

**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY  
MINERALS AND NATURAL RESOURCES**

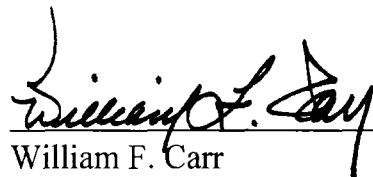
**IN THE MATTER OF THE APPLICATION  
OF McELVAIN OIL & GAS PROPERTIES, INC.  
FOR COMPULSORY POOLING,  
RIO ARRIBA COUNTY, NEW MEXICO.**

**CASE NO. 12472**

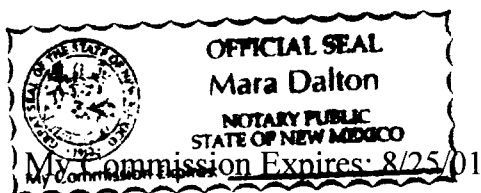
**AFFIDAVIT**


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

William F. Carr, attorney in fact and authorized representative of McElvain Oil & Gas Properties, 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 7<sup>th</sup> day of August, 2000 by William F. Carr.



  
\_\_\_\_\_  
Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 12472 Exhibit No. 1  
Submitted by:  
McElvain Oil & Gas Properties, Inc.  
Hearing Date: August 10, 2000

## EXHIBIT A

James M. Raymond  
P.O. Box 291445  
Kerrville, TX 78029-1445

John S. Brown, Jr.  
P.O. Box 31639  
El Paso, TX 79931

Joe F. Elledge  
P.O. Box 111  
Farmington, NM 87499

J. Roger Friedman  
c/o Lebhar- Friedman  
425 Park Avenue  
New York, NY 10022

Partrica M. Friedman  
c/o Lebhar-Friedman  
425 Park Avenue  
New York, NY 10022

George A. Lippman  
5862 Chromo Drive, Suite 139  
El Paso, TX 79912

Dugan Production Company  
P.O. Box 420  
Farmington, NM 87499-0420

NM&O Operating Company  
6 E. 5<sup>th</sup> Street, Suite 200  
Tulsa, OK 74103

Nona Gardner  
6018 S. 92<sup>nd</sup> East Avenue  
Tulsa, OK 74145

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

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

Cynthia Anne Adams  
11023 Taylor Circle  
Wichita, KS 67212

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

Minerals Management Service  
P.O. Box 5640 T. A.  
Denver, CO 80217

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

Huntington and Carol Walker  
2961 Filmore Way  
Denver, CO 80210

James and Barbara Fullerton  
1656 Court Place, Suite 406  
Denver, CO 80202

Elizabeth B. Loring  
230 Congress St.  
Boston, MA 02110

Lillian Habeeb  
100 Marine Avenue  
Brooklyn, NY 11209

The Ames Company  
1250 NE Loop 410, #1100  
San Antonio, TX 78209

Nona A. Gardner  
6018 S. 92<sup>nd</sup> East Avenue  
Tulsa, OK 74145

Herbert Luria Estate  
c/o David Luria, Jr.  
111 South 15<sup>th</sup> Street  
Philadelphia, PA 19102-2678

Leota Jones Revocable Trust  
c/o Robert Lee Bayless  
P.O. Box 168  
Farmington, NM 87499

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

Schaefer Family Trust  
c/o Erin White Schaefer  
5835 Stadium Street  
San Diego, CA 92122

McHugh Companies  
650 S. Cherry, Suite 1225  
Denver, CO 80222

James F. Rosborough  
14429 Pettit Way  
Potomac, MD 20854

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

F. P. Schonwald Co.  
16 NW 63<sup>rd</sup> Street, Suite 302  
Oklahoma City, OK 73116

Mercedes B. Hawkins Trust  
2525 S. Delaware  
Tulsa, OK 74114

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

George and Theodora Mourry  
9281 Shord Road  
Brooklyn, NY 11209

Ruth Burrows  
47 Stoneridge  
Ponca City, OK 74601

Brooks J. Boedecker  
2708 First Avenue No., #425A  
Billings, MT 59103

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

G. David Heuston  
1865 HCR-74, Box 43  
Lindrieth, NM 87029

Halco Oil Company  
4733 Creighton  
Dallas, TX 75214

M.S. Brooks Jr. Estate  
Martha Lanham, Ind. Executrix  
P.O. Box 1154  
Fredericksburg, TX 78624

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

Jake R. Schwartz  
P.O. Box 7960  
Waco, TX 76714

MAP, Inc.  
P.O. Box 686  
Solana Beach, CA 92075

Louis Roddy Sanger  
5424 Edinburgh  
Waco, TX 76710

Philip Asher Sanger  
6707 Troll Haven  
Austin, TX 78746

Joan Sanger  
3600 MacArthur Drive  
Waco, TX 76705

Horace and Kathleen Gibson  
7089 N. 24<sup>th</sup> Street  
St. Paul, MN 55128

Gladys H. Campbell Rev. Trust  
c/o Gladys H. Campbell  
117 S. Los Robles Avenue  
Pasadena, CA 91101

Tri-Star Minerals  
P.O. Box 3806  
Minot, ND 58702

Katherine V. Winter  
P.O. Box 520  
Shelter Island, NY 11964

Hazel D. Schmedes  
1333 Birch Hill Lane  
Mamaroneck, NY 10643

George Zarou  
8423 Ridge Blvd.  
Brooklyn, NY 11209

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

R. F. Beauchamp  
300 Plaza Alicante, Suite #800  
Garden Grove, CA 92840

Mary Beth Harkins  
5826 Hefner Village Court  
Oklahoma City, OK 73132

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

Sophie H. Spellman  
P.O. Box 368  
Colfax, WI 54730

Ken Altschuld  
8400 E. Prentice, #1035  
Englewood, CO 80111

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

Will and Florence Gleason  
474 3<sup>rd</sup> Avenue  
Fox Island, WA 98333

David H. Eslick  
71 Highland Avenue  
Buffalo, NY 14222

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

Ellen B. Reton Estate  
c/o M. Zajac  
1827 Laurel Lane  
Lake Clark Shore, FL 33406

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

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
TANYA M. TRUJILLO  
  
JACK M. CAMPBELL  
1916-1999

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: law@westofpecos.com

July 20, 2000

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

AFFECTED ROYALTY INTEREST OWNERS:

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

Ladies and 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 the 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 "10" Well No. 1A which it proposes to drill to a depth sufficient to test all formations below the base of the Pictured Cliffs to the base of the Mesaverde formation, Blanco-Mesaverde Gas Pool, at a standard location in the NW/4 of said Section 10.

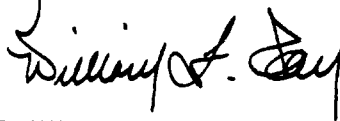
This application has been set for hearing before a Division Examiner on August 10, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

July 20, 2000

Page 2

Parties appearing in cases are required by Division Rule 1208.B to file a prehearing statement three days in advance of a scheduled hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

A handwritten signature in black ink, appearing to read "William F. Carr". The signature is fluid and cursive, with a large initial "W" and a stylized "C".

William F. Carr

ATTORNEY FOR McELVAIN OIL & GAS  
PROPERTIES, INC.

WFC/md

Enclosures

cc: Ms. Mona Binion  
McElvain Oil & Gas Properties, Inc.

7099 3400 0007 7003 7695

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WFC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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

SEN

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

A. Received by (Please Print Clearly)

B. Date of Delivery

7-25

C. Signature

X [Signature]

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7695

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 7909

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WFC 422

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Brooks J. Boedecker  
2708 First Avenue No., #425A  
Billings, MT 59103

Postmark Here

mail returned -  
not delivered

7099 3220 0005 9420 1599

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WFC 422

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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

Postmark Here

for Instructions





U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SEND

PLACE STICKER AT TOP OF ENVELOPE

THIS SECTION ON DELIVERY

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

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

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee)

2. Article Number (Copy from service label)

7099 3400 0007 7003 7718

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

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

Postmark  
Here

Mail returned -  
not delivered

Reverse for Instructions

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SEN

THIS SECTION ON DELIVERY

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Dugan Production Company  
P.O. Box 420  
Farmington, NM 87499-04

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dugan Production Company  
P.O. Box 420  
Farmington, NM 87499-0420

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee)

2. Article Number (Copy from service label)

7099 3400 0007 7003 7633

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 7455

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
F. P. Schonwald Co.  
16 NW 63<sup>rd</sup> Street, Suite 302  
Oklahoma City, OK 73116

Postage	\$ 3.75
Certified Fee	\$ 1.00
Return Receipt Fee (Endorsement Required)	\$ 1.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.75

Postmark: JUL 2 1999

1. Article Addressed to:  
F. P. Schonwald Co.  
16 NW 63<sup>rd</sup> Street, Suite 302  
Oklahoma City, OK 73116

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ C.O.D.  
☒ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)  
☐ Yes

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

C. Signature: *F. P. Schonwald*  
B. Date of Delivery: 7-24

2. Article Number (Copy from service label)  
7099 3400 0007 7003 7455

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 1643

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
Ellen B. Reton Estate  
c/o M. Zajac  
1827 Laurel Lane  
Lake Clark Shore, FL 33406

Postage	\$ 3.75
Certified Fee	\$ 1.00
Return Receipt Fee (Endorsement Required)	\$ 1.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.75

Postmark: JUL 2 1999

mail returned - not delivered

1. Article Addressed to:  
Elizabeth B. Loring  
230 Congress St.  
Boston, MA 02110

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

3. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Insured Mail  
☐ C.O.D.  
☒ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)  
☐ Yes

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

C. Signature: *Judy Loring*  
B. Date of Delivery: 7-24

2. Article Number (Copy from service label)  
7099 3400 0007 7003 7749

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 7749

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
Elizabeth B. Loring  
230 Congress St.  
Boston, MA 02110

Postage	\$ 3.75
Certified Fee	\$ 1.00
Return Receipt Fee (Endorsement Required)	\$ 1.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.75

Postmark: JUL 2 1999

IS SECTION ON DELIVERY

SENT BY ADDRESS

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

SENDER'S ADDRESS

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS

THIS SECTION ON DELIVERY

Article Sent To:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery

Brenda Campbell 7-22-0

C. Signature

X Brenda Campbell ☐ Agent ☒ Addressee

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

1. Article Addressed to:

G. David Heuston  
1865 HCR-74, Box 43  
Lindrith, NM 87029

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7923

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

SENDER'S ADDRESS

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS

SECTION ON DELIVERY

Article Sent To:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery

WFC 7-25

C. Signature

X Mary Lynn ☐ Agent ☐ Addressee

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

1. Article Addressed to:

George A. Lippman  
5862 Chromo Drive, Suite 139  
El Paso, TX 79912

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7626

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

Postmark  
Here

George and Theodora Mourry  
9281 Shord Road  
Brooklyn, NY 11209

See for instructions

Mail returned -  
not delivered

(Domestic Mail Only; No Insurance Coverage)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

THIS SECTION ON DELIVERY

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

George Zarou  
8423 Ridge Blvd.  
Brooklyn, NY 11209

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

George Zarou  
8423 Ridge Blvd.  
Brooklyn, NY 11209

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Gladys Thomas

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9420 1526

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

## U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Gladys H. Campbell Rev. Tr  
c/o Gladys H. Campbell  
117 S. Los Robles Avenue  
Pasadena, CA 91101

- 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gladys H. Campbell Rev. Trust  
c/o Gladys H. Campbell  
117 S. Los Robles Avenue  
Pasadena, CA 91101

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Alma Flores

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 8029

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

## U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Halco Oil Company  
4733 Creighton  
Dallas, TX 75214

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Halco Oil Company  
4733 Creighton  
Dallas, TX 75214

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Julie Cony

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7930

7099 3400 0007 7003 8012

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WFC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

**Horace and Kathleen Gibson**  
7089 N. 24<sup>th</sup> Street  
St. Paul, MN 55128

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Horace and Kathleen Gibson**  
7089 N. 24<sup>th</sup> Street  
St. Paul, MN 55128

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
**X [Signature]** ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) **7099 3406 0007 7003 8012**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 7725

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WFC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

**Huntington and Carol Walker**  
2961 Filmore Way  
Denver, CO 80210

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Huntington and Carol Walker**  
2961 Filmore Way  
Denver, CO 80210

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
**Hunt Walker JUL 22 2000**

C. Signature  
**X [Signature]** ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) **7099 3400 0007 7003 7725**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 7602

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **WFC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

**J. Roger Friedman**  
c/o Lebhar- Friedman  
425 Park Avenue  
New York, NY 10022

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**J. Roger Friedman**  
c/o Lebhar- Friedman  
425 Park Avenue  
New York, NY 10022

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
**T. 7/26**

C. Signature  
**X [Signature]** ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) **7099 3400 0007 7003 7602**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 1513

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

N. Hazel D. Schmedes

Si. 1333 Birch Hill Lane

C. Mamaroneck, NY 10643

PS

Instructions

7099 3220 0005 9420 1537

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

H.B. Brown

1710 South Bay Front

Balboa Island, CA 92662

or Instructions

mail returned &  
not delivered

7099 3400 0007 7003 7787

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SEN

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

1. Article Addressed to:

Herbert Luria Estate  
c/o David Luria, Jr.  
111 South 15<sup>th</sup> Street  
Philadelphia, PA 19102-2678

2. Article Number (Copy from service label)

7099 3400 0007 7003 7787

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

IS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

T. Luria

B. Date of Delivery

7/2

C. Signature

X T. Luria

☐ Agent☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes☐ No

7099 3400 0007 7003 7961

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WFC 422

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Name: Jake R. Schwartz  
Street: P.O. Box 7960  
City: Waco, TX 76714

PS Form 3811, July 1999 Instructions

Mail returned & not delivered

7099 3400 0007 7003 7732

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Name: James and Barbara Fullerton  
Street: 1656 Court Place, Suite 406  
City: Denver, CO 80202

PS Form 3811, July 1999 Instructions

**SEND TO ADDRESSEE**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: James and Barbara Fullerton  
1656 Court Place, Suite 406  
Denver, CO 80202

2. Article Number (Copy from service label) 7099 3400 0007 7003 7732

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 7/24/01  
C. Signature [Signature] ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

7099 3400 0007 7003 7431

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: WFC 422

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Name: James F. Rosborough  
Street: 14429 Pettit Way  
City: Potomac, MD 20854

PS Form 3811, July 1999 Instructions

7099 3400 0007 7003 7572

Postage	\$ 55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.20

James M. Raymond  
P.O. Box 291445  
Kerrville, TX 78029-1445

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James M. Raymond  
P.O. Box 291445  
Kerrville, TX 78029-1445

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7099 3400 0007 7003 7572

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 8005

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage	\$ 55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.20

Joan Sanger  
3600 MacArthur Drive  
Waco, TX 76705

for Instructions

7099 3400 0007 7003 7596

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SEN

Postage	\$ 55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	3.20

Joe F. Elledge  
P.O. Box 111  
Farmington, NM 87499

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joe F. Elledge  
P.O. Box 111  
Farmington, NM 87499

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7099 3400 0007 7003 7596

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



7099 3400 0007 7003 7589

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
  
Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$  
John S. Brown, Jr.  
P.O. Box 31639  
El Paso, TX 79931

SEN  
1. Article Addressed to:  
  
John S. Brown, Jr.  
P.O. Box 31639  
El Paso, TX 79931

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
B. Date of Delivery  
JUL 24 2000  
C. Signature  
X Ricardo Paz  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
3. Service Type  
X Certified Mail  
Express Mail  
Registered  
Return Receipt for Merchandise  
Insured Mail  
C.O.D.  
4. Restricted Delivery? (Extra Fee)  
Yes

2. Article Number (Copy from service label)  
7099 3400 0007 7003 7589  
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 1506

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
  
Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$  
Katherine V. Winter  
P.O. Box 520  
Shelter Island, NY 11964

WFC 422  
Postmark Here

or Instructions

Mail returned -  
not delivered

7099 3220 0005 9420 1582

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
  
Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$  
Ken Altschuld  
8400 E. Prentice, #1035  
Englewood, CO 80111

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.  
SEN  
1. Article Addressed to:  
  
Ken Altschuld  
8400 E. Prentice, #1035  
Englewood, CO 80111

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
K. Altschuld  
B. Date of Delivery  
7-25  
C. Signature  
X Ken Altschuld  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
3. Service Type  
X Certified Mail  
Express Mail  
Registered  
Return Receipt for Merchandise  
Insured Mail  
C.O.D.  
4. Restricted Delivery? (Extra Fee)  
Yes

2. Article Number (Copy from service label)  
7099 3220 0005 9420 1582  
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7794 7003 0007 3400 9999

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
  

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Leota Jones Revocable Trust  
c/o Robert Lee Bayless  
P.O. Box 168  
Farmington, NM 87499

SEN

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Leota Jones Revocable Trust  
c/o Robert Lee Bayless  
P.O. Box 168  
Farmington, NM 87499

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *W M Farland* B. Date of Delivery *7-24*

C. Signature *W M Farland* ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) *7099 3400 0007 7003 7794*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7756 7003 0007 3400 9999

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
  

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Lillian Habeeb  
100 Marine Avenue  
Brooklyn, NY 11209

WFC 422

Postmark Here

Reverse for Instructions

7785 7003 0007 3400 9999

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
  

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Louis Roddy Sanger  
5424 Edinburgh  
Waco, TX 76710

SEN

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Louis Roddy Sanger  
5424 Edinburgh  
Waco, TX 76710

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Elizabeth Sanger* B. Date of Delivery *7-24*

C. Signature *Elizabeth Sanger* ☐ Agent ☐ Addressee

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

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

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

Mary Beth Harkins  
5826 Hefner Village Court  
Oklahoma City, OK 73132

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Beth Harkins  
5826 Hefner Village Court  
Oklahoma City, OK 73132

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Mary Beth Harkins* ☐ Agent ☒ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9420 1551

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

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

SENDER'S USE ONLY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Selene Sherrin* ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7803 7604

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$

McHugh Companies  
650 S. Cherry, Suite 1225  
Denver, CO 80222

SENDER'S USE ONLY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

McHugh Companies  
650 S. Cherry, Suite 1225  
Denver, CO 80222

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Kevin Kure* ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7803 7824

PS Form 3811, July 1999

Domestic Return Receipt

7099 3400 0007 7003 7947

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

SENDER

THIS SECTION ON DELIVERY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

M.S. Brooks Jr. Estate  
Martha Lanham, Ind. Executr  
P.O. Box 1154  
Fredericksburg, TX 78624

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M.S. Brooks Jr. Estate  
Martha Lanham, Ind. Executrix  
P.O. Box 1154  
Fredericksburg, TX 78624

A. Received by (Please Print Clearly) <u>Martha Lanham</u>	B. Date of Delivery <u>7/26/00</u>
C. Signature <u>x Martha Lanham</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7947

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 7978

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

SENDER

SECTION ON DELIVERY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MAP, Inc.  
P.O. Box 686  
Solana Beach, CA 92075

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAP, Inc.  
P.O. Box 686  
Solana Beach, CA 92075

A. Received by (Please Print Clearly) <u>W.F. Map</u>	B. Date of Delivery <u>7-24-00</u>
C. Signature <u>x W.F. Map</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7978

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 7844

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

SENDER

THIS SECTION ON DELIVERY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Na Marcheta Colson  
Str P.O. Box 475  
Cit Templeton, CA 93465

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

A. Received by (Please Print Clearly) <u>Marcheta Colson</u>	B. Date of Delivery <u>7-26-00</u>
C. Signature <u>x Marcheta Colson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7844

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

(Domestic Mail Only; No Insurance Coverage)

SEN

HIS SECTION ON DELIVERY

Article Sent To:

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery

Wm. R. Hawkins 7-24-00

C. Signature

X William R. Hawkins ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Mercedes B. Hawkins Trust  
2525 S. Delaware  
Tulsa, OK 74114

3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7862

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

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

See for Instructions

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

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

See for Instructions

7099 3400 0007 7003 7701

Article Sent To: **WF**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

N Minerals Management Servi  
P.O. Box 5640 T. A.  
Denver, CO 80217

SE

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X** **De...** ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:  
**Minerals Management Service  
P.O. Box 5640 T. A.  
Denver, CO 80217**

2. Article Number (Copy from service label) **7099 3400 0007 7003 7701**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WFC**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

NM&O Operating Company  
6 E. 5<sup>th</sup> Street, Suite 200  
Tulsa, OK 74103

SE

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **JUL 24 2000**

C. Signature **X** **Helen Thorne** ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:  
**NM&O Operating Company  
6 E. 5<sup>th</sup> Street, Suite 200  
Tulsa, OK 74103**

2. Article Number (Copy from service label) **7099 3400 0007 7003 7640**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WF**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Nona A. Gardner  
6018 S. 92<sup>nd</sup> East Avenue  
Tulsa, OK 74145

SE

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X** **Nona Gardner** ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:  
**Nona Gardner  
6018 S. 92<sup>nd</sup> East Avenue  
Tulsa, OK 74145**

2. Article Number (Copy from service label) **7099 3400 0007 7003 7657**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 1544

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

R. F. Beauchamp  
300 Plaza Alicante, Suite #800  
Garden Grove, CA 92840

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

R. F. Beauchamp  
300 Plaza Alicante, Suite #800  
Garden Grove, CA 92840

A. Received by (Please Print Clearly) Bill Helms	B. Date of Delivery JUL 25 2000
C. Signature X Bill Helms	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9420 1544

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1785

7099 3400 0007 7003 7954

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SEND

COMPLETE THIS SECTION ON DELIVERY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

A. Received by (Please Print Clearly)	B. Date of Delivery JUL 24 2000
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7954

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1785

7099 3400 0007 7003 7893

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Ruth Burrows  
47 Stoneridge  
Ponca City, OK 74601

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ruth Burrows  
47 Stoneridge  
Ponca City, OK 74601

A. Received by (Please Print Clearly) David Burrows	B. Date of Delivery 7-24-00
C. Signature David Burrows	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7893

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1785

7099 3400 0007 7003 7657

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Postmark Here \_\_\_\_\_

Nona Gardner  
6018 S. 92<sup>nd</sup> East Avenue  
Tulsa, OK 74145

For Instructions \_\_\_\_\_

7099 3400 0007 7003 7619

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Partrica M. Friedman  
c/o Lebhar-Friedman  
425 Park Avenue  
New York, NY 10022

**SEND**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Partrica M. Friedman  
c/o Lebhar-Friedman  
425 Park Avenue  
New York, NY 10022

2. Article Number (Copy from service label) 7099 3400 0007 7003 7619

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 7/28

C. Signature [Signature] ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7099 3400 0007 7003 7770

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: \_\_\_\_\_

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Philip Asher Sanger  
6707 Troll Haven  
Austin, TX 78746

**SEND**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Nona A. Gardner  
6018 S. 92<sup>nd</sup> East Avenue  
Tulsa, OK 74145

2. Article Number (Copy from service label) 7099 3400 0007 7003 7770

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature [Signature] ☐ Agent ☐ Addressee

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



7099 3400 0007 7003 7817

# U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SENT

THIS SECTION ON DELIVERY

Article Sent To:

WFC

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)

B. Date of Delivery

7/24/00

C. Signature

x *Erin White Schaefer*
☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

1. Article Addressed to:

Schaefer Family Trust  
c/o Erin White Schaefer  
5835 Stadium Street  
San Diego, CA 92122

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0007 7003 7817

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 7879

# U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Shear, Inc.

P.O. Box 2665

Grand Junction, CO 81502

mail returned &  
not delivered

7099 3220 0005 9420 1575

# U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC 422

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sophie H. Spellman

P.O. Box 368

Colfax, WI 54730

mail returned &  
not delivered

Instructions

7099 3400 0007 7003 7763

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

The Ames Company  
1250 NE Loop 410, #1100  
San Antonio, TX 78209

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Ames Company  
1250 NE Loop 410, #1100  
San Antonio, TX 78209

2. Article Number (Copy from service label)

7099 3400 0007 7003 7763

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1785

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C Cooper

B. Date of Delivery

7/24/00

C. Signature

X C Cooper

☒ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Tri-Star Minerals  
P.O. Box 3806  
Minot, ND 58702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tri-Star Minerals  
P.O. Box 3806  
Minot, ND 58702

2. Article Number (Copy from service label)

7099 3220 0005 9420 1490

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1785

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Diane Strachen

B. Date of Delivery

24 JUL 2000

C. Signature

X Diane Strachen

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Will and Florence Gleason  
474 3<sup>rd</sup> Avenue  
Fox Island, WA 98333

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Will and Florence Gleason  
474 3<sup>rd</sup> Avenue  
Fox Island, WA 98333

2. Article Number (Copy from service label)

7099 3220 0005 9420 1605

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

DAVE McHugh

B. Date of Delivery

8-1-00

C. Signature

X Dave McHugh

☒ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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

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

- PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A. Received by (Please Print Clearly) <i>W. Trumbell</i>	B. Date of Delivery <i>7-22-00</i>
C. Signature <i>W. Trumbell</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

*7099 3220 0005 9420 1568*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**CERTIFIED MAIL**



7099 3220 0005 9420 1537

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

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

7/28

**RETURN RECEIPT  
REQUESTED**



H.B. Brown

1710 South Bay Front

Balboa Island, CA 92666

**FORWARDING  
ORDER EXPIRED**

**CERTIFIED MAIL**



7099 3400 0007 7003 7886

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

LAWYERS

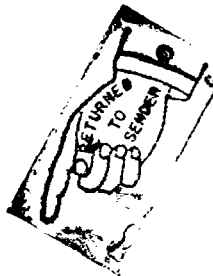
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE

2ND NOTICE

RETURN



☒ Moved, left no address  
☐ No such number  
☐ Moved, not forwardable  
☒ Addressee unknown

George and Theodora Morley  
9281 Shore Road  
Brooklyn, NY 11209

11209-6660 30

**CERTIFIED MAIL**



7099 3400 0007 7003 7671

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

LAWYERS

POST OFFICE BOX 2208

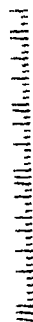
SANTA FE, NEW MEXICO 87504-2208

7/31  
FIRST CLASS  
SECOND CLASS  
SPECIAL DELIVERY

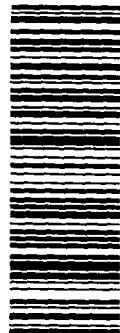
c/o GENERAL DELI

SOUTH BRISTOL,  
MA 01568

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



**CERTIFIED MAIL**



7099 3220 0005 9420 1612

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

LAWYERS

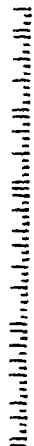
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

7/28

NOT DELIVERABLE  
AS ADDRESSEE  
UNABLE TO FORWARD

David H. Eslick  
71 Highland Avenue  
Buffalo, NY 14201



**CERTIFIED MAIL**

LAWYERS

POST OFFICE BOX 2208

SANTÁ FE, ~~NEW~~ MEXICO 87504-2208

1ST NOTICE  
2ND NOTICE  
RETURN



525T 0246 5000 0226 1607

~~Sophie H. Spellman  
P.O. Box 368  
Colfax, WI 54730~~

☒ No Duplicate to be Addressed  
☐ Change to be made  
☐ Missing or Missing  
☐ Missing or Missing  
☐ Unchecked or Missing  
☒ Addressed or Not Known  
☐ No Such Street or Number  
☐ No Mail Returnable  
☐ Box Closed - No Order  
☐ Outside Delivery Limits

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

2099 3400 0007 7003 7879



**CERTIFIED MAIL**

1973 JUN 1

SHEA665 815022006 1599 07 07/25/00  
FORWARD TIME EXP RTN TO SEND  
SHEAR INC  
PO BOX 426  
COLLBRAN CO 81624-0426

RETURN TO SENDER

RETURN TO SENDER

201902140035

24-7

**CERTIFIED MAIL**



7099 3220 0005 9420 1506

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

LAWYERS

POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE  
2ND NOTICE  
3RD NOTICE

**DELIVERY ATTEMPTED  
NOT KNOWN**

Katherine V. Winter  
P.O. Box 520  
Shelter Island, NY 11964

**CERTIFIED MAIL**



7099 3400 0007 7003 7961

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

LAWYERS

POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE  
2ND NOTICE  
3RD NOTICE



- ☒ ATTEMPTED NOT KNOWN
- ☐ NO SUCH NUMBER
- ☐ INSUFFICIENT ADDRESS
- ☐ VACANT ☒ REFUSED
- ☐ FORWARDING ORDER EXPIRED

Jake R. Schwartz  
P.O. Box 7960  
Waco, TX 76714

DELIVERY ATTEMPTED  
NOT KNOWN

7 6 7 1 4 - 7 3 6 0

CERTIFIED MAIL



7099 3400 0007 7003 7909

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

811  
RETURN RECEIPT  
REQUESTED  
1ST NOTICE  
2ND NOTICE  
RETURN



NOT DELIVERABLE  
AS ADDRESSED  
UNABLE TO FORWARD

Brooks J. Boedecker  
2708 First Avenue No., #425A  
Billings, MT 59103

CERTIFIED MAIL



7099 3220 0005 9420 1643

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.  
LAWYERS  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE  
2ND NOTICE  
RETURN

RETURN RECEIPT  
REQUESTED

Ellen B. Keeton Estate  
c/o M. Zajac  
1827 Laurel Lane  
Lake Clark Shore, FL 32906

11000000