

BEFORE THE  
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL  
RESOURCES

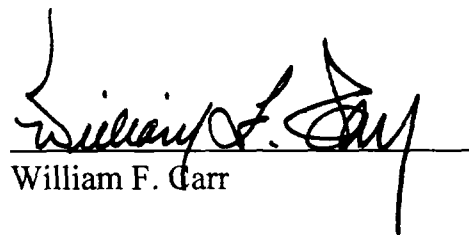
IN THE MATTER OF THE APPLICATION  
OF MCELVAIN OIL AND GAS, INC.  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

CASE NO. 12224

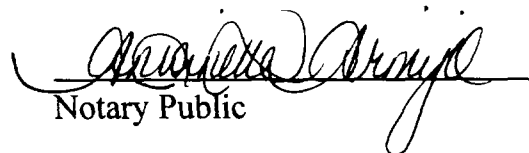
AFFIDAVIT

STATE OF NEW MEXICO       )  
  ) ss.  
COUNTY OF SANTA FE       )

William F. Carr, attorney in fact and authorized representative of McElvain Oil &  
Gas, Inc., the applicant herein, being first duly sworn, upon oath, states that notice has  
been given to all interested parties entitled to receive notice of this application under Oil  
Conservation Division rules, and that notice has been given at the addresses shown on  
Exhibit "A" attached hereto.

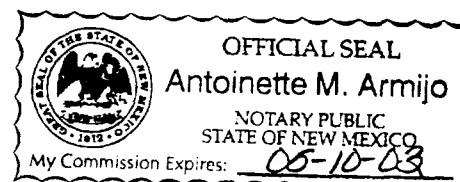
  
William F. Carr

SUBSCRIBED AND SWORN to before this 1st day of September, 1999 by  
William F. Carr.

  
Notary Public

My Commission Expires:

May 10, 2003



BEFORE THE OIL CONSERVATION  
DIVISION

Santa Fe, New Mexico  
Case No. 12224 Exhibit No. 6  
Submitted by: McElvain Oil & Gas, Inc.  
Hearing Date: September 2, 1999

## EXHIBIT A

Kindermack Partners  
650 S. Cherry #1225  
Denver, CO 80222

Elizabeth B. Loring  
c/o F. Ballou  
230 Congress St.  
Boston, MA 02110

M.A.P., Inc.  
P.O. Box 686  
Solana Beach, CA 92075

M. Zajac, Personal  
Representative of the Estate of  
H. Reton  
1827 Laurel Lane  
Lake Clark Shore, FL 33406

Erin White Shaefer  
5836 Stadium Street  
San Diego, CA 92122

Shear, Inc.  
P.O. Box 2665  
Grand Junction, CO 81502

Tri-Star Minerals  
P.O. Box 3086  
Minot, ND 58702

Ken Aultschuld  
8400 E. Prentiss #1035  
Englewood, CO 80111

Arriba County, LLC  
P.O. Box 35304  
Tulsa, OK 74153

Brooks J. Boedecker  
2708 First Avenue  
North #425-A  
Billings, MT 59101

David S. Lawrence  
29 N. Waxberry Road  
Spring, TX 77381

Fraser & Helen Macvicar  
78 Birchwood Road  
Coram, NY 11727

James F. Rosborough,  
Personal Rep.  
14429 Pettit Way  
Potomac, MD 20854

Hazel D. Schmedes  
1333 Birch Hill Lane  
Mamaroneck, NY 10543

John Francis Spellman  
56 Lathrop Road  
Quacker Hill, CT 06375

James W. Truedell  
412 N. E. 4th Street  
Fort Lauderdale, FL 33301

E. L. Ames  
1250 N. E. Loop #410  
San Antonio, TX 78209

Beauchamp Trust  
300 Plaza Alicante #800  
Garden Grove, CA 92840

Joseph & Martha L. Brooks  
Estate of Marcella Brooks  
P.O. Box 1154  
Frederickburg, TX 78624

Robert E. Levy, Jr.  
c/o Norwest Trust  
P.O. Box 2626  
Waco, TX 76702

George & Theodora Mourry  
9281 Shord Road  
Brooklyn, NY 11209

NM&O Operating Co.  
6 E. Fifth Street, #200  
Tulsa, OK 74103

Roddy Sanger  
3600 McArthur Drive  
Waco, TX 76078

Schonwald Co., F. P.  
16 N. W. 63rd St. #302  
Oklahoma City, OK 73116

Marcelle Stratton  
66 Summitt Drive  
Manhasset,  
Long Island, NY 11030

William & Elizabeth  
Trumbell  
333 Tigertail Road  
Los Angeles, CA 90049

George J. Ames  
1250 N. E. Loop #410  
San Antonio, TX 78209

Virginia Ekstrom Black  
1109 E. 18th Street  
Tulsa, OK 74120

H. B. Brown  
1710 South Bay Front  
Balboa Island, CA 92662

Ruth Burrows  
47 Stoneridge  
Ponca City, OK 74601

Morgan & Carolyn C. Epes,  
Jr.  
751 Bird Avenue  
Buffalo, NY 14209

C. J. Gallant  
274 Del Mesa Carmel  
Carmel, CA 93921

Edward E. Giess  
26 Pearl Street  
Noank, CT 06340

Halco Oil Company  
4733 Creighton  
Dallas, TX 75214

Hunnington & Carol Walker  
2961 S. Fillmore Way  
Denver, CO 80210

James N. Whitsell and/or  
Myrtis Crow  
P.O. Box 348  
Morganfield, KY 42437

Marcheta Calson  
P.O. Box 475  
Templeton, CA 93465

David H. Eslick  
71 Highland Avenue  
Buffalo, NY 14222

Rev. James H. Gardner Trust  
6018 S. 92 E. Avenue  
Tulsa, OK 74145

Florence Gleason  
4212 W. Soundview  
Tacoma, WA 98466

Mary Beth Harkins  
5826 Hefner Village Ct.  
Oklahoma City, OK 73132

Mary W. Waugh  
P.O. Box 1231  
Norman, OK 73070

George Zarou  
8423 Ridge Blvd.  
Brooklyn, NY 11209

Davis Family, LLC  
4906 Laguna Avenue  
Sierra Vista, AZ 85650

James & Barbara Fullerton  
1656 Court Pl. #406  
Denver, CO 80202

Horace N. Gibson, Jr.  
& Kathleen M. Gibson  
7089 N. 24th Street  
St. Paul, MN 55128

Lillian Habeeb  
100 Marine Avenue  
Brooklyn, NY 11209

Mercedes B. Hawkins  
2525 South Delaware  
Tulsa, OK 74114

Dorothy E. Weaver  
285 Riverside Drive #13C  
New York, NY 10025

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
KATHERINE M. MOSS  
  
JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

July 13, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

NM&O Operating Company  
6 East 5<sup>th</sup> Street, Suite 200  
Tulsa, Oklahoma 74103

*Re: Application of McElvain Oil & Gas, Inc. for Compulsory Pooling, Rio Arriba  
County, New Mexico*

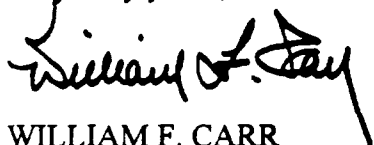
Gentlemen:

This letter is to advise you that McElvain Oil & Gas Properties, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the base of the Pictured Cliffs formation to the base of the Mesaverde formation in N/2 of Section 10, Township 25 North, Range 2 West, N.M.P.M., Rio Arriba County, New Mexico. McElvain proposes to dedicate the referenced pooled unit to its Elk Com Well No. 10-8 which it proposes to drill to a depth sufficient to test all formations to the base of the Mesaverde formation, Blanco-Mesaverde Gas Pool, at a standard location in the NE/4 of said Section 10.

This application has been set for hearing before a Division Examiner on August 5, 1999. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR McELVAIN OIL & GAS PROPERTIES, INC.  
Enc.

cc: Mr. Steve Jordan, Land Manager  
McElvain Oil & Gas Properties, Inc.

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
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JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

July 13, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Mesa Grande, Ltd.  
6 East 5<sup>th</sup> Street, Suite 200  
Tulsa, Oklahoma 74103

***Re: Application of McElvain Oil & Gas, Inc. for Compulsory Pooling, Rio Arriba  
County, New Mexico***

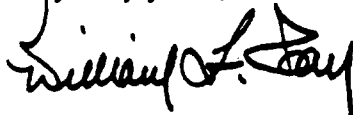
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ATTORNEY FOR McELVAIN OIL & GAS PROPERTIES, INC.  
Enc.

cc: Mr. Steve Jordan, Land Manager  
McElvain Oil & Gas Properties, Inc.

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

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WILLIAM F CARR  
BRADFORD C BERGE  
MARK F SHERIDAN  
MICHAEL H FELDEWERT  
PAUL R OWEN  
KATHERINE M MOSS  
  
JACK M CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
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SANTA FE, NEW MEXICO 87504-2208  
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FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

July 13, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Dugan Production Corporation  
Post Office Box 420  
Farmington, New Mexico 87499-0420

***Re: Application of McElvain Oil & Gas, Inc. for Compulsory Pooling, Rio Arriba  
County, New Mexico***

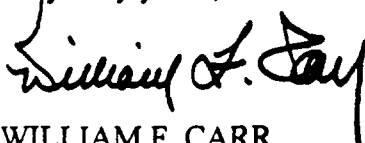
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WILLIAM F. CARR  
ATTORNEY FOR McELVAIN OIL & GAS PROPERTIES, INC.  
Enc.

cc: Mr. Steve Jordan, Land Manager  
McElvain Oil & Gas Properties, Inc.

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

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WILLIAM F. CARR  
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MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
KATHERINE M. MOSS  
  
JACK M. CAMPBELL  
OF COUNSEL

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
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FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

July 13, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Arriba Company, Ltd.  
Post Office Box 35304  
Tulsa, Oklahoma 74153

***Re: Application of McElvain Oil & Gas, Inc. for Compulsory Pooling, Rio Arriba  
County, New Mexico***

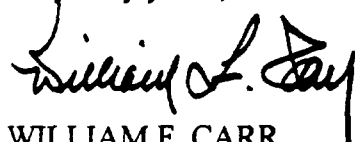
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Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR McELVAIN OIL & GAS PROPERTIES, INC.  
Enc.

cc: Mr. Steve Jordan, Land Manager  
McElvain Oil & Gas Properties, Inc.

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FEDEWERT  
PAUL R. OWEN  
  
JACK M. CAMPBELL  
1916-1999

**FILE COPY**

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: ccbspa@ix.netcom.com

July 29, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

TO: AFFECTED INTEREST OWNERS

Re: Application of McElvain Oil & Gas, Inc. for Compulsory Pooling, Rio Arriba  
County, New Mexico

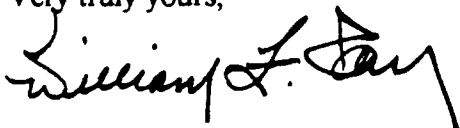
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Very truly yours,



WILLIAM F. CARR  
ATTORNEY FOR McELVAIN OIL & GAS PROPERTIES, INC.



Z 181 559 990  
 US Postal Service  
**Receipt for Certified Mail**  
 Arriba Company, Ltd.  
 Post Office Box 35304  
 Tulsa, Oklahoma 74153

Postage	\$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.20</b>
Postmark or Date	JUL 13 1999

PS Form 3800, April 1995

Z 181 559 991  
 US Postal Service  
**Receipt for Certified Mail**  
 Dugan Production Corporation  
 Post Office Box 420  
 Farmington, New Mexico 87499-0420

Postage	\$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 3.20</b>
Postmark or Date	JUL 13 1999

PS Form 3800, April 1995

Z 181 559 993  
 US Postal Service  
**Receipt for Certified Mail**  
 NM&O Operating Company  
 6 East 5<sup>th</sup> Street, Suite 200  
 Tulsa, Oklahoma 74103

Postage	\$ .55
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Restricted Delivery Fee	
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Return Receipt Showing to Whom, Date, & Addressee's Address	
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PS Form 3800, April 1995

Z 181 559 992  
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 Mesa Grande, Ltd.  
 6 East 5<sup>th</sup> Street, Suite 200  
 Tulsa, Oklahoma 74103

Postage	\$ .55
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Postmark or Date	JUL 13 1999

PS Form 3800, April 1995

**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

Article Addressed to:  
Marcheta Calson  
P. O. Box 475  
Templeton, CA 93465

4a. Article Number  
Z 392 738 039

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

7. Date of Delivery  
8-3-99

Received By: (Print Name)  
Marcheta Calson

Signature (Addressee or Agent)

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

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 039

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided

Marcheta Calson  
P. O. Box 475  
Templeton, CA 93465

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	JUL 29 1999
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	USPS - 8759

PS Form 3800, April 1995

**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.

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

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

Article Addressed to:  
Arriba Company, LLC  
P.O. Box 35304  
Tulsa, OK 74153

4a. Article Number  
Z 392 738 046

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

7. Date of Delivery  
8/5/99

Received By: (Print Name)  
C R Harris

Signature (Addressee or Agent)

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

Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 046

US Postal Service  
**Receipt for Certified Mail**

Arriba Company, LLC  
P.O. Box 35304  
Tulsa, OK 74153

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	JUL 29 1999
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	USPS - 8759

PS Form 3800, April 1995

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

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

Article Addressed to:

Peter & Renate Neumann  
 One Elm Court Street  
 Reno, NV 89501

4a. Article Number  
 Z 392 738 056

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)

Received By: (Print Name)  
 DONNIE SALERNO

Signature (Addressee or Agent)  
 [Signature]

Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 056  
 US Postal Service  
**Receipt for Certified Mail**  
 Peter & Renate Neumann  
 One Elm Court Street  
 Reno, NV 89501

Postage	\$ .33
Certified Fee	1.40
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PS Form 3800 April 1995

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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):

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

Article Addressed to:

Morgan & Carolyn C. Epes, Jr.  
 Bird Avenue  
 Buffalo, NY 14209

4a. Article Number  
 Z 392 738 037

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

7. Date of Delivery  
 8-3-99

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

Received By: (Print Name)  
 Morgan Epes, Jr.

Signature (Addressee or Agent)  
 [Signature]

Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 037  
 US Postal Service  
**Receipt for Certified Mail**  
 Morgan & Carolyn C. Epes, Jr.  
 751 Bird Avenue  
 Buffalo, NY 14209

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	

PS Form 3800 April 1995

**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.

Article Addressed to:

Elizabeth B. Loring  
c/o F. Ballou  
30 Congress St.  
Boston, MA 02110

Received By: (Print Name)

*M. Loring*  
Signature (Addressee or Agent)

4a. Article Number

Z 392 738 052

4b. Service Type

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

7. Date of Delivery

8/6/99

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

Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

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

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

Thank you for using Return Receipt Service.

Z 392 738 052

US Postal Service  
Elizabeth B. Loring  
c/o F. Ballou  
230 Congress St.  
Boston, MA 02110

Post Office, State, &amp; ZIP Code

Postage

\$ 1.33

Certified Fee

1.40

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees

Postmark or Date

PS Form 3800, April 1995

**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.

Article Addressed to:

Halco Oil Company  
4733 Creighton  
Dallas, TX 75214

Received By: (Print Name)

*Steve Cady*  
Signature (Addressee or Agent)

4a. Article Number

Z 392 738 028

4b. Service Type

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

7. Date of Delivery

8-3-99

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

Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

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

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

Thank you for using Return Receipt Service.

Z 392 738 028

US Postal Service

**Receipt for Certified Mail**

Halco Oil Company  
4733 Creighton  
Dallas, TX 75214

Postage

\$ 1.33

Certified Fee

1.40

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom &amp; Date Delivered

1.25

Return Receipt Showing to Whom, Date, &amp; Addressee's Address

TOTAL Postage &amp; Fees

2.98

Postmark or Date

PS Form 3800, April 1995

**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 to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Check "Return Receipt Requested" on the mailpiece below the article number.  
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

Addressed to:

Star Minerals  
Box 3086  
Minot, ND 58702

4a. Article Number  
Z 392 738 067

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

7. Date of Delivery  
AUG - 4 1999

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

Delivered By: (Print Name)  
The Fitemura

Signature (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 067

US Postal Service  
**Receipt for Certified Mail**  
Tri-Star Minerals  
P.O. Box 3086  
Minot, ND 58702

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL POSTAGE &amp; FEES</b>	<b>2.98</b>
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

**R:**

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 to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Check "Return Receipt Requested" on the mailpiece below the article number.  
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

Addressed to:

F. Rosborough,  
Personal Rep.  
14429 Pettit Way  
Potomac, MD 20854

4a. Article Number  
Z 392 738 059

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

7. Date of Delivery  
AUG 3 1999

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

Delivered By: (Print Name)  
Rosborough

Signature (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 059

US Postal Service  
**Receipt for Certified Mail**  
James F. Rosborough,  
Personal Rep.  
14429 Pettit Way  
Potomac, MD 20854

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL POSTAGE &amp; FEES</b>	<b>2.98</b>
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

**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

Article Addressed to:

George J. Ames  
50 N. E. Loop #410  
San Antonio, TX 78209

4a. Article Number  
Z 392 738 047

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

7. Date of Delivery  
8/2/99

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

Received By: (Print Name)  
[Signature]

Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 047

US Postal Service  
Receipt for Certified Mail  
George J. Ames  
1250 N. E. Loop #410  
San Antonio, TX 78209

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

USPS - 2753

**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

Article Addressed to:

James W. Truedell  
412 N. E. 4th Street  
Fort Lauderdale, FL 33301

4a. Article Number  
Z 392 738 068

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

7. Date of Delivery  
8/3/99

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

Received By: (Print Name)  
[Signature]

Signature (Addressee or Agent)  
[Signature]

Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 068

US Postal Service  
Receipt for Certified Mail  
James W. Truedell  
412 N. E. 4th Street  
Fort Lauderdale, FL 33301

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

USPS - 2753

**ENDER:**

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

Article Addressed to:

Hazel D. Schmedes  
333 Birch Hill Lane  
Mamaroneck, NY 10543

4a. Article Number

Z 392 738 062

4b. Service Type

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

7. Date of Delivery

Received By: (Print Name)

Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 062

US Postal Service

**Receipt for Certified Mail**

Hazel D. Schmedes  
1333 Birch Hill Lane  
Mamaroneck, NY 10543

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	101 29 1995
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.13
Postmark or Date	

PS Form 3800, April 1995

**ENDER:**

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

Article Addressed to:

Marcelle Stratton  
66 Summit Drive  
Manhasset,  
Long Island, NY 11030

4a. Article Number

Z 392 738 066

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)

Received By: (Print Name)

Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 066

US Postal Service

**Receipt for Certified Mail**

Marcelle Stratton  
66 Summit Drive  
Manhasset,  
Long Island, NY 11030

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

**ENDER:**

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

Article Addressed to:

Horace N. Gibson, Jr.  
& Kathleen M. Gibson  
7089 N. 24th St  
St. Paul, MN 55128

4a. Article Number

Z 392 738 032

4b. Service Type

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

7. Date of Delivery

AUG - 4 1999

Received By: (Print Name)

H N GIBSON

Signature (Addressee or Agent)

H N Gibson

S Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 032

US Postal Service

**Receipt for Certified Mail**

Horace N. Gibson, Jr.  
& Kathleen M. Gibson  
7089 N. 24th St  
St. Paul, MN 55128

Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	JUL 29 1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

**SENDER:**

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

3. Article Addressed to:

David S. Lawrence  
29 N. Waxberry Road  
Spring TX 77381

4a. Article Number

Z 392 738 050

4b. Service Type

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

7. Date of Delivery

JUL 28 1999

5. Received By: (Print Name)

D S Lawrence

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 050

US Postal Service

**Receipt for Certified Mail**

David S. Lawrence  
29 N. Waxberry Road  
Spring TX 77381

Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	JUL 28 1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995



Fold at line over top of envelope to  
the right of the return address

# 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mesa Grande Resources, Inc.  
1200 Philtower Bldg.  
Tulsa, OK 74103

4a. Article Number

Z 559 541 905

4b. Service Type

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

7. Date of Delivery

9-26-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E. A. Phillips*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 541 905

US Postal Service

## Receipt for Certified Mail

Mesa Grande Resources, Inc.  
1200 Philtower Bldg.  
Tulsa, OK 74103

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	SEP 30 1999

PS Form 3800, April 1995

# 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

Article Addressed to:

Rev. James H. Gardner Trust  
6018 S. 92 E. Ave.  
Tulsa, OK 74145

4a. Article Number

Z 392 738 033

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)

Received By: (Print Name)

Signature (Addressee or Agent)

*James H. Gardner*

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 033

US Postal Service

## Receipt for Certified Mail

Rev. James H. Gardner Trust  
6018 S. 92 E. Ave.  
Tulsa, OK 74145

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	SEP 30 1999

PS Form 3800, April 1995

**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

3. Article Addressed to:

Mary W. Waugh  
P.O. Box 1231  
Norman, OK 73070

4a. Article Number

Z 392 738 024

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)

6. Signature (Addressee or Agent)

Mary W. Waugh  
PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 024

US Postal Service  
**Receipt for Certified Mail**

Mary W. Waugh  
P.O. Box 1231  
Norman, OK 73070

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

**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

3. Article Addressed to:

C. J. Gallant  
274 Del Mesa Carmel  
Carmel, CA 93921

4a. Article Number

Z 392 738 034

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)

6. Signature (Addressee or Agent)

C. J. Gallant

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 034

US Postal Service  
**Receipt for Certified Mail**

C. J. Gallant  
274 Del Mesa Carmel  
Carmel, CA 93921

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

**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

Article Addressed to:  
 Lillian Habeeb  
 100 Marine Ave.  
 Brooklyn, NY 11209

4a. Article Number  
 Z 392 738 029

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

7. Date of Delivery  
 8-9-99

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

Received By: (Print Name)  
 Lillian Habeeb

Signature (Addressee or Agent)  
 Lillian Habeeb

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 029  
 US Postal Service  
**Receipt for Certified Mail**  
 Lillian Habeeb  
 100 Marine Ave.  
 Brooklyn, NY 11209

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	DE VARGAS 25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	1.73
Postmark or Date	SEP 10 1999

PS Form 3800, April 1995

**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

Article Addressed to:  
 Mary Beth Harkins  
 5826 Hefner Village Ct.  
 Oklahoma City, OK 73132

4a. Article Number  
 Z 392 738 027

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

7. Date of Delivery  
 8/2/99

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

Received By: (Print Name)  
 Mary Beth Harkins

Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 027  
 US Postal Service  
**Receipt for Certified Mail**  
 Mary Beth Harkins  
 5826 Hefner Village Ct.  
 Oklahoma City, OK 73132

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.98
Postmark or Date	SEP 10 1999

PS Form 3800, April 1995

**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

3. Article Addressed to:

NM&O Operating Co.  
6 E. Fifth St., #200  
Tulsa, OK 74103

4a. Article Number  
Z 392 738 057

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

7. Date of Delivery  
8-2-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
Helen Thomas

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 057

US Postal Service

**Receipt for Certified Mail**

NM&O Operating Co.

6 E. Fifth St., #200

Tulsa, OK 74103

Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark of Date	SEP 3 1999

PS Form 3800, April 1995

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

3. Article Addressed to:

Ken Aultschuld  
8400 E. Prentiss #1035  
Englewood, CO 80111

4a. Article Number  
Z 392 738 070

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

7. Date of Delivery  
8-2-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
Ken Aultschuld

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 070

US Postal Service

**Receipt for Certified Mail**

Ken Aultschuld

8400 E. Prentiss #1035

Englewood, CO 80111

Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark of Date	SEP 9 1999

PS Form 3800, April 1995

**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

3. Article Addressed to:  
James & Barbara Fullerton  
1656 Court Pl. #406  
Denver, CO 80202

4a. Article Number  
Z 392 738 035

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

7. Date of Delivery  
8-2-99

5. Received By: (Print Name)  
Shane Kerber

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 035  
US Postal Service  
**Receipt for Certified Mail**  
James & Barbara Fullerton  
1656 Court Pl. #406  
Denver, CO 80202

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

**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

3. Article Addressed to:  
Joseph & Martha L. Brooks  
Estate of Marcella Brooks  
P.O. Box 1154  
Frederickburg, TX 78624

4a. Article Number  
Z 392 738 042

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

7. Date of Delivery  
8-2-99

5. Received By: (Print Name)  
Martha B. Canham

6. Signature (Addressee or Agent)  
Martha Canham

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 042  
US Postal Service  
**Receipt for Certified Mail**  
Joseph & Martha L. Brooks  
Estate of Marcella Brooks  
P.O. Box 1154  
Frederickburg, TX 78624

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

**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

3. Article Addressed to:  
Beauchamp Trust  
300 Plaza Alicante #800  
Garden Grove, CA

4a. Article Number  
Z 392 738 045

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)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 045

US Postal Service  
**Receipt for Certified Mail**  
Beauchamp Trust  
300 Plaza Alicante #800  
Garden Grove, CA

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	AUG 2 1999

PS Form 3800 April 1995

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

3. Article Addressed to:  
Robert E. Levy, Jr.  
c/o Norwest Trust  
P. O. Box 2626  
Waco, TX 76702

4a. Article Number  
Z 392 738 051

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

7. Date of Delivery  
AUG 2 1999

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 051

US Postal Service  
**Receipt for Certified Mail**  
Robert E. Levy, Jr.  
c/o Norwest Trust  
P. O. Box 2626  
Waco, TX 76702

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	AUG 2 1999

PS Form 3800 April 1995

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

3. Article Addressed to:

M.A.P., Inc.  
P.O. Box 686  
Solana Beach, CA 92075

4a. Article Number

Z 392 738 055

4b. Service Type

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

7. Date of Delivery

8/2

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

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 055

US Postal Service

**Receipt for Certified Mail**

M.A.P., Inc.

P.O. Box 686

Solana Beach, CA 92075

Postage	\$ 1.33
Certified Fee	40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	JUL 29 1999
Return Receipt Showing to Whom, Date, & Addressee's Address	1.35
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

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

3. Article Addressed to:

Hunnington & Carol Walker  
2961 S. Fillmore Way  
Denver, CO 80210

4a. Article Number

Z 392 738 025

4b. Service Type

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

7. Date of Delivery

JUL 31 1999

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

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 025

US Postal Service

**Receipt for Certified Mail**

Hunnington & Carol Walker

2961 S. Fillmore Way

Denver, CO 80210

Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

**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

**3. Article Addressed to:**

William & Elizabeth Trumbell  
333 Tigertail Road  
Los Angeles, CA 90049

**4a. Article Number**

Z 392 738 069

**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)**

W. TRUMBELL

**6. Signature (Addressee or Agent)**

W. Trumbell

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 069

US Postal Service

**Receipt for Certified Mail**

William & Elizabeth Trumbell  
333 Tigertail Road  
Los Angeles, CA 90049

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	SANTA ANA, CA 92701
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

**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

**3. Article Addressed to:**

Virginia Ekstrom Black  
1109 E. 18th St.  
Tulsa, OK 74120

**4a. Article Number**

Z 392 738 044

**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)****6. Signature (Addressee or Agent)**

Virginia Ekstrom Black

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 044

US Postal Service

**Receipt for Certified Mail**

Virginia Ekstrom Black  
1109 E. 18th St.  
Tulsa, OK 74120

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	TULSA, OK 74120
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995



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

3. Article Addressed to:

Davis Family, LLC  
4906 Laguna Ave.  
Sierra Vista, AZ 85650

4a. Article Number  
Z 392 738 038

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery  
7-31-99

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 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 038

US Postal Service  
**Receipt for Certified Mail**

Davis Family, LLC  
4906 Laguna Ave.  
Sierra Vista, AZ 85650

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	9/29/1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	

PS Form 3800, April 1995

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

3. Article Addressed to:

Erin White Shaefer  
5836 Stadium Street  
San Diego, CA 92122  
5835

4a. Article Number  
Z 392 738 061

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery  
7/31/99

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 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 061

US Postal Service  
**Receipt for Certified Mail**

Erin White Shaefer  
5836 Stadium Street  
San Diego, CA 92122

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	9/29/1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	

PS Form 3800, April 1995

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

E. L. Ames  
1250 N. E. Loop #410  
San Antonio, TX 78209

4a. Article Number

Z 392 738 048

4b. Service Type

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

7. Date of Delivery

8/2/99

5. Received By: (Print Name)

C. Cooper

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 048

US Postal Service

## **Receipt for Certified Mail**

E. L. Ames  
1250 N. E. Loop #410  
San Antonio, TX 78209

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>2.98</b>
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

Z 392 738 026

US Postal Service

## **Receipt for Certified Mail**

Mercedes B. Hawkins  
2525 South Delaware  
Tulsa, OK 74114

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>2.98</b>
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

Mercedes B. Hawkins  
2525 South Delaware  
Tulsa, OK 74114

4a. Article Number

Z 392 738 026

4b. Service Type

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

7. Date of Delivery

8-2-99

5. Received By: (Print Name)

M. Hawkins

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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

3. Article Addressed to:

H. B. Brown  
1710 South Bay Front  
Balboa Island, CA 92662

4a. Article Number

Z 392 738 041

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8/4/90

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 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 041

US Postal Service  
**Receipt for Certified Mail**  
H. B. Brown  
1710 South Bay Front  
Balboa Island, CA 92662

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	JUL 29 1990

PS Form 3800, April 1995

DEPT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
SANTA FE, NM  
JUL 29 1990

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

3. Article Addressed to:

Shear, Inc.  
P.O. Box 2665  
Grand Junction, CO 81502

4a. Article Number

Z 392 738 064

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8/3/99

5. Received By: (Print Name)

Charles Shear

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 064

US Postal Service  
**Receipt for Certified Mail**  
Shear, Inc.  
P.O. Box 2665  
Grand Junction, CO 81502

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$2.98
Postmark or Date	JUL 29 1990

PS Form 3800, April 1995

DEPT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
SANTA FE, NM  
JUL 29 1990

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

3. Article Addressed to:

James L. Whitsell  
and/or Myrtis Crow  
P. O. Box 348  
Morganfield, KY 42437

4a. Article Number

Z 392 738 022

4b. Service Type

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

5. Received By: (Print Name)

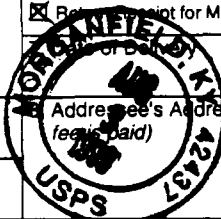
6. Signature (Addressee or Agent)

*James L. Whitsell*

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt



*Ar*

Thank you for using Return Receipt Service.

Z 392 738 022

US Postal Service

Receipt for Certified Mail

James N. Whitsell

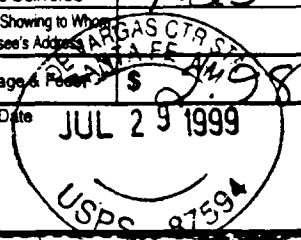
and/or Myrtis Crow

P. O. Box 348

Morganfield, KY 42437

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	1.25
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995



**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

3. Article Addressed to:

Kindermac Partners  
650 S. Cherry #1225  
Denver, CO 80222

4a. Article Number

Z 392 738 049

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)

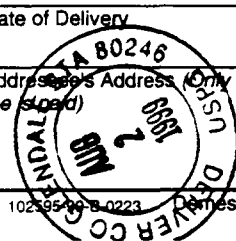
5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt



Thank you for using Return Receipt Service.

Z 392 738 049

US Postal Service

Receipt for Certified Mail

Kindermac Partners

650 S. Cherry #1225

Denver, CO 80222

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	1.25
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

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

3. Article Addressed to:

George Zarou  
 8423 Ridge Blvd.  
 Brooklyn, NY 11209

4a. Article Number

Z 392 738 021

4b. Service Type

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

7. Date of Delivery

8-2

5. Received By: (Print Name)

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

6 (PS)  
 PS F

Receipt

Thank you for using Return Receipt Service.

Z 392 738 021

US Postal Service

**Receipt for Certified Mail**

George Zarou  
 8423 Ridge Blvd.  
 Brooklyn, NY 11209

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	JUL 29 1988

PS Form 3800, April 1995

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

3. Article Addressed to:

Schonwald Co., F.P.  
 16 N. W. 63rd St. #302  
 Oklahoma City, OK 73116

4a. Article Number

Z 392 738 063

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)

6. Signature (Addressee or Agent)

PS Form 3811, December 1984

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 063

US Postal Service

**Receipt for Certified Mail**

Schonwald Co., F.P.  
 16 N. W. 63rd St. #302  
 Oklahoma City, OK 73116

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 2.98</b>
Postmark or Date	JUL 29 1988

PS Form 3800, April 1995

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

Roddy Sanger  
3600 McArthur Drive  
Waco, TX 76078

4a. Article Number

Z 392 738 060

4b. Service Type

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

7. Date of Delivery

UP 8-3

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

*Roddy Sanger*

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 060

US Postal Service

## Receipt for Certified Mail

Roddy Sanger  
3600 McArthur Drive  
Waco, TX 76078

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	JUL 29 1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 1.73
Postmark or Date	

PS Form 3800, April 1995

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):

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

Ruth Burrows  
47 Stoneridge  
Ponca City, OK 74601

4a. Article Number

Z 392 738 040

4b. Service Type

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

7. Date of Delivery

8-4-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

*Ruth Burrows*

PS Form 3811, December 1994

102595-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 040

US Postal Service

## Receipt for Certified Mail

Ruth Burrows  
47 Stoneridge  
Ponca City, OK 74601

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	JUL 29 1999
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 1.73
Postmark or Date	

PS Form 3800, April 1995

**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

3. Article Addressed to:

Edward E. Giess  
26 Pearl Street  
Noank, CT 06340

4a. Article Number

Z 392 738 031

4b. Service Type

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

7. Date of Delivery

8-17-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

*Patricia J. Wilbur*  
PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 031

US Postal Service

**Receipt for Certified Mail**

Mail Insurance Coverage Provided

Edward E. Giess  
26 Pearl Street  
Noank, CT 06340

Postage	\$ .35
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

Fold at line over top of envelope to

**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

3. Article Addressed to:

Dorothy E. Weaver  
285 Riverside Drive #13C  
New York, NY 10025

4a. Article Number

Z 392 738 023

4b. Service Type

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

7. Date of Delivery

8/18/99

5. Received By: (Print Name)

E. Podell  
6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 392 738 023

US Postal Service

**Receipt for Certified Mail**

Dorothy E. Weaver  
285 Riverside Drive #13C  
New York, NY 10025

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.98
Postmark or Date	JUL 29 1999

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

Z 392 738 020

US Postal Service

**Receipt for Certified Mail**

Leota Jones Revocable Trust  
1134 East 24th Place  
Tulsa, OK 74114

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Addressee, Date, & Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	JUL 30 1999

PS Form 3800, April 1995



L, CARR, BERGE & SHERIDAN  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 392 738 043

MAIL

RETURNED TO SENDER  
NOT DELIVERABLE  
AS ADDRESSED  
UNABLE TO FORWARD

Brooks J. Boedecker  
2708 First Avenue  
North #425-A  
Billings, MT 59101

Form 3800, April 1995

Postage	\$ 3.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	8/6/95
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

US Postal Service  
Receipt for Certified Mail  
George & Theodora Mourry  
9281 Shord Rd.  
Brooklyn, NY 11209

Z 392 738 034

PS Form 3800, April 1995

Postage	\$ 1.25
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

US Postal Service  
Receipt for Certified Mail  
Brooks J. Boedecker  
2708 First Avenue  
North #425-A  
Billings, MT 59101

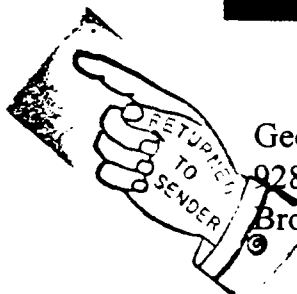
Z 392 738 043

CERTIFIED

PBELL, CARR, BERGE & SHERIDAN,  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

Z 392 738 054

MAIL



George & Theodora Mourry  
9281 Shord Rd.  
Brooklyn, NY

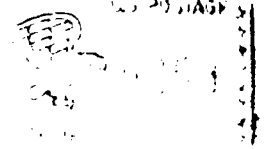
NOTICE AUG 6 1999  
NOTICE  
NOTICE

Moved, left no address  
No such number  
Not deliverable

**CERTIFIED**

Z 392 738 036

**MAIL**



David H. Eslick  
71 Highland Ave  
Buffalo, NY 14222

ATTEMPTED  
RETURN TO  
SENDER  
NOT KNOWN

87504/2208

14222-1413 13

PS Form 3800, April 1995

Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.98
Postmark or Date	JUL 29 1995

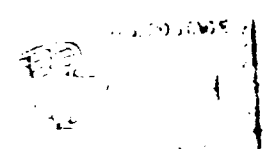
US Postal Service  
**Receipt for Certified Mail**  
David H. Eslick  
71 Highland Ave.  
Buffalo, NY 14222

Z 392 738 036

**CERTIFIED**

Z 392 738 065

**MAIL**



ELL, CARR, BERGE & SHERIDAN,

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

RETURNED TO SENDER  
UNDELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

John Francis Spellman  
56 Lathrop Rd.  
Quacker Hill, CT 06375

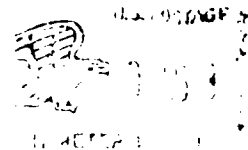
DELIVERABLE AS ADDRESS  
FORWARDING ORDER

ELL, CARR, BERGE & SHERIDAN  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 392 738 058

MAIL



*No longer at this address*  
*ADDRESS*

~~M. Zajac, Personal Representative  
of the Estate of H. Reton  
1827 Laurel Lane  
Lake Clark Shore, FL 33406~~

*8-10*  
*8-18*  
*L.N.*  
*8-3-99*



US Postal Service  
**Receipt for Certified Mail**

Jake R. Schwartz  
2325 Gorman Ave.  
Waco, TX 76706

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	25
Return Receipt Showing Date, & Addressee's Address	25
TOTAL Postage & Fees	1.73
Postmark or Date	8-10-99

PS Form 3800, April 1995

PS Form 3800, April 1995

Postage	\$ .33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	25
Return Receipt Showing Date, & Addressee's Address	25
TOTAL Postage & Fees	1.73
Postmark or Date	8-10-99

US Postal Service  
**Receipt for Certified Mail**  
M. Zajac, Personal Representative  
of the Estate of H. Reton  
1827 Laurel Lane  
Lake Clark Shore, FL 33406

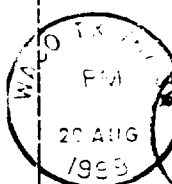
Z 392 738 058

BELL, CARR, BERGE & SHERIDAN  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED

Z 559 541 906

MAIL



*8-2*  
*8-17*  
*8-20*

**RETURNED TO SENDER**  
**ATTEMPTED NOT KNOWN**  
**NO SUCH NUMBER**  
**INSUFFICIENT ADDRESS**  
**VACANT**  
**FORWARDING ORDER EXPIRED**

1ST NOTICE  
2ND NOTICE  
RETURN

Jake R. Schwartz  
2325 Gorman Avenue  
Waco, TX 76706