

EXHIBIT 11

**Affidavit of Notice Regarding Hearing
for Statutory Unitization of the
East Shugart (Delaware) Unit**

State of New Mexico)
Counties of Eddy and Lea) ss.

B. Lynne Ellison, being first duly sworn, upon oath deposes and says:

I am of legal age and have personal knowledge of the matters stated herein. By letter dated May 27, 1999, I, as Landman for St. Mary Land & Exploration Company, Operator of the proposed East Shugart (Delaware) Unit covering 604.12 acres, more or less, described as:

Township 18 South, Range 31 East, NM Meridian
Section 13: S/2SE/4
Section 24: NE/4 and N/2SE/4
Eddy County, New Mexico

Township 18 South, Range 32 East, NM Meridian
Section 18: Lot 4 (SW/4SW/4)
Section 19: Lots 1, 2 (W/2NW/4);
Lot 3 (NW/4SW/4); E/2NW/4
and NE/4SW/4
Lea County, New Mexico

sent notice to all owners of royalty, overriding royalty and working interests within the unitized formation that a hearing has been scheduled before the New Mexico Oil Conservation Division on June 24, 1999 related to an application for statutory unitization of the Brushy Canyon Formation of the Delaware Mountain Group. Copies of the application and of the related waterflood application were attached to the notices. The notices were delivered by certified mail, return receipt requested. A copy of the letter along with copies of the signed return receipts are attached to this Affidavit.

Further Affiant sayeth not.

B. Lynne Ellison
B. Lynne Ellison

Subscribed and sworn to before me this 13th day of July, 1999.

My Commission Expires:

May 15, 2003

Patricia Parizan
Notary Public for the State of Colorado
Residing at 1776 LINCOLN ST, STE 1100
DENVER CO 80203

**Certified Mail
Return Receipt Requested**

May 27, 1999

To: See Attached List of Addressees

Re: East Shugart (Delaware) Unit
Eddy and Lea Counties, NM


Ladies and Gentlemen:

Enclosed is a copy of an application for statutory unitization of the proposed East Shugart (Delaware) Unit filed with the New Mexico Oil Conservation Division by St. Mary Land & Exploration Company. Also enclosed is a related waterflood application.

This matter will be heard at 8:15 a.m. on Thursday, June 24, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. Our records indicate that you own an interest in the unit area. As an interest owner in the unit area, you have the right to enter an appearance and participate in the hearing. Failure to appear at the hearing will preclude you from contesting this matter at a later date. If you will be appearing at the hearing, you are requested to notify the attorney for the applicant no later than Friday, June 18, 1999. Our attorney is James Bruce, P. O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,

St. Mary Land & Exploration Company



B. Lynne Ellison
Landman

/le
Attachments

ADDRESS LIST

EAST SHUGART (DELAWARE)

IIT

RIVERHILL ENERGY CORPORATION
PO BOX 2726
MIDLAND TX 79702-2726

ST MARY LAND & EXPLORATION
COMPANY
1776 LINCOLN ST STE 1100
DENVER CO 80203

MARY ELIZABETH BAISH-WESTIN
513 POWELL AVE
CRESSON PA 16630-1314

KAREN ELIZABETH CHARLES
110 HUDSON AVE
ALTOONA PA 16602-4914

HIGGINS TRUST INC
PO BOX 2421
GAINESVILLE GA 30503-2421

MARGARET MASTERS
47 OAKWOOD DR
WORMLEYSBURG PA 17043-1134

KATHERINE MARY SCOTT
809 SHERIDAN ST
ALTOONA PA 16602-5440

BETTY BAISH STROHMEYER
ESTATE
JAMES SCOTT STROHMEYER
EXECUTOR
5311 E 5TH ST
TUCSON AZ 85711-2331

GEORGE WESTALL
PO BOX 70
RUIDOSO DOWNS NM 88346-0070

CENTENNIAL
PO BOX 1837
ROSWELL NM 88202

SELMA ANDREWS TRUST #5188-01
FBO PEGGY BARRETT
PO BOX 840738
DALLAS TX 75284-0738

JOHN WALLACE WALLRICH
2410 W 79TH AVE
ANCHORAGE AK 99502

GRAHAM AUSTIN AND MARGARET
AUSTIN
CO-TRTEES OF THE AUSTIN FAMILY
TRUST UTA 3/22/95
24992 NELLIE GAIL
LAGUNA BEACH CA 92653

NANCY CARTER
PO BOX 386
LEMON GROVE CA 91946-0386

RANDY G PATTERSON
1705 WASHINGTON
ARTESIA NM 88210-1650

JACK W MCCAW
PO BOX 127
ARTESIA NM 88211-0127

WILLIAM C WHITE
4200 AMISTAD DR
MIDLAND TX 79707-3203

BRAILLE INSTITUTE OF AMERICA
INC
C/O NATIONSBANK OF TEXAS NA
PO BOX 840738
DALLAS TX 75248-0738

BEVERLY LE TOURNEAU
PO BOX 487
STOLLWATER MN 55082-0487

EUGENE WALLRICH
6827 ELIOT VIEW RD
MINNEAPOLIS MN 55426-2833

JW WALLRICH JR
416 N ELMHURST AVE
MT PROSPECT IL 60056-2012

LUCY MCCARLEY
4463 SPRINGMOOR CIR
RALEIGH NC 27615-5707

LOFFLAND LIMITED PARTNERSHIP
6300 RIDGLEA PL STE 717
FORT WORTH TX 76116-5733

FIVE STATES 1994-E LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

FIVE STATES 1995-B LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

FIVE STATES 1995-D LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

PAUL J ANDERSON
728 GULL LAKE DR
NISSWA NM 56468-9543

THOMAS R HOLLOWAY
9993 ARCOLA COURT N
STILLWATER MN 55082-9523

DEBORAH FEDRIC
PO BOX 1771
ROSWELL NM 88202-1771

TE BROWN JR
PO BOX 68
ARTESIA NM 88211-0068

ORION PROPERTIES INC
11776 S 76TH E AVE
BIXBY OK 74008-2022

KING PROPERTIES INC
PO BOX 10
BIXBY OK 74008-0010

CLIFTON EUGENE SHUMATE JR
CUSTODIAL TRTEE
FOR THE SHAREHOLDERS OF
OIL ROYALTIES CORPORATION
PO BOX 2473
MIDLAND TX 79702-2473

JACK FOLKNER
PO BOX 39
LOLEETA CA 95551-0039

LOUISE FOLKNER LANE
6206 84TH STREET E
PUYALLUP WA 98371-6342

ROBERT L FOLKNER
1807 W CANARY WY
CHANDLER AZ 85248-3031

MARK RYAN FOLKNER
7209 ARROYO DELOSO NE
ALBUQUERQUE NM 87109-2922

CARL LEWIS FOLKNER JR
9005 NW VOLCANO ROAD, #30
ALBUQUERQUE NM 87121

STEPHEN FRANCIS FOLKNER
213 CAMINO CUATRO SW
ALBUQUERQUE NM 87105-7581

JOHN CHRISTOPHER FOLKNER
8207 SAN JUAN RD NE
ALBUQUERQUE NM 87108-2345

GEORGE H HUNKER JR
PO BOX 1837
ROSWELL NM 88202-1837

PATRICIA A BRUNSON
PO BOX 1353
SPRINGDALE AR 72764-1353

JIMMIE L CHARLESWORTH
RT 4 BOX 140B
HEREFORD TX 79045-9404

TOMMYE G EWING
3130 SAN SEBASTIAN
CARROLTON TX 75006

BETTE TAYLOR GARNER
6118 EDITH NE #152
ALBUQUERQUE NM 87107

ACME LAND COMPANY
P. O. BOX 10280
MIDLAND TX 79702

OLIN E GROVES
2507 CIMMARON
MIDLAND TX 79705

CECIL E & ELLA BELLE
HOLEMAN TRUST A & B
1303 W AVE J
LOVINGTON NM 88260

PRIME ENERGY ASSET &
INCOME FUND AA-3 & AA-4
2900 WILCREST DR STE 475
HOUSTON TX 77042-6009

SALLY MEADER ROBERTS
704 DELMAR
MIDLAND TX 79703-5536

VIVIAN C BRUNSON
4205 LANKFORD
SPRINGDALE AR 72762

GEORGE SHANNON
IND EXECUTOR OF
GLADYS SHANNON ESTATE
3112 HALLMARK
TYLER TX 75701

WILLIAM J CASEY
500 THROCKMORTON
FORT WORTH TX 76102-3708

NATIONSBANK
TEXAS NA TRTEE UWO
DAVID B TRAMMELL (#818)
PO BOX 848703
DALLAS TX 75284-8703

CAROL DAVID TRAMMELL
PO BOX 5081
WALNUT CREEK CA 94596-1081

NATIONSBANK TEXAS NA TRUSTEE
OF MARGARET RUTH TRAMMELL
TRUST
PO BOX 848703
DALLAS TX 75284-8703

RICHARD BORGAARD
8882 NE MEADOW RIDGE ROAD
PRINEVILLE OR 97754-9695

MARGARET JOHNSON MCCURDY
TRTEE
UTA 9/30/88
2525 RIDGMAR BLVD STE 300
FORT WORTH TX 76116-4583

E BERNARD JOHNSTON AND
MARY ELLEN JOHNSTON
2715 N KENTUCKY AVE #16
ROSWELL NM 88201-5868

RAY F LEWIS JR
1232 E AVITA AVE
CASA GRANDE AZ 85222-1105

MICHAEL R MCGUIRE
3209 ESTRELLITA
ROSWELL NM 88201-1017

MARGARET H NAYLOR
REVOCABLE TRUST
PO BOX 1196
ARTESIA NM 88211-1196

ROJO INC
PO BOX 1120
ROSWELL NM 88202-1120

RALPH A SHUGART TRUST
c/o MICHAEL D MCCANNON
300 S JACKSON ST STE 500
DENVER CO 80209-3133

CLIFTON E SHUMATE AND
HELEN C SHUMATE
2201 VENTNOR CT
ARLINGTON TX 76011

MYRTLE MYRA WESTALL
REVOCABLE TRUST
704 W BULLOCK AVE
ARTESIA NM 88210-2337

HARMAC OIL & GAS INC
221 E
WORTH
GRAPEVINE TX 76051

DNR OIL & GAS INC
655 BROADWAY
DENVER CO 80203

DAVID W TWOMEY
CONOCO INC
10 DESTA DR STE 100W
MIDLAND TX 79705

EHW LLC
A NM LIMITED LIABILITY COMPANY
101 S FOURTH STREET
ARTESIA NM 88210-2177

WILLA KATHRYN KENNEDY
P. O. BOX 1121
EDGEWOOD NM 87015-1121

MARY KENNEDY GORE
4749 E MOHAVE AVENUE
LAS VEGAS NV 89104-5826

BRANEX RESOURCES INC.
P. O. BOX 2328
ROSWELL NM 88202-2328

RIVERHILL ENERGY CORPORATION
PO BOX 2726
MIDLAND TX 79702-2726

HARE PRODUCTION COMPANY
1601 E BLANCHO BLVD
BLOOMFIELD NM 87413

TED E BACIL
43513 OCASO CORTE
FREMONT CA 94539-5633

NORMAN BARKER
3208 HAYNES DR
MIDLAND TX 79705-4213

FLOYD A BLAKENEY
2603 N WASHINGTON
ROSWELL NM 88201

BORICA OIL INC
DRAWER H
FT SUMNER NM 88119-1507

GERALD E & E PATRICIA
HARRINGTON TRUSTEES OF THE
HARRINGTON TRT
PO BOX 216
ROSWELL NM 88201

NM&T RESOURCES LLC
PO BOX 10523
MIDLAND TX 79702-7523

PAULA S CAMPBELL
PO BOX 1018
ROSWELL NM 88201

DR MICHAEL NORTON III
688 COUNTY ST
NEW BEDFORD MA 02740-6721

TROY OR SANDRA ONEY
PO BOX 513
MALAKOFF TX 75148

LEONARD SCHAEEN
6004 HIGHCOURT PL
DALLAS TX 75240

SCHATZ MANAGEMENT TRUST
BARBARA A SCHATX TRUSTEE
2817 W DENGAR
MIDLAND TX 79705-6104

EDWIN G WALLACE
133 SLEEPY HOLLOW LN
ORINDA CA 94563-1340

RIVERHILL ENERGY CORPORATION
FOR THE ACCT OF WILLIAM NICKEY
PO BOX 2726
MIDLAND TX 79702-2726

CHESTER FRANCIS CARTHEL TRT
FOR
OLGA EUDORA TANNAHILL MILLER
PO BOX 1 PLAZA ONE
AMARILLO TX 79105-0001

CHESTER FRANCIS CARTHEL TRT
FOR
THEODORE HERSCHEL CARTHEL
PO BOX 1 PLAZA ONE
AMARILLO TX 79105-0001

DON L LEE
PO BOX 149
ALAMOGORDO NM 88311-0149

RICHARD E OCONNELL
PO BOX 513
PACIFIC GROVE CA 93950-0513

GWENDOLYN MANNING WILLIAMS
905 W PINE CT
MIDLAND TX 79705-6527

LESSIE FISHER
PO BOX 301
ALTO NM 88312

E & S LLC
3007 RIVERSIDE DR
ROSWELL NM 88201-1348

DEAN KINSOLVING
PO BOX 325
TATUM NM 88267

PATRICK J MORELLO
598 WOODLAND DR
PADUCAH KY 42001

DAVID J MOSSLER
345 N MAPLE DR STE 105
BEVERLY HILLS CA 90210-3854

JOHN & ALICE SHARP
20 CONDESA RD
SANTA FE NM 87505

STEVE OR LOLA BELL
204 TIERRA BERRENDA
ROSWELL NM 88201

NELSON B ALPERS TRTEE OF THE
NELSON
B ALPERS FAMILY TRT UTA 5/12/97
4302 CRESTWOOD
MIDLAND TX 79707

JOHN V FOX
5012 LAKE CARLTON RD
LOGANVILLE GA 30249

PATRICIA K JENNINGS
3968 COTTONWOOD LN
ROSWELL NM 88201

FIVE STATES 1994-E LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

FIVE STATES 1995-B LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

FIVE STATES 1995-D LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

J E CIESZINSKI
PO BOX 3047
ROSWELL NM 88202-3047

HARVEY E YATES COMPANY
PO BOX 1933
ROSWELL NM 88202-1933

JALAPENO CORPORATION
PO BOX 1668
ALBUQUERQUE NM 87103

NORTEX CORPORATION
1415 LOUISIANA ST STE 3100
HOUSTON TX 77002

YATES ENERGY CORPORATION
PO BOX 2323
ROSWELL NM 88202-2323

BRIAN D KANTOR
5926 BIRDWOOD
HOUSTON TX 77074

18-31 INC
PO BOX 1120
ROSWELL NM 88202-1120

JOHN MICHAEL FROST
PO BOX 1120
ROSWELL NM 88202-1120

MARIANNE KEOHANE FROST
PO BOX 1120
ROSWELL NM 88202-1120

MARK JAMES FROST
PO BOX 1120
ROSWELL NM 88202-1120

THERESA ANN FROST
PO BOX 1120
ROSWELL NM 88202-1120

SUE SAUNDERS GRAHAM
PO BOX 987
ROSWELL NM 88202-0987

DONALD S IVERSON ESTATE
C/O SUSAN IVERSON
1 TERRACE MOUNTAIN COVE
AUSTIN TX 78746

IVERSON III INC
C/O S IVERSON
3454 S ZUNIS
TULSA OK 74105

PAI INCORPORATED
C/O PAUL IVERSON
243 WALNUT ST
NEWPORT BEACH CA 92663

JEWELL IVERSON INTERVIVOS
TRUST
R SULLIVAN SUCCESSOR
4870 S LEWIS STE 200
TULSA OK 74105

S J IVERSON JR
2518 SINCLAIR
MIDLAND TX 79705

WENDELL WELCH IVERSON
PO BOX 1343
MIDLAND TX 79702

JEANETTE Y KEOHANE
13408 CLOUDVIEW NE
ALBUQUERQUE NM 87123

PATSY ANN IVERSON PAGE
1155 MURILAND VISTA WY
LA JOLLA CA 92037

COMMERCE BANK OF KANSAS
CITY TRTEE
ELYSE S PATTERSON TRUST B
ATTN MARK ROBISON
PO BOX 419248
KANSAS CITY MO 64199-3366

PIP 1990 TRUST
C/O WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND TX 79702

SJI JR 1990 TRUST
C/O WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND TX 79702

PHOEBE SHELTON
PO BOX 430
AMARILLO TX 79105

THE TOLES COMPANY
PO BOX 1300
ROSWELL NM 88202-1300

WWI 1990 TRUST
C/O WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND TX 79702

SPIRAL INC
PO BOX 1933
ROSWELL NM 88202-1933

HEYCO EMPLOYEE LTD
PO BOX 1933
ROSWELL NM 88202-1933

EXPLORER PETROLEUM CORP
PO BOX 1933
ROSWELL NM 88202-1933

GENE SHUMATE
PO BOX 2473
MIDLAND TX 79702

JOSEPH R MAZZOLA
INTOIL INC
9200 E MINERAL AVE
ENGLEWOOD CO 80110

GREG HOLCOMB
TRUSTEE
SJ IVERSON TRUST
PO BOX 830308
DALLAS TX 75238

J DAVID WRATHER JR
PO BOX 1788
LONGVIEW TX 75605

PETER C IVERSON
& ALVIN M IVERSON
EXECUTORS OEO DOROTHY
MONROE
206 BELLEMEADE CIRCLE
EUFAULA OK 74432-2071

Form 3800, April 1995 (Reverse)

the
service
return
and
fee

PS Form 3811, December 1994

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

RIVERHILL ENERGY CORPORATION
PO BOX 2726
MIDLAND TX 79702-2726

4a. Article Number

2238 822 358

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

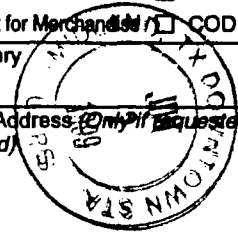
7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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



PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse?

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HARE PRODUCTION COMPANY
 1601 E BLANCHO BLVD
 BLOOMFIELD NM 87413

4a. Article Number

2 159 888 511

4b. Service Type

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

7. Date of Delivery

5/29/97

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X [Signature]

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

Thank you for using Return Receipt Service.

April 1995 (Reverse)

Service
Unit

due to

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

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

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

TED E BACIL
43513 OCASO CORTE
FREMONT CA 94539-5633

4a. Article Number

2159 888 521

4b. Service Type

- ☒ Registered
- ☒ Certified
- ☐ Insured
- ☐ COD
- ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Ted Bacil*

Is your RETURN ADDRESS completed on the reverse?

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

0000, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b.

- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NORMAN BARKER
3208 HAYNES DR
MIDLAND TX 79705-4213

4a. Article Number

P 554 486 695

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Mrs N.K. Barker

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FLOYD A BLAKENEY
2603 N WASHINGTON
ROSWELL NM 88201

4a. Article Number

2159 888 512

4b. Service Type

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

7. Date of Delivery

5-29-95

5. Received By: (Print Name)

X PAT BLAKENEY

6. Signature: (Addressee or Agent)

X Pat BlakeneY

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

article to cover First-Class postage, certified mail fee, and optional services (See front).
If you want a return receipt, stick the gummed stub to the right of the return receipt, attach, and present the article at a post office service and it to your rural carrier (no extra charge).
If you do not want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the address of the article, date, detach, and retain the receipt, and mail the article.
If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
Save this receipt and present it if you make an inquiry.

Address completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

BORICA OIL INC
DRAWER H
FT SUMNER NM 88119-1507

4a. Article Number

2159 888 522

4b. Service Type

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

7. Date of Delivery

6-2-99

5. Received By: (Print Name)

Signature: (Addressee or Agent)



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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipts.

cover First-Class postage, certified mail fee, and services (See front).
marked, stick the gummed stub to the right of the return
attached, and present the article at a post office service
carrier (no extra charge).
receipt postmarked, stick the gummed stub to the right of the
date, detach, and retain the receipt, and mail the article.
receipt, write the certified mail number and your name and address
the permits. Otherwise, affix to back of article. Endorse front of article
REQUESTED DELIVERY on the front of the article.
delivery restricted to the addressee, or to an authorized agent of the
use **RESTRICTED DELIVERY** in the appropriate spaces on the front of this
s for the services requested, check the applicable blocks in item 1 of Form 3811.
return receipt is requested, check the applicable blocks in item 1 of Form 3811.
this receipt and present it if you make an inquiry.

(Reverse) April 1995, Form 3811

ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4, and 5b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: NM&T RESOURCES LLC PO BOX 10523 MIDLAND TX 79702-7523	4a. Article Number 2159 888 513	
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	6. Signature (Addressee or Agent) X Lamo Lee	
7. Date of Delivery JUN - 1 1999		
8. Addressee's Address (Only if requested and fee is paid)		

S Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

1. Write items 1 and/or 2 for additional services.
2. Write items 3, 4a, and 4b.
3. Attach this form to the front of the mailpiece, or on the back if space does not permit.
4. Write "Return Receipt Requested" on the mailpiece below the article number.
5. The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

PAULA S CAMPBELL
PO BOX 1018
ROSWELL NM 88201

5. Received By: (Print Name)
Jane Andrews

6. Signature: (Addressee or Agent)
X Jane Andrews

4a. Article Number
2159 888 523

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

7. Date of Delivery
6-1-99

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BRIAN D KANTOR
5926 BIRDWOOD
HOUSTON TX 77074

4a. Article Number

2159 888 553

4b. Service Type

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

7. Date of Delivery

5-29-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

BD Kantor

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Rev. 4-95)

Is your RETURN ADDRESS completed on

DR MICHAEL NORTON III
688 COUNTY ST
NEW BEDFORD MA 02740-6721

1. Article Number
Z 159 888 504

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

ny 6-4-99

5. Received By: (Print Name)
Babbar P. Gortom

x

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

ER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TROY OR SANDRA ONEY
PO BOX 513
MALAKOFF TX 75148

4a. Article Number

2159 888 514

4b. Service Type

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

7. Date of Delivery

6-1-99 25

5. Received By: (Print Name)

Jim R SEEKER

6. Signature: (Addressee or Agent)

Jim R Seeker

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCHATZ MANAGEMENT TRUST
BARBARA A SCHATX TRUSTEE
2817 W DENGAR
MIDLAND TX 79705-6104

4a. Article Number

2159 888 505

4b. Service Type

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

7. Date of Delivery

67-99

Received By: (Print Name)

(Print Name) Barbara Schatz

Signature: (Addressee or Agent)

Signature: (Addressee or Agent)
Barbara Schuch

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

Ln 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

4. If you want delivery restricted to the addressee, or to an authorized addressee, endorse **RESTRICTED DELIVERY** on the front of the article. Enter fees for the services requested in the appropriate space on the receipt. If return receipt is requested, check the applicable block.

front of this
of Form 3814
2595-97

of Form 3
2595-97

Thank you for using Return On.

to cover First-Class postage, certified mail fee, and
Additional services (See front).
If postmarked, stick the gummed stub to the right of the return
receipt attached, and present the article at a post office service
to your rural carrier (no extra charge).
If you want a return receipt, stick the gummed stub to the right of the
address of the article, date, detach, and retain the receipt, and mail the article.
If you want delivery restricted to the addressee, or to an authorized agent of the
addressee, endorse front of article. Endorse front of article
RETURN RECEIPT REQUESTED adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the
addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this
receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

ADDRES COMPLETED ON THE REVERSE SIDE?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EDWIN G WALLACE
133 SLEEPY HOLLOW LN
ORINDA CA 94563-1340

4a. Article Number

2159 888 515

4b. Service Type

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

7. Date of Delivery

June 1-1999

5. Received By: (Print Name)

E. G. WALLACE

6. Signature: (Addressee or Agent)

E. G. Wallace

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

Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Rev. 11/2/95) 97-B-0175

1. Mail fee, and
2. Right of the return
3. Post office service
4. Mail to the right of the
5. Mail stub to the right of the
6. Mail and your name and address
7. Mail of the article by means of the
8. Mail of article. Endorse front of article
9. Mail, or to an authorized agent of the
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PS Form 3811, December 1994

1. Article Addressed to:
CHESTER FRANCIS CARTEL TRT
FOR OLGA EUDORA TANNAHILL
MILLER
PO BOX 1 PLAZA ONE
AMARILLO TX 79105-0001

2. Article Number:
2159 888 506

3. Service Type:
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

4. Date of Delivery:
JUN - 1 1999

5. Received By: (Print Name)
Gabriel Jaramillo

6. Signature: (Addressee or Agent)
X [Signature]

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

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

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

3. Article Addressed to:

CHESTER FRANCIS CARTEL TRT
FOR THEODORE HERSCHEL
CARTEL
PO BOX 1 PLAZA ONE
AMARILLO TX 79105-0001

4a. Article Number
2159 888 516
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN - 2 1999

5. Received By: (Print Name)
Gabriel Jaramillo

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

1025595-91-B-0145 of Form

Is your RETURN ADDRESS completed?

right of the return
post office service

The Return Receipt will show to whom the article was delivered and the date delivered.

Consult postmaster for fee.

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, April 1995 (Reverse)

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

RETURN:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

■ Attach this form to the front of the mailpiece, or on the back if space does not permit.

■ Write "Return Receipt Requested" on the mailpiece below the article number.

■ The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RICHARD E O'CONNELL
PO BOX 513
PACIFIC GROVE CA 93950-0513

4a. Article Number

2159 888 507

4b. Service Type

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

7. Date of Delivery

3

1000

9395

USPS

5. Received By: (Print Name)

RICHARD E. O'CONNELL

6. Signature: (Addressee or Agent)

X Richard E O'Connell

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

1. Do not want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed stub to the right of the return receipt. Otherwise, attach to back of article. Endorse front of article with "RETURN RECEIPT REQUESTED" adjacent to the number.

2. If you want delivery restricted to the addressee or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

3. Enter fees for the services requested in the appropriate spaces on the front of this receipt, if return receipt is requested. Check the applicable blocks in item 1 of Form 3811.

4. Save this receipt and present it if you make an inquiry.

5. Do not want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed stub to the right of the return receipt. Otherwise, attach to back of article. Endorse front of article with "RETURN RECEIPT REQUESTED" adjacent to the number.

6. If you want delivery restricted to the addressee or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

7. Enter fees for the services requested in the appropriate spaces on the front of this receipt, if return receipt is requested. Check the applicable blocks in item 1 of Form 3811.

8. Save this receipt and present it if you make an inquiry.

ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GWENDOLYN MANNING WILLIAMS
905 W PINE CT
MIDLAND TX 79705-6527

4a. Article Number

2159 888 517

4b. Service Type

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

7. Date of Delivery

06-01-95

5. Received By: (Print Name)

Signature (Addressee or Agent)

X Gwen Williams

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

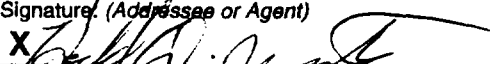
Is your RETURN ADDRESS completed on the reverse?

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100. Return service

3. Article Addressed to:

E & S LLC
3007 RIVERSIDE DR
ROSWELL NM 88201-1348

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X 

4a. Article Number
2 159 888 508

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

7. Date of Delivery
6-1-99

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

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEAN KINSOLVING
PO BOX 325
TATUM NM 88267

4a. Article Number
Z 159 888 518

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Deanda Kinsolving*

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

1 OCT 22/70/00 074 14/10/70

Thank you for using Return Receipt Service

AR:

☐ **Rate items 1 and/or 2 for additional services.**

Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

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

3. Article Addressed to:

DAVID J MOSSLER
345 N MAPLE DR STE 105
BEVERLY HILLS CA 90210-3854

4a. Article Number

Article Number
Z 159 888 504

4b. Service Type

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

7. Date of Delivery

60-

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Rev. 11-25-95) 97-B-0179

1. Blocks in item 1 of Form 3811.
2. An authorized agent of the
3. Endorse front of article
4. Your name and address
5. Mail the article
6. To the right of the
7. Post office service
8. Mail fee

Items 1 and/or 2 for additional services.
Items 3, 4a, and 4b.
Your name and address on the reverse of this form so that we can return this to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

Is your RETURN ADDRESS completed?

3. Article Addressed to:
JOHN & ALICE SHARP
20 CONDESA RD
SANTA FE NM 87505

5. Received By: (Print Name)
JOHN SHARP

6. Signature: (Addressee or Agent)
[Signature]
X

4a. Article Number
2159 888 519

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

7. Date of Delivery
JUN 5 1999

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

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

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

3. Article Addressed to:

STEVE OR LOLA BELL
204 TIERRA BERRENDA
ROSWELL NM 88201

5. Received By: (Print Name)

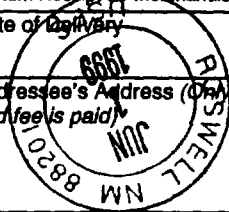
6. Signature: (Addressee or Agent)

4a. Article Number
2 159 888 529

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

7. Date of Delivery

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



PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on

102595-97-B-0179

Domestic Return Receipt

Thank you for using Borden's!

to cover First-Class postage, certified mail fee, and
al services (See front).
marked, stick the gummed stub to the right of the return
attached, and present the article at a post office service
carrier (no extra charge).
receipt postmarked, stick the gummed stub to the right of the
date, detach, and retain the receipt, and mail the article.
receipt, write the certified mail number and your name and address
d, Form 3811, and attach it to the front of the article by means of the
ce permits. Otherwise, affix to back of article. Endorse front of article
REQUESTED adjacent to the number.
delivery restricted to the addressee, or to an authorized agent of the
or **RESTRICTED DELIVERY** on the front of the article.
s for the services requested in the appropriate spaces on the front of this
turn receipt is requested, check the applicable blocks in item 1 of Form 3811.
his receipt and present it if you make an inquiry.

(Reverse)

3800, April 1995 (Reverse)

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN V FOX
5012 LAKE CARLTON RD
LOGANVILLE GA 30249

4a. Article Number

2 159 888 520

4b. Service Type

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

7. Date of Delivery

Jul 02 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

cover First-Class postage, certified mail fee, and
al services (See front).
postmarked, stick the gummed stub to the right of the return
receipt attached, and present the article at a post office service
your rural carrier (no extra charge).
want a return receipt postmarked, stick the gummed stub to the right of the
55 of the article, date, detach, and retain the receipt, and mail the article.
RETURN RECEIPT REQUESTED adjacent to the number. Endorse front of article
4. If you want delivery restricted to the addressee, or to an authorized agent of the
addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this
receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

IN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PATRICIA K JENNINGS
3968 COTTONWOOD LN
ROSWELL NM 88201

4a. Article Number

2159 888 530

4b. Service Type

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

7. Date of Delivery

6-19-94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Patricia Jennings

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

to article to cover First-Class postage, certified mail fee, and
selected optional services (See front).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return
address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address
on a return receipt card, Form 3811, and attach it to the front of the article by means of the
gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article
RETURN RECEIPT REQUESTED adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the
addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this
receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make an inquiry.

3800 April 1995 (Reverse)

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J DAVID WRATHER JR
PO BOX 1788
LONGVIEW TX 75605

4a. Article Number

2159 888 507

4b. Service Type

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

7. Date of Delivery

JUN -1 1999

5. Received By: (Print Name)

J David Wrather Jr

6. Signature: (Addressee or Agent)

X

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of the mail piece?

Items 1 and/or 2 for additional services.
Items 3, 4a, and 4b.
Write your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.


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

3. Article Addressed to:

GENE SHUMATE
PO BOX 2473
MIDLAND TX 79702

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Gene Shumate

4a. Article Number
2 159 888 566
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)


PS Form 3800, April 1995 (Reverse)

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B0145

1. ☐ Registered
2. ☐ Express Mail
3. ☐ Return Receipt for Merchandise
4. ☐ Certified
5. ☐ Insured
6. ☐ COD

7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)

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

3. Article Addressed to:
FIVE STATES 1994-E LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

5. Received By: (Print Name)
6. Signature: (Addressee or Agent)
* [Signature]

4a. Article Number
2159 888 521

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

7. Date of Delivery
6/1/99

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

FIVE STATES 1995-B LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

4a. Article Number
2238 822 324

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

7. Date of Delivery
6/1/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

***Karen Crow**

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1994
is your RETURN ADDRESS complete?
1. The gummed stub to the right of the article at a post office service.
2. The receipt, and mail the article.
3. Mail number and your name and address.
4. Affix to the front of the article by means of the article.
5. Endorse front of article.
6. The addressee, or to an authorized agent of the addressee, on the front of the article.
7. DELIVERY on the appropriate spaces on the front of this requested, check the applicable blocks in item 1 of Form 3811.
8. Present it if you make an inquiry.

1. Items 1 and/or 2 for additional services.
2. Items 3, 4a, and 4b.
3. Your name and address on the reverse of this form so that we can return this to you.
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
5. Write "Return Receipt Requested" on the mailpiece below the article number.
6. The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FIVE STATES 1995-D LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

4a. Article Number

0554 486 691

4b. Service Type

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

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Karen [Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

3. Article Addressed to:

J E CIESZINSKI
PO BOX 3047
ROSWELL NM 88202-3047

4a. Article Number
7159 888 534
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
J. E. Ciesinski

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

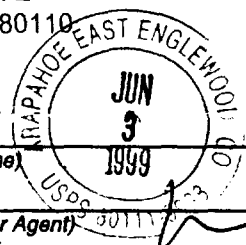
Thank you for using Return Receipt

PS Form 3800, April 1995 (Reverse)
102595-97-P-0145

1. ☐ Return to sender if no return address is shown.
2. ☐ Return to sender if no return address is shown and the article is damaged.
3. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
4. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
5. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
6. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
7. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
8. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
9. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.
10. ☐ Return to sender if no return address is shown and the article is damaged and the return address is shown on the reverse of this form so that we can return this to you.

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

3. Article Addressed to:
JOSEPH R MAZZOLA
INTOIL INC
9200 E MINERAL AVE
ENGLEWOOD CO 80110
5. Received By: (Print Name)
6. Signature: (Addressee or Agent)
X P Mazzola



4a. Article Number
2159 888 562
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.

- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NORTEX CORPORATION
1415 LOUISIANA ST STE 3100
HOUSTON TX 77002

4a. Article Number

2159 888 535

4b. Service Type

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

7. Date of Delivery

06/01/99

5. Received By: (Print Name)

YORK

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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Form 3811.

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

1. ☒ Items 1 and/or 2 for additional services.
2. ☒ Items 3, 4a, and 4b.
3. ☒ Attach this form to the front of the mailpiece, or on the back if space does not permit.
4. ☒ Write "Return Receipt Requested" on the mailpiece below the article number.
5. ☒ The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HARVEY E YATES COMPANY
PO BOX 1933
ROSWELL NM 88202-1933

4a. Article Number

2159 888 543

4b. Service Type

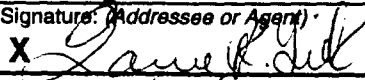
- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using the PS Form 3811.

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

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

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

3. Article Addressed to: SPIRAL INC PO BOX 1933 ROSWELL NM 88202-1933	4a. Article Number 2159 888 560
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery 6-1-99
6. Signature: (Addressee or Agent) X [Signature]	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt

1. Write item 1 and/or 2 for additional services.
2. Write item 3, 4a, and 4b.
3. Write your name and address on the reverse of this form so that we can return this to you.
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
5. Write "Return Receipt Requested" on the mailpiece below the article number.
6. The Return Receipt will show to whom the article was delivered and the date delivered.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the back of the mailpiece?

3. Article Addressed to:

EXPLORER PETROLEUM CORP
PO BOX 1933
ROSWELL NM 88202-1933

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

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

2159 888 564

4b. Service Type

☐ Registered

☒ Certified

☐ Express Mail

☐ Insured

☐ Return Receipt for Merchandise

☐ COD

7. Date of Delivery

6-1-99

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

HEYCO EMPLOYEE LTD
PO BOX 1933
ROSWELL NM 88202-1933

4a. Article Number

2159 888 561

4b. Service Type

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

7. Date of Delivery

6-7-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Samuel L. Lill*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the front of the mail piece?

PS Form 3800, April 1995 (Reverse)

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

YATES ENERGY CORPORATION
PO BOX 2323
ROSWELL NM 88202-2323

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Candy Stevens*

4a. Article Number
2159888544

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

7. Date of Delivery
NOV 1995

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

Thank you for using Return Receipt Service.

102595-97-B-0145
PS Form 3800, April 1995 (Rev. 10/94)
is your RETURN ADDRESS completed on the reverse of this form?
the right of the article.
name and address by means of the address front of article
authorized agent of the article.
article.
face on the front of this form 3811.
in item 1 of Form 3811.

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

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

is your RETURN ADDRESS completed on the reverse of this form?

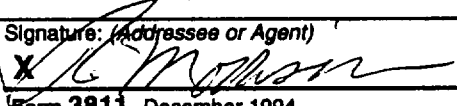
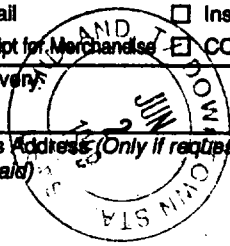
3. Article Addressed to:
JALAPENO CORPORATION
PO BOX 1668
ALBUQUERQUE NM 87103
5. Received By: (Print Name)
6. Signature (Addressee or Agent)
X

4a. Article Number
2159 888 552
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)
ALBUQUERQUE NM 87103

Thank you for using Return Receipt Service

to cover First-Class postage, certified mail fee, and
 onal services (See front).
 postmarked, stick the gummed stub to the right of the return
 pt. attached, and present the article at a post office service
 rural carrier (no extra charge).
 nt this receipt postmarked, stick the gummed stub to the right of the
 e article, date, detach, and retain the receipt, and mail the article.
 a return receipt, write the certified mail number and your name and address
 cept card, Form 3811, and attach it to the back of the article by means of the
 ds if space permits. Otherwise, affix to back of article. Endorse front of article
RECEIPT REQUESTED adjacent to the number.
 you want delivery restricted to the addressee, or to an authorized agent of the
 essee, endorse **RESTRICTED DELIVERY** on the front of the article.
 Enter fees for the services requested in the appropriate spaces on the front of this
 receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
 6. Save this receipt and present it if you make an inquiry.

3800, April 1995 (Reverse)
 ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: RIVERHILL ENERGY CORPORATION FOR THE ACCT OF WILLIAM NICKEY PO BOX 2726 MIDLAND TX 79702-2726		4a. Article Number 2 159 888 525 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input checked="" type="checkbox"/> COD
5. Received By: (Print Name) Signature: (Addressee or Agent) 		7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)
Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)
102595-97 B-0145
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name and address
by means of the
endorse front of article
the return
ce service

Is your RETURN ADDRESS completed on the back of the mailpiece?

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

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

3. Article Addressed to:

MARY ELIZABETH BAISH-WESTIN
513 POWELL AVE
CRESSON PA 16630-1314

5. Received By: (Print Name)
R. J. Westin
6. Signature: (Addressee or Agent)
R. J. Westin
X

4a. Article Number
Z 238 822 316
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
6/1/99
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of the mailpiece?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KAREN ELIZABETH CHARLES
110 HUDSON AVE
ALTOONA PA 16602-4914

4a. Article Number

2238 822 356

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ CQD

7. Date of Delivery

6/3/99

5. Received By: (Print Name)

KAREN CHARLES

6. Signature: (Addressee or Agent)

X Karen Charles

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

PS Form 3811, December 1994

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

3. Article Addressed to:
GERALD E & E PATRICIA
HARRINGTON TRUSTEES OF THE
HARRINGTON TRT
PO BOX 216
ROSWELL NM 88201

4a. Article Number
2 159 888 503
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

5. Received By: (Print Name)

7. Date of Delivery
6-1-99

6. Signature: (Addressee or Agent)
X Gerald E Harrington

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Rev. 10-94)
 a. To the right of the article.
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 t. To the right of the article.
 u. To the right of the article.
 v. To the right of the article.
 w. To the right of the article.
 x. To the right of the article.
 y. To the right of the article.
 z. To the right of the article.

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

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

3. Article Addressed to:
 HIGGINS TRUST INC
 PO BOX 2421
 GAINESVILLE GA 30503-2421

5. Received By: (Print Name)
Kathleen Edwards

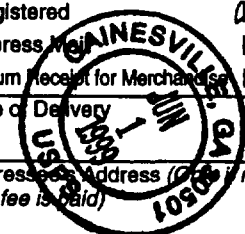
6. Signature: (Addressee or Agent)
 X

4a. Article Number
 P554 486 692

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

7. Date of Delivery

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



PS Form 3800, April 1995 (Rev. 10-25-95) 97-B-0145

or to an authorized agent of the
front of the article.
appropriate spaces on the front of this
applicable blocks in item 1 of Form 3811.
in inquiry.

PS Form 3811, December 1994

Is your RETURN ADDRESS completed

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

E BERNARD JOHNSTON AND
MARY ELLEN JOHNSTON
2715 N KENTUCKY AVE #16
ROSWELL NM 88201-5868

4a. Article Number
E159 888 488

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
5-29-99

5. Received By: (Print Name)
E. Bernard Johnson

6. Signature: (Addressee or Agent)
E. Bernard Johnson

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

Thank you for using Return Receipt Certified

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ray F. Lewis
1748 Seneca Cir.
Casa Grande AZ
85222

4a. Article Number

Z 300 038 250

4b. Service Type

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

7. Date of Delivery

6-9-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Ray F. Lewis*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

1 of Form 3811
1235-99-400-000
the front of this

Is your RETURN ADDRESS completed on the reverse?

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

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

3. Article Addressed to:
 MARGARET MASTERS
 47 OAKWOOD DR
 WORMLEYSBURG PA 17043-1134

4a. Article Number
 2238 822 317
 4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
 06-01-99

5. Received By: (Print Name)
 Margaret B. Masters

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

6. Signature: (Addressee or Agent)
 MARGARET MASTERS

Thank you for using Return Receipt Service

INSTRUCTIONS:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

MICHAEL R MCGUIRE
3209 ESTRELLITA
ROSWELL NM 88201-1017

4a. Article Number

2159 888 498

4b. Service Type

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

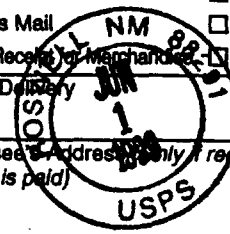
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Michael McGuire



PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

395 (Reverse)

due '99

Is your RETURN ADDRESS completed on the reverse

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

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 MARGARET H NAYLOR
 REVOCABLE TRUST
 PO BOX 1196
 ARTESIA NM 88211-1196

4a. Article Number
 2159 888 489

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

7. Date of Delivery
 6-1-99

5. Received By: (Print Name)
 Forthrest NAYLOR

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

6. Signature: (Addressee or Agent)
 (X) Margaret Naylor

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse?

INSTRUCTIONS:

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

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ROJO INC
PO BOX 1120
ROSWELL NM 88202-1120

4a. Article Number

2159 888 494

4b. Service Type

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

7. Date of Delivery

6-1-95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

(Reverse)

put

OVER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:

KATHERINE MARY SCOTT
809 SHERIDAN ST
ALTOONA PA 16602-5440

4a. Article Number

2 238 822 357

4b. Service Type

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

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Katherine Scott*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse

INSTRUCTIONS:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RALPH A SHUGART TRUST
c/o MICHAEL D MCCANNON
300 S JACKSON ST STE 500
DENVER CO 80209-3133

4a. Article Number

2159 888 499

4b. Service Type

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

7. Date of Delivery

5/28/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
CLIFTON E SHUMATE AND
HELEN C SHUMATE
2201 VENTNOR CT
ARLINGTON TX 76011

4a. Article Number
7159 888 490
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *[Signature]*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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article.
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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BELLY BAISH STROHMEYER
ESTATE
JAMES SCOTT STROHMEYER
EXECUTOR
5311 E 5TH ST
TUCSON AZ 85711-2331

4a. Article Number

P554 486693

4b. Service Type

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

7. Date of Delivery

05 29 99

5. Received By: (Print Name)

JIM STROHMEYER

6. Signature: (Addressee or Agent)

X Jim Strohmeyer

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

same

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

PS Form 3800, April 1995 (Reverse)

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

3. Article Addressed to:
MYRTLE MYRA WESTALL
REVOCABLE TRUST
704 W BULLOCK AVE
ARTESIA NM 88210-2337

4a. Article Number
2159 888 495
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-2-99

5. Received By: (Print Name)
Myrtle Westall

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

6. Signature: (Addressee or Agent)
X Myrtle Westall

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

PS Form 3800, April 1995 (Reverse)

1. Attach this form to the front of the mailpiece, or on the back if space does not permit.
2. Write "Return Receipt Requested" on the mailpiece below the article number.
3. The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GEORGE WESTALL
PO BOX 70
RUIDOSO DOWNS NM 88346-0070

4a. Article Number

2238 822 318

4b. Service Type

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

7. Date of Delivery

6-3-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X George Westall

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

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

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

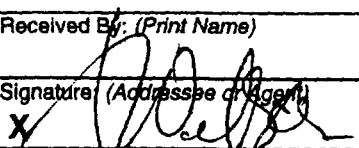
3. Article Addressed to:

CENTENNIAL
PO BOX 1837
ROSWELL NM 88202

4a. Article Number
2 238 822 362
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

5. Received By: (Print Name)

7. Date of Delivery

6. Signature (Addressee or Agent)
X 

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



Thank you for using Return Receipt Service

in the front of this
Form 3811.
The agent of the
return and address
by means of the
front of article
the right of the
article.
of the return
office service
all to you.

PS Form 3800, April 1995 (Rev. 10-94)

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SELMA ANDREWS TRUST #5188-01
FBO PEGGY BARRETT
PO BOX 840738
DALLAS TX 75284-0738

4a. Article Number

2554 486 694

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse of this form?

Thank you for using PS Form 3811.

mail fee.
right of the return
post office service
d stub to the right of the
and mail the article.
and your name and address
of the article by means of the
of article. Endorse front of article
to an authorized agent of the
the front of the article.
a appropriate spaces on the front of this
applicable blocks in item 1 of Form 3811.
102595-97-B-0145
to an inquiry.

PS Form 3800, April 1995 (P)
Is your RETURN ADDRESS complete

Items 1 and/or 2 for additional services.
Items 3, 4a, and 4b.
Our name and address on the reverse of this form so that we can return this
to you.
On this form to the front of the mailpiece, or on the back if space does not
permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date
delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
GRAHAM AUSTIN AND MARGARET
AUSTIN
CO-TRTEES OF THE AUSTIN FAMILY
TRUST UTA 3/22/95
24992 NELLIE GAIL
LAGUNA BEACH CA 92653

4a. Article Number
E 238 822 363

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

7. Date of Delivery
6-2-99

5. Received By: (Print Name)
S B Austin
6. Signature: (Addressee or Agent)
X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

INSTRUCTIONS:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RANDY G PATTERSON
1705 WASHINGTON
ARTESIA NM 88210-1650

4a. Article Number

2238 822 320

4b. Service Type

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

7. Date of Delivery

6-2-99

5. Received By: (Print Name)

Randy G Patterson

6. Signature: (Addressee or Agent)

X *Randy G Patterson*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JACK W MCCA
PO BOX 127
ARTESIA NM 88211-0127

4a. Article Number

P554 486 697

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

JACK W MCCA

6. Signature: (Addressee or Agent)

[Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

mail fee.
a right of the return
a post office service
med stub to the right of the
number and your name and address
a front of the article by means of the
back of article. Endorse front of article
number.
number, or to an authorized agent of the
on the front of the article.
in the appropriate spaces on the front of this
neck the applicable blocks in item 1 of Form 3811.
you make an inquiry.
PS Form 3800, April 1993
102595-97 B-0145

is your RETURN ADDRESS complete

1. Items 1 and/or 2 for additional services.
2. Items 3, 4a, and 4b.
3. Your name and address on the reverse of this form so that we can return this
4. To you.
5. Attach this form to the front of the mailpiece, or on the back if space does not
6. permit.
7. Write "Return Receipt Requested" on the mailpiece below the article number.
8. The Return Receipt will show to whom the article was delivered and the date
9. delivered.

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

3. Article Addressed to:

WILLIAM C WHITE
4200 AMISTAD DR
MIDLAND TX 79707-3203

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X William C. White

4a. Article Number
7238 822 321
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
6-2-94
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

- 1 If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your retail carrier (no extra charge).
- 2 If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt and mail the article on a return receipt card, Form 3811, and attach it to the front of the article by means of the RETURN RECEIPT REQUESTED adjacent to the number.
- 3 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
- 4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
- 5 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
- 6 Save this receipt and present it if you make an inquiry.

3800, April 1995 (Reverse)

AN ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY KENNEDY GORE
4749 E MOHAVE AVENUE
LAS VEGAS NV 89104-5826

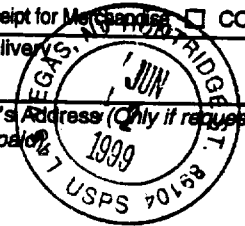
4a. Article Number

2159 888 497

4b. Service Type

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

7. Date of Delivery



5. Received By: (Print Name)

Signature: (Addressee or Agent)

Mary Kennedy Gore
3811, December 1994

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Article to cover First-Class postage, certified mail fee, and optional services (See front).

Postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service rural carrier (no extra charge).

In receipt postmarked, stick the gummed stub to the right of the article, date, detach, and retain the receipt, and mail the article.

In receipt, write the certified mail number and your name and address on Form 3811, and attach it to the front of the article by means of the face permits. Otherwise, affix to back of article. Endorse front of article "REQUESTED" adjacent to the number.

Delivery restricted to the addressee, or to an authorized agent of the addressee, use RESTRICTED DELIVERY on the front of the article.

For the services requested in the appropriate spaces on the front of this receipt is requested, check the applicable blocks in item 1 of Form 3811.

Receipt and present it if you make an inquiry.

2000 April 1995 (Reverse)

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLA KATHRYN KENNEDY
P. O. BOX 1121
EDGEWOOD NM 87015-1121

4a. Article Number

159 888 492

4b. Service Type

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

7. Date of Delivery

6/2/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Signature]

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

INSTRUCTIONS:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EHW LLC
A NM LIMITED LIABILITY COMPANY
101 S FOURTH STREET
ARTESIA NM 88210-2177

4a. Article Number

2159 888 501

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery**5. Received By: (Print Name)**

SARA W. STUBBS

6. Signature: (Addressee or Agent)

X *Sara W. Stubbs*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)
102595-97-B-0165
The appropriate spaces on the front of this form are for use by the addressee or agent of the article. Endorse front of article and your name and address and mail the article.
Sub to the right of the article.
Post office service.
of the return
all fee, and
DER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.
I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.
3. Article Addressed to:
EHW LLC
A NM LIMITED LIABILITY COMPANY
101 S FOURTH STREET
ARTESIA NM 88210-2177
4a. Article Number
2159 888 501
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
5. Received By: (Print Name)
SARA W. STUBBS
6. Signature: (Addressee or Agent)
X *Sara W. Stubbs*
8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811, December 1994
102595-97-B-0179
Domestic Return Receipt
Is your RETURN ADDRESS completed on the reverse?
Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
BRAILLE INSTITUTE OF AMERICA
INC
C/O NATIONSBANK OF TEXAS NA
PO BOX 840738
DALLAS TX 75248-0738

4a. Article Number
P554 486 116

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt

INSTRUCTIONS:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN WALLACE WALLRICH
2410 W 79TH AVE
ANCHORAGE AK 99502

4a. Article Number

E 238 822 319

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)**6. Signature: (Addressee or Agent)**

X *John Wallrich*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

Thank you for using Return Receipt Service

Return service
right of the
name and address
by means of the
indorse front of article
authorized agent of the
the article.
spaces on the front of this
blocks in item 1 of Form 3811.
102595-97-B-0145
PS Form 3800, April 1995 (Reverse)

mail fee, and
right of its return
post office service
stub to the right of the
mail the article.
your name and address
the article by means of the
article. Endorse front of article
to an authorized agent of the
nt of the article.
ropriate spaces on the front of this
cable blocks in item 1 of Form 3811.
102595-97-B-0145
PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

ER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BEVERLY LE TOURNEAU
PO BOX 487
STOLLWATER MN 55082-0487

4a. Article Number

2238 822 322

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Beverly Le Tourneau

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the back of the mailpiece?
If not, please complete it on the back of the mailpiece.
If yes, please check the appropriate box:
☐ Yes, I have completed it on the back of the mailpiece.
☐ No, I have not completed it on the back of the mailpiece.
If you check "No", please attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

EUGENE WALLRICH
6827 ELIOT VIEW RD
MINNEAPOLIS MN 55426-2833

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Eugene Wallrich

4a. Article Number
P 554 486 689

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

7. Date of Delivery
6/1/99

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

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse of this form so that we can return this card to you.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JW WALLRICH JR
416 N ELMHURST AVE
MT PROSPECT IL 60056-2012

4a. Article Number
P554 486 698

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/1/94

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *Paul Wallrich*

Thank you for using Return Receipt

0000, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LUCY MCCARLEY
4463 SPRINGMOOR CIR
RALEIGH NC 27615-5707

4a. Article Number

2238 822 323

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

Lucy Mc Carley

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

April 1995 (Reverse)

vice
w/ps

plus 'eag

ORDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LOFFLAND LIMITED PARTNERSHIP
6300 RIDGLEA PL STE 717
FORT WORTH TX 76116-5733

4a. Article Number

P554 486 690

4b. Service Type

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

7. Date of Delivery

6-7-99

5. Received By: (Print Name)

GARY S. LOFFLAND

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FIVE STATES 1994-E LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

4a. Article Number

0554 486 699

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

(B) 5661 11071

to cover First-Class postage.
marked, stick the gummed stub to the right of the article at a post office.
attached, and present the article at a post office.
receipt postmarked, stick the gummed stub to the right of the
carrier (no extra charge).
date, detach, and retain the receipt, and mail the article.
the certified mail number and your name and address
of the article by means of the
Endorse front of article
agent of the
or to an authorized agent of the
Form 3811, and attach it to the front of the article.
Otherwise, affix to back of article.
adjacent to the number.
restricted to the addressee, or to an authorized agent of the
appropriate spaces on the front of Form 3811.
check the applicable blocks in item-1 of Form 3811.
make an inquiry.

102935-97-B-0

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FIVE STATES 1995-B LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

4a. Article Number

7159 888 532

4b. Service Type

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

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X Karen (now

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

S Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

INSTRUCTIONS:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FIVE STATES 1995-D LTD
4925 GREENVILLE AVE STE 1220
DALLAS TX 75206-4020

4a. Article Number

2159 888 533

4b. Service Type

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

7. Date of Delivery

6/1/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

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

1995 (Reverse)

copy
write

put 'em
back

Is your RETURN ADDRESS completed on the reverse?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAUL J ANDERSON
728 GULL LAKE DR
NISSWA NM 56468-9543

4a. Article Number

2 238 822 365

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

Paul J Anderson

6. Signature: (Addressee or Agent)

X Paul J Anderson

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

ORDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p>THOMAS R HOLLOWAY 9993 ARCOLA COURT N STILLWATER MN 55082-9523</p>	<p>4a. Article Number</p> <p>7238 822 325</p>
<p>5. Received By: (Print Name)</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>6. Signature: (Addressee or Agent)</p> <p>X [Signature]</p>	<p>7. Date of Delivery</p> <p>1-1-99</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

1. ☐ Return Receipt Requested
2. ☐ Restricted Delivery
3. ☐ Return Receipt Requested
4. ☐ Return Receipt Requested
5. ☐ Return Receipt Requested
6. ☐ Return Receipt Requested
7. ☐ Return Receipt Requested
8. ☐ Return Receipt Requested
9. ☐ Return Receipt Requested
10. ☐ Return Receipt Requested
11. ☐ Return Receipt Requested
12. ☐ Return Receipt Requested
13. ☐ Return Receipt Requested
14. ☐ Return Receipt Requested
15. ☐ Return Receipt Requested

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

3. Article Addressed to:
DEBORAH FEDRIC
PO BOX 1771
ROSWELL NM 88202-1771

4a. Article Number
238 822 326
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt Requested Merchandise ☐ COD
Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)
USPS

5. Received By: (Print Name)
6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TE BROWN JR PO BOX 68 ARTESIA NM 88211-0068		4a. Article Number 238 822 337	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 6-1-99	
5. Received By: (Print Name) Albert R. Spencer		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> Albert R. Spencer			

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

INSTRUCTIONS:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:

ORION PROPERTIES INC
11776 S 76TH E AVE
BIXBY OK 74008-2022

4a. Article Number

2159 888 478

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ Signature Required

7. Date of Delivery

6/11/95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

For use only for using Return Receipt Service

INSTRUCTIONS:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:

KING PROPERTIES INC
PO BOX 10
BIXBY OK 74008-0010

4a. Article Number

7238 822 327

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-01-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

PS Form 3800, April 1995 (Reverse)

102595-97-B-0145

Is your RETURN ADDRESS completed on the front of the mailpiece?
 If the return address is not on the front of the mailpiece, attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Registered
 2. ☐ Express Mail
 3. ☐ Return Receipt for Merchandise

4a. Article Number
 2238 822 338

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise

5. Received By: (Print Name)
 CLIFTON EUGENE SHUMATE JR
 CUSTODIAL TRTEE
 FOR THE SHAREHOLDERS OF
 OIL ROYALTIES CORPORATION
 PO BOX 2473
 MIDLAND TX 79702-2473

6. Signature: (Addressee or Agent)
 X *Clifton Shumate*

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

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

7. Date of Delivery
 JUN 1999

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

USPS

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

INSTRUCTIONS:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JACK FOLKNER
PO BOX 39
LOLEETA CA 95551-0039

4a. Article Number

2 159 888 479

4b. Service Type

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

7. Date of Delivery

6/2/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

* Alex Search

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

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102595-97 B 0145

PS Form 3800, April 1995 (Reverse)

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ard to you.
Attach this form to the front of the mailpiece, or on the back if space does not
permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date
delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LOUISE FOLKNER LANE
6206 84TH STREET E
PUYALLUP WA 98371-6342

4a. Article Number

7238 822 329

4b. Service Type

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

7. Date of Delivery

5/29/99 OS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using the Return Receipt.

102595-97 R 0145
PS Form 3811, December 1994
PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

MARK RYAN FOLKNER
7209 ARROYO DELOSO NE
ALBUQUERQUE NM 87109-2922

4a. Article Number

2159 888 480

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Mary Ann Adkins

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

is your RETURN ADDRESS completed on the reverse

1. ☐ Registered
2. ☐ Express Mail
3. ☐ Return Receipt for Merchandise
4. ☐ Certified
5. ☐ Insured
6. ☐ COD

7. Date of Delivery

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CARL LEWIS FOLKNER JR
9005 NW VOLCANO ROAD, #30
ALBUQUERQUE NM 8712

4a. Article Number

2238 822 330

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Carl Folkner*

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

P.O. BOX 53017
Pinos Altos NM

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt
88053-3017

Thank you for using Return Receipt Service.

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Endorse front of article
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102595-97-B-0145
PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on

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

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

3. Article Addressed to:

STEPHEN FRANCIS FOLKNER
213 CAMINO CUATRO SW
ALBUQUERQUE NM 87105-7581

5. Received By: (Print Name)
STEPHEN F. FOLKNER

6. Signature: (Addressee or Agent)
X

4a. Article Number
Z 238 822 340

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

7. Date of Delivery
JUN 6/2/99

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

Thank you for using Return Receipt Service.

of the return
Office service
to the right of the
mail the article.
your name and address
the article by means of the
die. Endorse front of article
to an authorized agent of the
at of the article.
appropriate spaces on the front of this
PS Form 3811.
102595-97-8-0145
inquiry.

INSTRUCTIONS:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN CHRISTOPHER FOLKNER
8207 SAN JUAN RD NE
ALBUQUERQUE NM 87108-2345

4a. Article Number

2159 888 481

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of delivery

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

5. Received By: (Print Name)

John C. Folkner

6. Signature: (Addressee or Agent)

X John C. Folkner

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

Thank you for using Return Receipt Certified

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adjacent to the number.
to the addressee, or to an authorized agent of the
to DELIVERY on the front of the article.
in the appropriate spaces on the front of this
back the applicable blocks in item 1 of Form 3811.
102595-97-B-0145
PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse

SENDER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID W TWOMEY
CONOCO INC
10 DESTA DR STE 100W
MIDLAND TX 79705

4a. Article Number

2 159 888 496

4b. Service Type

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

7. Date of Delivery

6/1

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

x Anita Gonzalez

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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Is your RETURN ADDRESS completed on the reverse?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GEORGE H HUNKER JR
PO BOX 1837
ROSWELL NM 88202-1837

4a. Article Number

7238 822 331

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)
102595-97-B-0175
An authorized agent of the
Post Office may use this
form to return mail to the
Post Office.
Endorse front of article
by name and address
of the article.
Leave spaces on the front of this
form for the return
address.
Leave blocks in item 1 of Form 3811.

PS Form 3811, December 1994	
1. Article Addressed to: GEORGE SHANNON EXECUTOR OF EST OF GLADYS SHANNON 3112 HALLMARK TYLER TX 75701	
2. Article Number 2159 888 485	
3. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
4. Date of Delivery 6-1-99	
5. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Janette Hoban</i>	
7. Received By: (Print Name)	
8. I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	

Thank you for using Return Receipt Service.

102595 97-B-0145
on the front of this
item 1 of Form 3811.
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PS Form 3800, April 1995 (Rev. 10/94)

Is your RETURN ADDRESS completed on the back of the mail piece?

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NATIONSBANK
TEXAS NA TRTEE UWO
DAVID B TRAMMELL (#818)
PO BOX 848703
DALLAS TX 75284-8703

4a. Article Number

2238 822 345

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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and mail the article.
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applicable blocks in item 1 of Form 3811.
102595-97-B-0145
PS Form 3800, April 1995 (Rev. 10/94)

is your RETURN ADDRESS complete

Items 1 and/or 2 for additional services.
Items 3, 4a, and 4b.
our name and address on the reverse of this form so that we can return this
to you.
Attach this form to the front of the mailpiece, or on the back if space does not
permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date
delivered.

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

3. Article Addressed to:

CAROL DAVID TRAMMELL
PO BOX 5081
WALNUT CREEK CA 94596-1081

4a. Article Number
2159 888 486
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
JUN 18 1999
8. Addressee's Address (Only if requested
and fee is paid)

5. Received By: (Print Name)
C D TRAMMELL
6. Signature: (Addressee or Agent)
X C D Trammell

Thank you for using Return Receipt Service

PS Form 3800, April 1995
102595-97-B-0145

is your RETURN ADDRESS complete

1. Item 1 and/or 2 for additional services.
2. Item 3, 4a, and 4b.
3. Your name and address on the reverse of this form so that we can return this to you.
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
5. Write "Return Receipt Requested" on the mailpiece below the article number.
6. The Return Receipt will show to whom the article was delivered and the date delivered.

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

8. 4a. Article Number
9. 4b. Service Type
10. ☐ Registered ☒ Certified
11. ☐ Express Mail ☐ Insured
12. ☐ Return Receipt for Merchandise ☐ COD
13. 7. Date of Delivery
14. 8. Addressee's Address (Only if requested and fee is paid)

15. 5. Received By: (Print Name)
16. 6. Signature: (Addressee or Agent)

17. PS Form 3811, December 1994
18. 102595-97-B-0179 Domestic Return Receipt

3. Article Addressed to:

NATIONSBANK TEXAS NA TRUSTEE
OF MARGARET RUTH TRAMMELL
TRUST
PO BOX 848703
DALLAS TX 75284-8703

4a. Article Number
7238 822 336

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipts

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RICHARD BORGAARD
8882 NE MEADOW RIDGE ROAD
PRINEVILLE OR 97754-9695

4a. Article Number

2238 822 364

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

R. Borgaard

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARGARET JOHNSON MCCURDY
TRTEE UTA 9/30/88
2525 RIDGMAR BLVD STE 300
FORT WORTH TX 76116-4583

4a. Article Number

2159 888 487

4b. Service Type

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

7. Date of Delivery

6/1/91

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Melba Ellis*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

102595-97-B-0179
PS Form 3800, April 1995 (Rev. 10-2-94)
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Items 3, 4a, and 4b.
our name and address on the reverse of this form so that we can return this
to you.
Attach this form to the front of the mailpiece, or on the back if space does not
permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date
delivered.

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

Is your RETURN ADDRESS completed?

3. Article Addressed to:

HARMAC OIL & GAS INC
221 E WORTH
GRAPEVINE TX 76051

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

4a. Article Number
Z 159 888 500

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

7. Date of Delivery
6-3-99

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

is your RETURN ADDRESS completed on the reverse of this form?
 PS Form 3800, April 1995 (Reverse)
 102595-97-B-0145
 The return address is the address of the person or organization that sent the article. It is the right of the sender to have the return address on the article. The return address should be printed on the front of the article. The return address should be printed on the front of the article. The return address should be printed on the front of the article.

INSTRUCTIONS: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: DNR OIL & GAS INC 655 BROADWAY DENVER CO 80203	4a. Article Number 2159 888 491	
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 5-28	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X C. W. [Signature]		
PS Form 3811, December 1994		

Thank you for using Return Receipt Service

PS Form 3811, December 1994

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5. Attach this form to the front of the mailpiece, or on the back if space does not permit.

6. Write "Return Receipt Requested" on the mailpiece below the article number.

7. The Return Receipt will show to whom the article was delivered and the date delivered.

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JIMMIE L CHARLESWORTH
RT 4 BOX 140B
HEREFORD TX 79045-9404

4a. Article Number

2159 888 482

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By (Print Name)

Jimmie L Charlesworth

6. Signature: (Addressee or Agent)

Jimmie L Charlesworth

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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102595-97-B-0145
PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

SENDER:

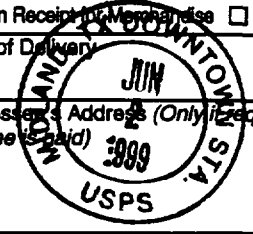
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested"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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: ACME LAND COMPANY P. O. BOX 10280 MIDLAND TX 79702		4a. Article Number 2159 888 483
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		



Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the

3. Article Addressed to:
BRANEX RESOURCES INC.
P. O. BOX 2328
ROSWELL NM 88202-2328

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

4a. Article Number

2 159 888 502

4b. Service Type

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

7. Date of Delivery

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

April 1995 (Reverse)

INSTRUCTIONS:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

is your RETURN ADDRESS completed on the reverse

3. Article Addressed to:

OLIN E GROVES
2507 CIMMARON
MIDLAND TX 79705

4a. Article Number

Z 238 822 333

4b. Service Type

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

7. Date of Delivery

2 6-1-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

XX *Richard Groves*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995 (Reverse)
102595-97-B-0179
Summed stub to the right of the return receipt, and mail the article.
mail number and your name and address
it to the front of the article by means of the
affix to back of article. Endorse front of article
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to the addressee, or to an authorized agent of the
ED DELIVERY on the front of the article.
to the addressee, or to an authorized agent of the
requested, check the applicable blocks in item 1 of Form 3811.
it if you make an inquiry.

DER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PRIME ENERGY ASSET & INCOME FUND AA-3 & AA-4 2900 WILCREST DR STE 475 HOUSTON TX 77042-6009		4a. Article Number 2159 888 484	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) J. Gubay		7. Date of Delivery 6-1-99 MB	
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the front of the mailpiece?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SALLY MEADER ROBERTS
704 DELMAR
MIDLAND TX 79703-5536

4a. Article Number

2 238 822 334

4b. Service Type

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

7. Date of Delivery

JUN - 2 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Sally Meader - Roberts

PS Form 3800, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

00, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

VIVIAN C BRUNSON
4205 LANKFORD
SPRINGDALE AR 72762

4a. Article Number

Z 238 822 344

4b. Service Type

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

7. Date of Delivery

5-25-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

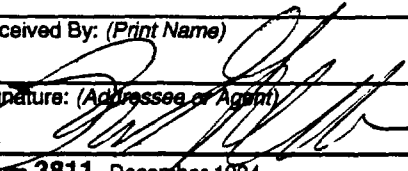
X Vivian C Brunson

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

Is your RETURN ADDRESS completed on the reverse?	ORDER: <ul style="list-style-type: none">■ Complete items 1 and/or 2 for additional services.■ Complete items 3, 4a, and 4b.■ Print your name and address on the reverse of this form so that we can return this card to you.■ Attach this form to the front of the mailpiece, or on the back if space does not permit.■ Write "Return Receipt Requested" on the mailpiece below the article number.■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: 18-31 INC PO BOX 1120 ROSWELL NM 88202-1120		4a. Article Number Z 159 888 536	
			4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	5. Received By: (Print Name)		7. Date of Delivery 6-1-99	
	6. Signature: (Addressee or Agent) X 		8. Addressee's Address (Only if requested and fee is paid)	
RS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt				

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the

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

Consult postmaster for fee.

4a. Article Number

2. Article Number
2159888545

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

6-1-99

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

5

102595-97-8-0179

Domestic Return Receipt

April 1995 (Reverse)

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Is your RETURN ADDRESS completed on the reverse?

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARIANNE KEOHANE FROST
PO BOX 1120
ROSWELL NM 88202-1120

4a. Article Number

2159 888 554

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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PS Form 3800, April 1995 (Reverse)
102595-97-B-0145
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Instructions: 1. Write items 1 and/or 2 for additional services. 2. Write items 3, 4a, and 4b. 3. Write your name and address on the reverse of this form so that we can return this to you. 4. Attach this form to the front of the mailpiece, or on the back if space does not permit. 5. Write "Return Receipt Requested" on the mailpiece below the article number. 6. The Return Receipt will show to whom the article was delivered and the date delivered.	
I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MARK JAMES FROST PO BOX 1120 ROSWELL NM 88202-1120	4a. Article Number 2159 888 537 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) <i>[Signature]</i>	7. Date of Delivery 6-1-99
6. Signature: (Addressee or Agent) <i>[Signature]</i>	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt	

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PS Form 3800, April 1995 (Reverse)

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THERESA ANN FROST
PO BOX 1120
ROSWELL NM 88202-1120

4a. Article Number

2159888 546

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse?

Thank you for using Return Receipt Service

PS Form 3811, December 1994
PS Form 3811, December 1994
PS Form 3811, December 1994

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the front of the mailpiece?

3. Article Addressed to:

SUE SAUNDERS GRAHAM
PO BOX 987
ROSWELL NM 88202-0987

4a. Article Number

2159 888 555

4b. Service Type

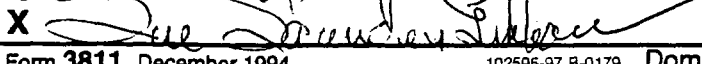
- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

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

Attach this form to the front of the mailpiece, or on the back if space does not permit.

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse?

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DONALD S IVERSON ESTATE
C/O SUSAN IVERSON
1 TERRACE MOUNTAIN COVE
AUSTIN TX 78746

4a. Article Number

2159 888 538

4b. Service Type

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

7. Date of Delivery

6-7-95

5. Received By: (Print Name)

SUSAN IVERSON

6. Signature: (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt.

1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse

PER:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
IVERSON III INC
C/O S IVERSON
3454 S ZUNIS
TULSA OK 74105

4a. Article Number
2 159 888 547

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

7. Date of Delivery
DEC 04 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

1. If you want to cover First-Class postage, certified mail fee, and selected optional services (See front).
 2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the article at a post office service window or hand it to your retail carrier (no extra charge).
 3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise affix to back of article. Emburse front of article.
 4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
 5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
 6. Save this receipt and present it if you make an inquiry.

ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAI INCORPORATED
 C/O PAUL IVERSON
 243 WALNUT ST
 NEWPORT BEACH CA 92663

4a. Article Number

2159 888 556

4b. Service Type

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

7. Date of Delivery

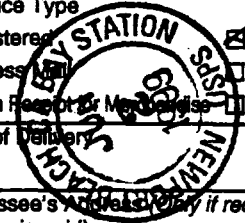
5. Received By: (Print Name)

Signature (Addressee or Agent)

Paul Iverson

3811, December 1994

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



102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3811, December 1994
PS Form 3811, December 1994
PS Form 3811, December 1994
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PS Form 3800, April 1995 (Reverse)

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

3. Article Addressed to:
JEWELL IVERSON INTERVIVOS
TRUST
R SULLIVAN SUCCESSOR
4870 S LEWIS STE 200
TULSA OK 74105

4a. Article Number
E 159 888 539
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

5. Received By: (Print Name)

7. Date of Delivery
JUN 1 1999
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

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address
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article
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service
and

PS Form 3800, April 1995 (Reverse)

INSTRUCTIONS:

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

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

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse?

3. Article Addressed to:
GREG HOLCOMB
TRUSTEE
SJ IVERSON TRUST
PO BOX 830308
DALLAS TX 75238

4a. Article Number
2159888 565

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

7. Date of Delivery
FEB 04 1996

5. Received By: (Print Name)
Chad Miller

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

6. Signature (Addressee's Signature)
X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt

To cover First-Class postage, certified mail fee, and
 additional services (See front).
 If postmarked, stick the gummed stub to the right of the return
 receipt attached, and present the article at a post office service
 your rural carrier (no extra charge).
 If you want this receipt postmarked, stick the gummed stub to the right of the
 stub of the article, date, detach, and retain the receipt, and mail the article.
 If you want a return receipt, write the certified mail number and your name and address
 on the front of the article by means of the
 RETURN RECEIPT REQUESTED DELIVERY on the front of the article. Endorse front of article
 to an authorized agent of the
 addressee, endorse RESTRICTED DELIVERY on the front of the article.
 4. If you want delivery restricted in the appropriate spaces on the front of this
 receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
 5. Enter fees for the services requested in the appropriate spaces on the front of this
 receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
 6. Save this receipt and present it if you make an inquiry.

POSTAGE completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

S J IVERSON JR
 2518 SINCLAIR
 MIDLAND TX 79705

4a. Article Number

2159 888 548

4b. Service Type

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

7. Date of Delivery

6-7-99

5. Received By: (Print Name)

S J IVERSON JR

Signature (Addressee or Agent)

X [Signature]

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

to cover First-Class postage, certified mail fee, and optional services (See front).
1. If you want a return receipt, stick the gummed stub to the right of the return receipt postmarked, and present the article at a post office service (if you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed stub to the right of the article. Otherwise, attach to back of article. Endorse front of article with "RETURN RECEIPT REQUESTED" adjacent to the number.
2. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
3. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
4. Sign this receipt and present it if you make an inquiry.

ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WENDELL WELCH IVERSON
PO BOX 1343
MIDLAND TX 79702

4a. Article Number

7159 888 557

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

Sam Bunk

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

Thank you for using Return Receipts

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge)

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends of space permits. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make an inquiry.

TURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

PETER C IVERSON
& ALVIN M IVERSON
EXECUTORS OEO DOROTHY
MONROE
206 BELLEMEADE CIRCLE
EUFAULA OK 74432-2071

4a. Article Number

2159 888 563

4b. Service Type

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

7. Date of Delivery

6-1-99

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

5. Received By: (Print Name)

Signature: (Addressee or Agent)

PETER C IVERSON

3811, December 1994

102595-97-B-0179

Domestic Return Receipt

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the reverse of this form?

Items 1 and/or 2 for additional services.
Items 3, 4a, and 4b.
Write your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:

PATSY ANN IVERSON PAGE
1155 MURILAND VISTA WY
LA JOLLA CA 92037

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Patsy Page*

4a. Article Number
2159 888 544
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
JUN 01 1995
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

02595-97-R 0145

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Form 3811.

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PS Form 3800, April 1995 (Reverse)

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items 1 and/or 2 for additional services.

items 3, 4a, and 4b.

your name and address on the reverse of this form so that we can return this
to you.

Attach this form to the front of the mailpiece, or on the back if space does not
permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date
delivered.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

COMMERCE BANK OF KANSAS CITY
ELYSE S PATTERSON TRT B
ATTN MARK ROBISON
PO BOX 419248
KANSAS CITY MO 64141-6248

4a. Article Number

Z 159 888 558

4b. Service Type

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

7. Date of Delivery

JUN 1 - 1995

5. Received By: (Print Name)

6. Signature: Addressee or Agent

X

Monte Hargent

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

1. To article to cover First-Class postage, certified mail fee, and selected optional services (See front).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Emburse front of article.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, emburse RESTRICTED DELIVERY on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make an inquiry.

ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PIP 1990 TRUST
C/O WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND TX 79702

4a. Article Number

2159 888 541

4b. Service Type

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

7. Date of Delivery

1990

5. Received By: (Print Name)

Signature (Addressee or Agent)

Sam Burke

Form 3811, December 1994

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

PS Form 3800, April 1995 (Reverse)

102595-97-8-0195

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Endorse front of article

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office service

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ER:

Write item 1 and/or 2 for additional services.

Write item 3, 4a, and 4b.

Write your name and address on the reverse of this form so that we can return this to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered.

Is your RETURN ADDRESS completed on the reverse of this form?

3. Article Addressed to:

SJI JR 1990 TRUST
C/O WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND TX 79702

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Pam Duko

4a. Article Number

2159 888 550

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

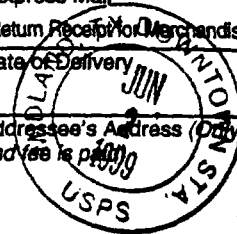
7. Date of Delivery

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.



PS Form 3811, December 1994

102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

102595-97-B-0115
PS Form 3800, April 1995 (Rev. 10/94)
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Form 3811.
102595-97-B-0115
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air name and address
article by means of the
Endorse front of article

Is your RETURN ADDRESS completed on the back of the mailpiece?

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

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

3. Article Addressed to:
PHOEBE SHELTON
PO BOX 430
AMARILLO TX 79105

4a. Article Number
2159 888 559
4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
JUN 2 1999

5. Received By: (Print Name)
6. Signature: (Addressee or Agent)
X [Signature]

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

Thank you for using Return Receipt Service.

to cover First-Class postage, certified mail fee, and optional services (See front).

receipt postmarked, stick the gummed stub to the right of the return receipt attached, and present the article at a post office service to your rural carrier (no extra charge).

not want this receipt postmarked, stick the gummed stub to the right of the address of the article, date, detach, and retain the receipt, and mail the article.

you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the address of the article. Otherwise, affix to back of article. Emborse front of article.

if you want delivery restricted to the addressee, or to an authorized agent of the addressee, emborse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt if return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make an inquiry.

RETURN RECEIPT REQUESTED

102595-97-B-0179

ADDRESS completed on the reverse side?

SENDER:

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

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THE TOLES COMPANY
PO BOX 1300
ROSWELL NM 88202-1300

4a. Article Number

2159 888 542

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Signature: (Addressee or Agent)

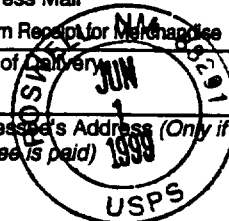
X *Jesusita Bero*

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

Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt



Thank you for using Return Receipt Service

Domestic Return Receipt

PS Form 3800, April 1995 (Reverse)
1. Complete items 1 and/or 2 for additional services.
2. Complete items 3, 4a, and 4b.
3. Print your name and address on the reverse of this form so that we can return this card to you.
4. Attach this form to the front of the mailpiece, or on the back if space does not permit.
5. Write "Return Receipt Requested" on the mailpiece below the article number.
6. The Return Receipt will show to whom the article was delivered and the date delivered.

RETURN RECEIPT

1. ☐ Registered Mail
2. ☐ Restricted Delivery
3. ☐ Return Receipt for Merchandise
4. ☐ Certified Mail
5. ☐ Insured
6. ☐ COD

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NANCY CARTER
PO BOX 386
LEMON GROVE CA 91946-0386

4a. Article Number

0554 486 096

4b. Service Type

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

7. Date of Delivery

6-4-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Kelly Pham*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.