: Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312	following services (for an extra fee): Dace	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312
Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312	following services (for an extra per can fee): Jace	Eugene A. Casaroll, Jr., POA 13761 Bell Court Sterling Heights, MI 48312

SENDER:		
Complete items 1 and/or 2 for additional services.	I also wish to receive the	. [
• Complete items 3, and 4a & b.	following services (for an extra	P 321 036 875
Print GREAT WESTERN/S. CARTER	1661.	
Attac September 20, 1994 does not permit.		Receipt for
Write "Return Receipt Requested" on the mailpiece below the	article number. 2. Restricted Delivery	Certified Mail No Insurance Coverage Provide
The Return Receipt will show to whom the article was delivered.	Consult postmaster for fee.	No Insurance Coverage Provide Do not use for International M
3. Article Addressed to:	4a. Article Number	(See Reverse)
3. Article Addressed to: Robert E.L. Brown, Jr.	321 036 875	
Robert E.L. Brown,Jr.	4b. Service Type	
21516 Barrier	Registered Insured	
21516 Betty Ann Court	☐ Certified ☐ COD	Robert E.L. Brown, Jr.
Los Gatos, CA 95030	Express Mail Return Receipt for Merchandise	101516 Betty Ann Court
	Date of Delivery	Los Gatos, CA 95030
E	9-26-9x	₹ }
5. Signature (Addressee) 1. Olludy House 6. Signature (Agent)	Addressee's Address (Only if requested and fee is paid)	A Special Carliery, Figs.
19 Olelut Bleacen	-	in the second se
6. Signature (Agent)	•	Restricted Cessery, Ree
PS Form 3811 December 1991 AUS GRO-1992		(
PS Form 3811 , December 1991 ± u.s. GPO: 1993-	352-714 DOMESTIC RETURN RECEIPT	
• · · · · · · · · · · · · · · · · · · ·		P 321 036 871
		•
SENDER:	l also wish to receive the	Receipt for Certified Mail
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	following services (for an extra	No insurance Coverage Provide
• Print return GREAT WESTERN/S. CARTER	we can fee):	Do not use for International V
	3pace 1. Addressee's Address	(See Reverse)
• Atta September 20, 1994 • Write "Return Receipt Requested" on the mailpiece below the	article number 2. Restricted Delivery •	<u>d</u>)
 The Return Receipt will show to whom the article was delivered 	ed and the date Consult postmaster for fee.	E AMOCO Production Company
3. Article Addressed to:	4a Article Number	- Alvidoo i rodadaan oo in j
3. Article Addressed to.	321 036 871	POB 841521 Dallas, Texas 75284
AMOCO Production Company	4b. Service Type	Dallas, Texas 75284
AMOCO Production Company	Registered Insured	
	Certified COD	
Dallas, Texas 75284	Express Mail Return Receipt for Merchandise	Development of the second
	7. Date of Delivery 2 4 1994	Tager to the control of the control
<u></u>	SEP & 4 1994	
5. Signature (Addressee)	8. Addressee's Address (Only if requeste	The form of the second of the
	and fee is paid)	
o. Signature (Agent)		D 771 D71 774
* H		P 321 036 778
>S Form 3811, December 1991 ±U.S. GPO: 1993-	-352-714 DOMESTIC RETURN RECEIP	Receipt for
2		Certified Mail
		No Insurance Coverage Provide
SENDER:	:	See Reverse:
Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & h	l also wish to receive the	
 Print you GREAT WESTERN/S. CARTER 	following services (for an extra	
return this Attach t September 20, 1994	1. Addressee's Address	Mary Susan Altgelt Truck
Joes not pi		"===
Write "R The Returning to the second secon	nber: 2. Restricted Delivery	#5524,Team Bank, David Frame,Jr. Jean Rowan McNab, Trustees
delivered.	Consult postmaster for fee.	P.O Drawer 99084
3. Article Addressed to:	Ta. Alticie indinibei	Fort Worth, Texas 76199
Many Supply Altered Trust	4b. Service Type	Signed and the Committee
Mary Susan Altgelt Trust #5524,Team Bank, David Frame,Jr.	Registered Insured	<u> </u>
lean Rowan McNah, Trustage		Heating of the control of the contro
P.O Drawer 99084		3 1 2 2 2 3 3 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
Fort Worth, Texas 76199	7. Date of Delivery	5 10 V/n m s 2 th Census d
Fort Worth, Texas 76199		Peturn Herbiet Drigwing to Winim. Date in di Addresser 3 address TOTAL President
	8. Addressee's Address (Only if requested	→ 1 · · · · · · · · · · · · · · · · · ·
	and foo is poid)	() 4 Fees. \$
5. Signature (Addressee) 6. Signature (Agent)	- 	Postmurk in Cate
llxac		GREAT WESTERN/S. CARTER
PS Form 3811 December 1991	252-714 DOMESTIC DETURN DECEMP	September 20, 1994

Receipt for **Certified Mail**

No Insurance Coverage Provide-

	·	INITED STATES	Do not use for (See Reverse)	International M
I also wish to receive the llowing services (for an extra e):	vice.	`- ···		
	ري #5!		tgelt Trust n Bank, Davi	d Frame,Jr.
2. Restricted Delivery			n McNab, Tru	
onsult postmaster for fee.	Dra	wer 990	84	
Number 1 036 775	Return R	<u> </u>	Texas 7619	99
e Type ed	i	Special Services		
d COD	using 			
Mail Return Receipt for Merchandise	r us		ur III wir b Safe George (K.)	
Delivery	ou fo	ing and the second seco	or unha hannin Win h Messon Sentin	
see's Address (Only if requested	>	in hitalin eta Sirama	i P	\$
is paid)	Than!	Posto Perio	Darw	

Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. fo reverse · · · · · · · · · · we can • Prin' GREAT WESTERN/S. CARTER fe • Atta 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 ADDRESS completed on delivered. 4a. Article 3. Article Addressed to: 2 Arch Rowen Altgelt Trust Servic #5522, Team Bank, David Frame, Jr. Register Jean Rowan McNab, Trustees ☐ Certified Drawer 99084 ☐ Express Fort Worth, Texas 76199 7. Date of RETURN 8. Address 5. Signature (Addressee) and fee 6. Signature (Agent) PS Form 3811, December 1991 ±U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

side?

SENDER:

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print y GREAT WESTERN/S. CARTER return th • Attack September 20, 1994 does not • Write' • The Re delivered.	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
James E. Altgelt Trust #5523,Team Bank, David Frame,Jr. Jean Rowan McNab,Trustees Drawer 99084 Fort Worth, Texas 76199	4a. Article Number 32103678 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 *U.S. GPO: 1993-35	8. Addresse's Address (Only if requested and fee is paid) Box 252-714 DOMESTIC RETURN RECEIPT

P 321 036 775

GREAT WESTERN/S. CARTER

September 20, 1994

Receipt for Certified Mail

No insurance Coverage Provid Dis not use for international M See Reverse:

Arch Rowen Altgelt Trust #5522, Team Bank, David Frame, Jr. Jean Rowan McNab, Trustees-Drawer 99084 Fort Worth, Texas 76199

41 M	1
A STATE OF THE STA	
Security of the Control of the Contr	
kenym kalogat in wing to Moly. Data oo ti Alagie olae oo Valgee	
TTTA SESSION OF THE S	\$

September 20, 1994

ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print yr	·ha• ···e can	l also wish to receive the following services (for an extra		P 321 036 915
Print yr turn thi:Great Western/S. Carter Attach October 3, 1994	ce	1. Addressee's Address	4	Receipt for Certified Mail
Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered		2. — nestricted Delivery	CANTED STATES POSTAL SERVICE	No Insurance Coverage Prov Do not use for International
slivered. 3. Article Addressed to:	4a. Arı	Consult postmaster for fee.	`ent * 2	(See Reverse)
Kirby D. Schenek Trust	3	21 036 915 B	ţ	
Westen Commerce Bank		vice Type	•	henek Trust
POB 1627	¥☐ Regi ☐ Cert	stered 🗀 insured	POB 1627	mmerce Bank
Lovington, NM 88260	1	ess Mail Return Receipt for		NM 88260
ATTN: RITA NEAL		Merchandise of Delivery	ATTN: RITA	
	/. Date	no		
. Signature (Addressee)	8. Add	ressee's Address (Only if requested	Roed a De	Service
Herb Warter	and	fee is paid)	Pestricted	Servery Fee
Signature (Agent)		F	- Seturi Sec	e of prowing
S Form 3811 , December 1991 &U.S. GPO: 1993—3	750 714 5	OMEGIC PETITON PEGETOR		Cate Cenvered
> Form 30 11, December 1331 - Ro.S. GFO: 1893-	152-714 D	OMESTIC RETURN RECEIPT	1	
SENDER:		l also wish to receive the	,	P ₂ 321 036 918 Receipt for
Complete items 1 and/or 2 for additional services. Great Western/S. Carter		following services (for an extra	4	Certified Mail
October 3, 1994	hat we can	(iee).		No insurance Coverage Pre
n j Hoe	if space	1. Addressee's Address	MTED (741)	Do not use for Internations (See Reverse)
• \	ticle numbe	: Z Destricted Delivery 😘	- 2.	1365 1646136
The necum neceipt will show to whom the article was deliver d≥livered.		Consult postinaster for fee.	Mildred Go	olden Turner
3. Article Addressed to:	1	rticle Number	POB 2483	
Mildred Golden Turner		21 036 918 E	Roswell, N	M 88202
POB 2483	₹© Re	gistered <u>insured</u>		
Roswell, NM 88202	_ Ce			
	_ Ex	press Mail Return Receipt for Werca prose		
	7. Da	te of Department		* " . ":
		A CC		
5. Signature (Addressee)	! 8. Ad	dressite's Address Winky if requested we differ solutions and the second	•	·
6. Signature (Agent)	<u>vai</u>	dressle's Address Only if requested of fee schaid)		P 321 036 916
	!	8929	_	Receipt for
PS Form 3811, December 1991 ±U.S. GPO: 1993-	-352-714 T			
PS Form 3811 , December 1991 ±u.s. GPO: 1993-	-352-714	DOMESTIC RETURN RECEIPT		Certified Mail
PS Form 3811 , December 1991 ±U.S. GPO: 1993-	-352-714 [ANI CO COL	Certified Mail No Insurance Coverage
SENDER:	-352-714 [DOMESTIC RETURN RECEIPT	MIEDSTAL VA	Certified Mail No Insurance Coverage
SENDER: • Complete items 1 and/or 2 for additional services.	-352-714 [OOMESTIC RETURN RECEIPT	AMEDISTA CSTAL (6)	Certified Mail No Insurance Coverage Proportion Use for Internation See Reverse:
SENDER: • Complete items 1 and/or 2 for additional services. • ConGreat Western/S. Carter	-352-714 [OOMESTIC RETURN RECEIPT	Stuart (Certified Mail No Insurance Coverage Properties Do not use for Internation See Reverse Carter
SENDER: • Complete items 1 and/or 2 for additional services. • Con Great Western/S. Carter • Prin October 3, 1994 • Atta	· · · · · · · · · · · · · · · · · · ·	l also wish to receive the following services (for an extra fee): 1. Addressee's Address	Stuart (POB 24	Certified Mail No Insurance Coverage Proposed Co
SENDER: • Complete items 1 and/or 2 for additional services. • Con Great Western/S. Carter • Prin October 3, 1994 • Atta does n • Writ.	we car space e numb	l also wish to receive the following services (for an extra fee): 1. Addressee's Address	Stuart (POB 24	Certified Mail No Insurance Coverage Properties Do not use for Internation See Reverse Carter
SENDER: • Complete items 1 and/or 2 for additional services. • ConGreat Western/S. Carter • Prin October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive delivered.	we car space e numb red and the da	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery Consult postmaster for fee.	Stuart (POB 24	Certified Mail No Insurance Coverage Proposed Co
SENDER: • Complete items 1 and/or 2 for additional services. • ConGreat Western/S. Carter return October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive	we car space enumb ared and the da	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery Consult postmaster for fee.	Stuart (POB 24	Certified Mail No Insurance Coverage Proposed Co
SENDER: • Complete items 1 and/or 2 for additional services. • ConGreat Western/S. Carter • Prin October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive delivered.	we call pace a numbered and the da	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery Consult postmaster for fee.	Stuart (POB 24 Wilcox,	Certified Mail No Insurance Coverage Proposed Co
SENDER: • Complete items 1 and/or 2 for additional services. • Con Great Western/S. Carter • Prin return October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive detivered. 3. Article Addressed to:	we call space enumbered and the data. A 4a. A 4b. S	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery tee Consult postmaster for fee. article Number 21. 36. 916. ervice Type gistered Insured	Stuart (POB 24 Wilcox)	Certified Mail No Insurance Coverage Proposed Co
SENDER: • Complete items 1 and/or 2 for additional services. • ComGreat Western/S. Carter • Prin • return October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive delivered. 3. Article Addressed to: Stuart Carter	we can pace e numbered and the data. A 4b. S	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er: 2. Restricted Delivery te Consult postmaster for fee. article Number 21 036 916 ervice Type gistered Insured ertified COD	Stuart (POB 24 Wilcox)	Certified Mail No Insurance Coverage Properties Do not use for Internation See Reverse: Carter AZ 85644
SENDER: • Complete items 1 and/or 2 for additional services. • Comgreat Western/S. Carter • Prin October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive delivered. 3. Article Addressed to: Stuart Carter POB 247	we can space a numbered and the data. At the second	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery Consult postmaster for fee. Inticle Number Consult postmaster for fee. Inticle Number Consult postmaster for fee. Insured Consult Prified COD Cons	Stuart (POB 24 Wilcox)	Certified Mail No Insurance Coverage Properties Do not use for Internation See Reverse: Carter -7 AZ 85644
SENDER: • Complete items 1 and/or 2 for additional services. • Comgreat Western/S. Carter • Prim rerum October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive delivered. 3. Article Addressed to: Stuart Carter POB 247	we can space a numbered and the data. At the second	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er: 2. Restricted Delivery te Consult postmaster for fee. article Number 21 036 916 ervice Type gistered Insured ertified COD	Stuart (POB 24 Wilcox,	Certified Mail No Insurance Coverage Property Do not use for Internation See Reverse) Carter -7 AZ 85644
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 1 and/or 2 for additional services. • Complete items 1 and/or 2 for additional services. • Complete items 1 and/or 2 for additional services. • Complete items 1 and/or 2 for additional services. • Prin return October 3, 1994 • Atta doces n • Writ. • The Return Receipt will show to whom the article was delive delivered. 3. Article Addressed to: Stuart Carter POB 247 Wilcox, AZ 85644	we can page a numbered and the date of the	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery Consult postmaster for fee. ervice Number 21 36 916 ervice Type gistered Insured ertified COD press Mail Return Receipt for Merchandise inte of Delivery	Stuart (POB 24 Wilcox, Sector) Feature to Wilcox, Sector to Secto	Certified Mail No Insurance Coverage Properties Do not use for Internation. See Reverse: Carter -7 AZ 85644 Bloom The Coverage Properties Covered Unawing to Whom, a Addressee's Address
SENDER: • Complete items 1 and/or 2 for additional services. • Comgreat Western/S. Carter • Prin October 3, 1994 • Atta does n • Writ. • The Return Receipt will show to whom the article was delive delivered. 3. Article Addressed to: Stuart Carter POB 247	Ab. Solution of Execution 1997.	l also wish to receive the following services (for an extra fee): 1. Addressee's Address er. 2. Restricted Delivery Consult postmaster for fee. Inticle Number Consult postmaster for fee. Inticle Number Consult postmaster for fee. Insured Consult Prified COD Cons	Stuart (POB 24 Wilcox, Section 1981) Feature 1981; Post of the Po	Certified Mail No Insurance Coverage Proposed Do not use for Internation. See Reverse. Carter -7 AZ 85644 Promost Individue Promost Individual Individua

	ENDER:		I also wish to receive the	(
ø •	Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print you.		1	.	6 357 036 9PO
🕉 rei	turn this GREAT WESTERNIC CARTES			BLVICE	Receipt for
9 00	es not p September 20, 1994	đ	Addressee's Address	D	Certified Mail
€.	Write "Return Receipt Requested" on the mailpiece perow the arrows. The Return Receipt will show to whom the article was delivered and	the date	2. Restricted Delivery	ceipt	No Insurance Coverage Provide
5 de	livered.		Consult postmaster for fee.	9	Do not use for International Ma
rio .	hillip William Turner	32	dolo Hallibol		Sent :
d P	OB 30192	4b. Ser	rvice Type	<u> </u>	Phillip William Turner
	awatation D	S Regi □ Cert	istered insured	ı	POB 30192 Substation D
ESS	residue, Min 8 / 9111		ress Mail Return Receipt for Merchandise	7 /	Albuquerque, NM 87901
ADDRESS		7. Date	Merchandise of Delivery	ō	
A -		([0/7/94	₹ 20	T T
5.	Signature (Addressee)	3. Addi and	fee'ls paid)	¥ }	Steel a consent for
7 6.	Signature (Agent)		į	Br	Pastricinit Delivery Fee
s your RETURN				}	Parish de Josephan Ains
S V	Form 3811 , December 1991 ±U.S. GPO: 1993—352-71	4 D	OMESTIC RETURN RECEIPT	1	ත් NATION Care Delivers
_					B Refure Addresses 3 wateress
	ENDER:		I also wish to receive the		, <u>P.</u> 321 036 876
an *	Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	we can	following services (for an extra	Vice.	•
5 re1	Print GREAT WESTERN/S. CARTER At September 20, 1994		1 Addresses Address	5 87	Receipt for Certified Mail
JO 30	Write "Return Receipt Requested" on the mailpiece below the article				No insurance Coverage Province
₹.	The Return Receipt will show to whom the article was delivered and livered.	the date	Consult postmaster for fee.	Receipt	্ৰিচ্চ ব্ৰচ্চ Do not use for internationa it. See Reverse:
→		4a. Art	ticie ivumber	- f	
, neted		4b Se	21 03 6 87 6	Return	
	Ronald J. Byers	Reg	istered Insured	- 1	Ronald J. Byers
	400 W. 15th Street,	_ :::::		nsing	400 W. 15th Street,
DDRESS	Ste. 1600		Merchandise e of Delivery	<u>.</u>	Ste. 1600
ADE	Austin, Texas 78701	() Jan	9/120	no	Austin, Texas 78701
Z.	Signeture (Addressee)		ressed's Address Tonly Managuested	ک ک	
NETURN	Will Aller	and	fee is pand	E E	P 321 036 917
# /	Signature (Agent)	2/504	1	- 1	Receipt for
10 A	S Form 3811, December 1991 &u.s. GPO: 1993—352-7		OMES NO BETURNOBECEIPT	•	Certified Mail
<u>.</u>			ON O		No Insurance Coverage Provid
					ভিত্তিক্র Do not use for International 🧭 See Reverse:
side	SENDER: • Complete items 1 and/or 2 for additional services.		I also wish to receive the	<u> </u>	
. sa ;	 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that 	twe can	following services (for an extra	Service	Powhatan Carter III
evel.	eturn this card to you. Attach this form to the front of the mailpiece, or on the back it	f sp ag e	1. Addressee's Address	Ser	POB 516
.	does not permit. Write "Return Receipt Requested" on the mailpiede below the arti	cle numb	er. 2. Restricted Delivery	<u>ā</u>	Ft. Sumner, NM 88119
	The Return Receipt will show to whom the article was delivered and delivered.	,	Consult postmaster for fee.	Receipt	
per (3. Article Addressed to:		Article Number 821 036 917	- 1	
ADDRESS completed	Powhatan Carter III	4b. S	Service Type	Return	Control of the contro
com	POB 516	1	egistered Insured	1	AMOUNT OF SHIP
SS	Ft. Sumner, NM 88119		coress Mail Return Receipt for	using	Ceturn de epronsivers 60 n. William y Dare Deevend
DRE	· ,) _	7. Da	ate of Delivery	َوْ −	
	tohoka Canto		10-5-94	you	TOTAL History
RN	5/Signature (Addressee)		ddressee's Address (Only if requested and fee is paid)	벌	OOR Postmark in Date
RETURN	6. Signature (Agent)	1	· · · · · · · · · · · · · · · · · · ·	뢴	
er Er	o. Signature (Agent)			_	Form
o k s	PS Form 3811 , December 1991 ±U.S. GPO: 1993—352	2-714	DOMESTIC RETURN RECEIP	r	8
_					

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

,	Postmark or Date	
	TOTAL Postage	\$
June 1991	Return Receipt Snowing to Whom Cate, and Addressee's Address	
0.0	Return Receipt Snowing to Whom & Date Delivered	
1	Restricted Delivery Fee	
	Specin Delivery Fee	
		<u></u>

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)

3ent .-

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

<u>-</u> }		<u> </u>	
<u> </u>	Return Reselot Introduce to Anomia Sate Delivired		
	Return (king pro Johanna ra Whom Date, and Addressee Kleadrina		
ı	nonal Presse sifees	\$	

GREAT WESTERN/S. CARTER September 20, 1994

B 957 036 894



Receipt for Certified Mail

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

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

Start Company of the	
Specification of	 -
Hartyr (surviver leaving)	
Further Recognitions wind in the law. Tight our distinguisher in Address	
Prints Printsbe	\$

GREAT WESTERN/S. CARTER September 20, 1994

P 321 036 850



Receipt for Certified Mail

No insurance Coverage Provided Do lict use for international Mail See Reverse.

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

	Special First		
	Restricting Like Visit 1999	 	
1221	Return the Bot (1994) to Mhom at 1ster on Lend		
ainc	Return the High son wing to Driner Date and Algoresche Control		
	TOTA, marave 3) Fees	\$	
3	Bootmark : r = 11:		_

GREAT WESTERN/S. CARTER September 20, 1994

P 321 036 883



Receipt for Cartified Mail

No insurance Coverage Provided Do not use for International Mail See Reversel

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

a fees Postmerk in Juliu		
	\$	
Bate of Authorized S		
Particle (August August	-3	
3pyr 12; 1 0 40		_
1 LOW 12 THE POST OF		

GREAT WESTERN/S. CARTER September 20, 1994

REGI	STERED NO. R381026577	POSTMARK
1 3	Reg. Fee \$ 4.50 Special Delivery	\$ 87502
Complete	Handling \$ Return \$ Charge Receipt	
8 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	Postage Postag	E (20 %) 0
0 🗖	Received by	Compacts Insurance
or Typed	Customer Must/Declare Full Value \$	25,000-intermetional
pleted By Cust ease Print) Be in Beil Point	WELLAHIN & KELLAH 117 N. GUADALUPE	182504
To Be Comp (P) Entries Must	2 204 44 th STE X	
PS Fo April	um 3806, RECEIPT FOR REGISTERED M.	AIL (Customer Copy) formation on Reverse)

★ U.S. GOVERNMENT PRINTING OFFICE: 1991-296-512

REGI	STERED NO. 830104571	POSTMARK
To Be Completed By Post Office	Reg. Fee \$ \(\(\) \(\	87502
To Be Completed By Customer (Please Print) All Entries Must Be in Ball Point or Typed	Customer Must Declare Full Value \$ With Postal Insurance Without Postal Insurance Without Postal Insurance Without Postal Insurance Insurance With Postal Insurance Without Postal Insurance Without Postal Insurance Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Postal Insurance With Ins	1000 (1000)
	rm 3806. RECEIPT FOR REGISTERED MA	AIL (Customer Copy) formation on Reverse)



Receipt for Certified Mail

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

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

	весян эетиеги н	
	estricted Sellveriz Fee	
1221	Return Hear of Indiving in Whom a Date Geoverna	
June	Hern Receipt Undwing to Whom Cate, 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:

Elizabeth Ann Renick 224 44th Ave. NW Calgary, Alberta Canada T2K OJ1A

	the state of the state	
1991	i in chen dieuwy deg	
	furr Receipt in will a 11 Whom will alter Delivering	
ן פניחר	meturn Perpetation (Wing in Wing in Synon) Lister and Addressite (Leed tries)	
	As endape a res	\$
3800,	+ Smark 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)

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

	Iber vi Delver, Harr	
	Restricted to the	
onic 1331	Return Responsition on dis to Window & Date De Vered	
	Heturn Heselst on IA halifs Whitm Dare and Addressek Address	
	TOTA Histage Ni Fres	\$
	Postmar- 11 (11)	

GREAT WESTERN/S. CARTER September 20, 1994

P 321 036 889



Receipt for **Certified Mail**

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

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

00 , June 1991	TOTAL Privile (H. & Fee) Postman (H.) Tare	\$
	Before Repelotion wind to Amilier Date and Addressee sile tarks	
	Return (receipt prinsum): to White Society Servered	
	Restricted Calculation	
	Special Selvery in	

GREAT WESTERN/S. CARTER September 20, 1994

357 036 953



Receipt for Certified Mail

No insurance Coverage Provided Do not use for international Mail See Reversa:

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

3	& Fries Postmark or Title	\$
5 [TSTAL imitage	
June	Return Repriet hown programs. Date, and Addressee - Address.	
88	Return inceior indiving to Whom & Care Teleprop	
	Bestrictia un un l'ilu	
	Special Deliver	

September 20, 1994

158 9E0 12E d



Receipt for Certified Mail

No insurance Coverage Provide Do not use for international 🕏 See Reverse

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

00	Francis of Date	1
٦,	T.27 Hur 2 Hadge	Ś
ne	Heturn Hymnet Clowing 10 Whom Cate and Addressee's Address	<u> </u>
800, June 1991	Haroscope (Artista) > Antimos Sate Denversid	
	desputad de vertiner	
	user a serv el ty ee	
ļ		

GREAT WESTERN/S. CARTER September 20, 1994



Receipt for Certified Mail

No insurance Obverage Provided On nor use for international Mail See Reverse

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

	GTA1 indutager crèves	\$
	leturn Hederot Lindwing to At the line.	
P	Peturn Receipt Sh. Aind 5. Whom & Date Gelevired	_
B	estricted Deliver, Tile	
-2	Omica La vefui (+	

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 Reversel

Harvey A. Heller, Jr.

Trustee:Heller Company Revocable
Trust

POB 3206

Tulsa, OK 74101

	الم المداد والمورد	
), June 1991	puntring No lury rum	
	History is neighborship to Whom will to De yere a	
	detum reselut anowing to Whilam Date lient Addressee - Address	
	VTA 1753 te Noteste	\$
800	Postniark or Late	

GREAT WESTERN/S. CARTER September 20, 1994