

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

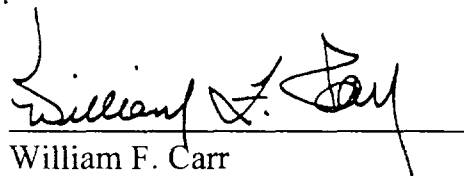
**IN THE MATTER OF THE APPLICATION OF
BP AMOCO FOR ESTABLISHMENT OF A
DOWNHOLE COMMINGLING REFERENCE CASE
AND PRE-APPROVAL OF DOWNHOLE COMMINGLING
FOR FORMATIONS AND POOLS IN THE GALLEGOS CANYON UNIT
PURSUANT TO DIVISION RULE 303.C (4) AND THE
ADOPTION OF SPECIAL ADMINISTRATIVE RULES THEREFOR,
SAN JUAN COUNTY, NEW MEXICO.**

CASE NO. 12520

AFFIDAVIT

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

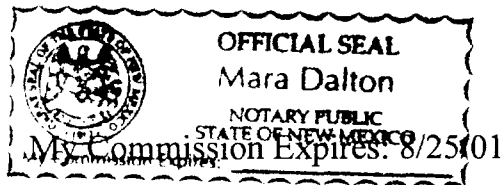
William F. Carr, attorney in fact and authorized representative of BP Amoco Exploration and Production, Inc., the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division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

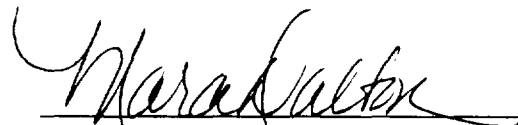


William F. Carr

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12520 Exhibit No. 19
Submitted by:
BP Amoco Exploration and Production, Inc.
Hearing Date: October 19, 2000

SUBSCRIBED AND SWORN to before this 16th day of October, 2000 by William F. Carr.




Mara Dalton, Notary Public

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& SHERIDAN, P.A.
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September 28, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

**TO AFFECTED INTEREST OWNERS IN THE GALLEGOS CANYON UNIT
AREA**

***Re: Application of BP Amoco for establishment of a downhole commingling
"reference case" and pre-approval of downhole commingling for formations
and pools in the Gallegos Canyon Unit pursuant to Division Rule 303.C and
adoption of special administrative rules therefore, San Juan County, New
Mexico.***

Ladies and Gentlemen:

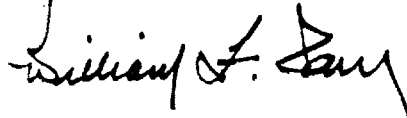
This letter is to advise you that BP Amoco has filed the enclosed application with the New Mexico Oil Conservation Division seeking the establishment of a downhole commingling reference case and pre-approval of downhole commingling for formations and pools in the Gallegos Canyon Unit and for adoption of special administrative rules therefore. The Gallegos Canyon Unit is located in portions of Townships 27, 28 and 29 North, Ranges 11, 12 and 13 West, NMPM, San Juan County, New Mexico.

This application has been set for hearing before a Division Examiner on October 19, 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.

BP Amoco Notification Letter - Gallegos Canyon
September 28, 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 BP AMOCO

WFC/md

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PROVIDENCE, UT, 84332-9663

ALMON E AND BETTY DUSTIN
PO BOX 753
FARMINGTON, NM, 87499-0753

B E AND ALMON E DUSTIN
PO BOX 753
FARMINGTON, NM, 87499-0753

RICKEY ELDON DUSTIN
2108 SWEETWATER CREEK DR
FORT COLLINS, CO, 80525

ROBERT ALTON DUSTIN
20 MAPLE DR
DURANGO, CO, 81301-4458

ROCKIE EUGENE DUSTIN
977 N 100 W
FARMINGTON, UT, 84025-3710

EDWARD OIL COMPANY
PO BOX 202
YOUNGSVILLE, PA, 16371-0202

D J ELKINS
PO BOX 1326
AZTEC, NM, 87410-1326

ELM RIDGE EXPLORATION COMPANY
12225 GREENVILLE AVE STE 950
DALLAS, TX, 75243

KATHRYN V SCHENCK TRUST
P.O. BOX 1563
AZTEC, NM 87401

ENERGEN RESOURCES MAQ INC
CRUDE OIL MARKETING
PO BOX 201769
HOUSTON, TX, 77210-4326

RICHARD D EVANS
5557 US 64
FARMINGTON, NM, 87401-1578

MELODIE J OWEN EYSTER
6405 GAMBEL OAK CT NE
ALBUQUERQUE, NM, 87111-8324

CITY OF FARMINGTON NEW MEXICO
800 MUNICIPAL DR
FARMINGTON, NM, 87401-2663

MALINDA DIGGS FISCHER
PO BOX 1897
STILLWATER, OK, 74076-1897

FEEMAN RODNEY FITTING
3537 MITCHELL LANE
BESSEMER, AL, 35023-3744

GARY EDWARD FITTING
821 SKY WOOD COURT
SAGINAW, TX, 76179-1725

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2604 CRESTVIEW
LAS CRUCES, NM, 88011-4508

MARY L FOLLANSBEE
9153 YARROW NO 1401
WESTMINSTER, CO, 80021-4536

JOHN C FORSYTHE JR
285 LANING DR
WOODSIDE, CA, 94062-3530

WILLIAM ALLEN AND EMILIE E FOSTER
JOINT TENANTS
877 RIMROCK DR
GALLUP, NM, 87301-4639

FOUR STAR OIL AND GAS
PO BOX 845896
DALLAS, TX, 75284-5896

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DALLAS, TX, 75284-5896

ROBERT B FOUTZ
1550 N STOPLEY #35
MESA, AZ, 85203-3702

RUSSELL AND HELEN M FOUTZ
TRUSTEES U/T/A DATED SEPT 15, 1989
301 W MAIN
FARMINGTON, NM, 87401-8422

SARAH G FREDERICK
308 E CLINTON
CLINTON, MO, 64735-2230

ARNOLD EDWARD FULSAAS
3143 BUTTERS DR
OAKLAND, CA, 94602-2632

DAVID ALLEN FULSAAS
3143 BUTTERS DR
OAKLAND, CA, 94602-2632

DONALD S FULSAAS
4865 LOWRY RD
OAKLAND, CA, 94605-5727

ERIC MARTIN FULSAAS
3143 BUTTERS DR
OAKLAND, CA, 94602-2632

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SPOKANE, WA, 99205-2640

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3143 BUTTERS DR
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THEODORE FREDERICK FULSAAS
3143 BUTTERS DR
OAKLAND, CA, 94602-2632

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MMH TRUST A/TA DTD 10/2/89
P.O. BOX 1887
SANTA FE, NM 87504-1887

CARMELITA GALLEGOS
PO BOX 1673
ARBOLES, CO, 81121-1673

CECILIA A GALLEGOS
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IGNACIO, CO, 81137-0014

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5298 GUY TERRY ROAD
SPRINGDALE, AZ 72764

PHILLIP C GATES
1611 AVALON BLVD
CASSELBERRY, FL, 32707-3954

CHARLES W GEE
335 MEADOWOOD DR
ORLAND, CA, 95963-2304

GLENN R GENTLE LIVING TR
GEORGE DIDLAKE AND WILLIE HORTON
CO TRUSTEES U/A/D 02-20-1997
635 VIA SANTA CRUZ
VISTA, CA, 92083-6336

FLORENCE IRENE GERARD
606 S 3RD ST
GALLUP, NM, 87301-6344

FLORENCE IRENE GERARD AND
BEVERLY NEWMAN
JOINT TENANTS
606 S 3RD
GALLUP, NM, 87301-6344

LLOYD M AND ELIZABETH GERBER
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EAGLE, ID, 83616-2614

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SARA ALEXANDER GIEB
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FARMINGTON, NM, 87401-2821

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8200 PICKARD N E
ALBUQUERQUE, NM, 87110-1536

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1949 DUKER AVE
LOUISVILLE, KY, 40205-1001

CLAUDIA MARCIA LUNDELL GILMER
30 GOLDEN PL
THE WOODLANDS, TX, 77381-4334

GLACIER PARK COMPANY
PO BOX 840656
DALLAS, TX, 75284-0656

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100 S MAIN
CLINTON, MO, 64735-2152

KENTON L GLASSCOCK
PO BOX 1307
MANHATTAN, KS, 66502-0014

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TOPEKA, KS, 66614

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CLINTON, MO, 64735-4405

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ALBUQUERQUE, NM, 87109-1926

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3600 N DAL PASO
HOBBS, NM, 88240-1550

DUANE GOFF
1430 WELLINGTON
IMPERIAL, NE, 69033

LARRY R GOFF
68 ROAD 6050
FARMINGTON, NM, 87401-9607

LUCILLE BULLOCK
638 N. BROWN
VINITA, OK 74301-0638

MAXINE GOFF
100 S GOODDING LN
FARMINGTON, NM, 87401-3209

FRANK GOMBOTZ
315 S RIDGELAND AVE
OAK PARK, IL, 60302-3519

SHELLIE EVE MILLER GONDER
314 W CHINOOK
LIVINGSTON, MT, 59047-1923

JOSEPH E AND TWILA M GOODDING
1009 CRESTVIEW CIR
FARMINGTON, NM, 87401-9142

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79-7199 MAMALAHOA HWY
HOLUALOA, HI, 96725-9702

MARZIE J GREER
301 WEST VINEYARD #426
OXNARD, CA, 93030-2075

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JAMES ARTHUR GRIFFITH
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932 CR 220
BRECKENRIDGE, TX, 76424-7759

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CATOOSA, OK, 74015-5940

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L S HAGOOD TRUSTEE
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FARMINGTON, NM, 87401-5845

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PO BOX 2031
SILVER CITY, NM, 88062-2031

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CHERIE N HAND
6970 POCO BUENO CIR
SPARKS, NV, 89436-7467

HANNETT STEELE PARTNERS
NATIONSBANK AGENT
PO BOX 840738
DALLAS, TX, 75284-0738

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7109 ROSEBAY ST
LONG BEACH, CA, 90808-4361

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PALATINE, IL, 60056

HANSON MCBRIDE PETROLEUM COMPANY
PO BOX 1515
ROSWELL, NM, 88202-1515

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303 MCDONALD ROAD
FARMINGTON, NM 87401

HATELY LIVING TRUST
EUGENE YVONNE HATELY TRUSTEES
26019 EXMOOR DR
MOUNT PLYMOUTH, FL, 32776-8707

WILLIAM F HATELY
12441 PROSPECT NE
ALBUQUERQUE, NM, 87112-3648

MARY ANN HAUG
1200 HUMBOLDT #905
DENVER, CO, 80218-2461

EARNEST C HAWS
12 ROAD 5759 NBU 3006
FARMINGTON, NM, 87401-9535

MELISSA HEARNE
1141 POST ST #10
SAN FRANCISCO, CA, 94109

RAMONA JEAN HEATH
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AZTEC, NM, 87410-0399

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PENTHOUSE I STE L
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FORT WORTH, TX, 76102-4919

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COLORADO SPRINGS, CO, 80906-2920

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C/O J R KROEGER
1051 C R 250
DURANGO, CO, 81301-8558

GARY WAYNE HILL
420 59TH ST SW
ALBUQUERQUE, NM, 87121-2403

HELEN F HILL
8183 PALMETTO AVE APT 121
FONTANA, CA, 92335-3672

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PO BOX 662
FARMINGTON, NM, 87499-0662

ROBERT HITZELBERGER
2200 ROSS AVE STE 3838
DALLAS, TX, 75201-2752

JO ANN WALL HOLMES
PO BOX 243
FOX ISLAND, WA, 98333-0243

BETTY LOU DOTTER
4917 CUMMINS DRIVE
FORT WORTH, TX 76118

ANN DUNNING
P.O. BOX 151
AZTEC, NM 87401

PAUL B AND DOROTHY M HORN TRUST
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1091 W MURRAY DR #115
FARMINGTON, NM, 87401-3891

HELEN VIRGINIA JACKSON
P.O. BOX 1391
BAYFIELD, CO 81122

HOWDAS AND CO
C/O FIRST NATL BANK OF CO SPRINGS
PO BOX 1699
COLORADO SPRINGS, CO, 80942-0002

EARMIE HERSCHEL HUGHES ESTATE
CHARLOTTE HUGHES PERSONAL REP
5559 US HWY 64
FARMINGTON, NM, 87401-1578

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JEAN YUNGCLAS CONSERVATOR
WOODBURY WEST CARE CENTER
1211 VINE STREET
WEST DES MOINES, IA, 50265-4477

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MINERALS ACCOUNT
C/O ENCORP INC
1313 N WEBB RD STE 240
WICHITA, KS, 67206-4077

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5482 SAN PABLO DAM RD
EL SOBRANTE, CA, 94803-3468

FOREST RICHARD HUNTINGTON
PO BOX 2257
FARMINGTON, NM, 87499-2257

JEAN HURD
1208 N ORCHARD
FARMINGTON, NM, 87401-6092

MAE MARIE HURTGEN
9641 JACKSON DR
HILLSBORO, MO, 63050-5106

BERTHA STUCKWISH JACKSON
323 MANOR HTS DR
SEYMOUR, IN, 47274-2277

GARRY W AND LORI JACKSON
JOINT TENANTS
9 ROAD 5759 NBU 3006
FARMINGTON, NM, 87401

GEORGE D JACKSON A MINOR
IRENE PHYLLIS VARANELLA GUARDIAN
DIRECT DEPOSIT ACCT #11008 01806
PO BOX 1173
GROVER CITY, CA, 93483-1173

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PO BOX 1652
WICKENBURG, AZ, 85358-1652

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BERTHA STUCKWISH JACKSON GUARDIAN
323 MANOR HTS DR
SEYMOUR, IN, 47274-2277

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PO BOX 45
GUALALA, CA, 95445-0045

RAYMOND E JACKSON
PO BOX 5262
LONG BEACH, CA, 90805-0262

ARTHUR A JAQUEZ LIVING TRUST
MICHAEL J JAQUEZ TRUSTEE
U/T/A DATED 06-26-1995
7003 COLE CREEK
HOUSTON, TX, 77092

JOHN AND JOSEPHINE JAQUEZ LIV TST
JOHN AND JOSEPHINE JAQUEZ TRUSTEES
#200 ROAD 4599
BLANCO, NM, 87412-9708

MARGUERITE D AND LUCIANO M JAQUEZ
JOINT TENANTS
205 JEMEZ AVE
AZTEC, NM, 87410-2118

JANA LYNN MILLER JENSEN
397 NE 37TH AVENUE
HILLSBORO, OR 97124

WILLIAM V JEAN
3816 106TH STREET #36
URBANDALE, IA, 50322-2036

EILEEN W FORSYTHE JENKEL
14650 STONERIDGE DR
SARATOGA, CA, 95070-5742

JANA LYNN MILLER JENSEN
908 PAISLEY DR
BELGRADE, MT, 59714

EULALIE F JEROME
3270 MACDONALD ST
NAPA, CA, 94558-3122

CAROL MARIE CHESNUT JOBE
1741 11TH ST
MANHATTAN BEACH, CA, 90266-6209

JOHNSON FAMILY ROYALTY TRUST
THEODORE A JOHNSON SUC TRUSTEE
1050 FLAMING GORGE RD
CORONA, CA, 91720-3610

JUDY LOUISE JOHNSON
6163 S PIKE DR
LARKSPUR, CO, 80118-9724

BETTY T JOHNSTON MARITAL TRUST
2425 FOUNTAINVIEW #310
HOUSTON, TX, 77057-4811

EULA M A Y JOHNSTON TST
C/O NATIGNSBNK NA DBA BANK AMER NA
TRUST DEPT #01 0066100
P O DRAWER 840738
DALLAS, TX, 75284-0738

V A JOHNSTON FAMILY TRUST
PO BOX 925
RALLS, TX, 79357-0925

J ROBERT JONES
1205 W PECAN
MIDLAND, TX, 79705-6515

WELDON C JULANDER TRUST
PO BOX 2773
LITTLETON, CO, 80161-2773

KAL VESTRAND FAMILY 1997 TRUST
3453 TORO WAY
REDDING, CA, 96002-9763

ELFIDA KARTCHNER
306 N SCHWARTZ AVE
FARMINGTON, NM, 87401-5549

GEORGE T KARTCHNER
306 N SCHWARTZ
FARMINGTON, NM, 87401-5549

JOHN L KELLENERS
#8 RD 5433
FARMINGTON, NM, 87401-1401

HELEN JOAN OWENS BEEM
P.O. BOX 651
NEWCASTLE, WY 82701-0651

KELLER FARMS INCORPORATED
209 ROAD 5500
BLOOMFIELD, NM, 87413-9301

FLORENCE L KELLER
3137 SPRUCE CIR S
ST GEORGE, UT, 84770-8448

KATHERINE KELLER
410 FIRST ST
HUMANSVILLE, MO, 65674-8692

JUDITH S KENNEDY
10105 E VIA LINDA #103-389
SCOTTSDALE, AZ, 85258-5311

MAX D KENNEMER TRUSTEE
PO BOX 1343
BLOOMFIELD, NM, 87413-1343

THOMAS F AND EVELYN KERBY
5471 US 64
FARMINGTON, NM, 87401

NATHAN AND JEAN KESSLER
1 SANDRINGHAM RD
PIEDMONT, CA, 94611-3612

HAZEL O KILLIAN LIVING TRUST
805 MANQUM RD
BLOOMFIELD, NM, 87413-9618

WILBUR SMITH MILLER ESTATE
IVA ANN EBERT CRAWFORD GDN.
305 SOUTH K STREET
LIVINGSTON, MT 59047

RUTH L KINZER
13040 BATEMAN CT
WOODBIDGE, VA, 22192-4902

ALBERT AND DIANE KIRCHNER
8911 KNOLLWOOD DR
EDEN PRAIRIE, MN, 55347-1723

ESTER STERLING KITCHENS
3860 NORTH BUTLER #6
FARMINGTON, NM, 87401-2345

KLINE TRUST
MORTIMER A KLINE JR TRUSTEE
11777 SAN VICENTE BLVD STE 520
LOS ANGELES, CA, 90049-5050

MARYAN KLINGER REVOCABLE TRUST
ROBERT W KLINGER SUCCESSOR TRUSTEE
1788 MONTY COURT
STOCKTON, CA, 95207

JOYCE A KNIGHT
9058 FOUR MILE ROAD
EAST LEROY, MI, 49051-9750

JUNE M KRAKEL AND RICK KRAKEL
JOHN H KRAKEL AND JAMES D KRAKEL
PO BOX 120
RED FEATHER LAKES, CO, 80545-0120

NANCY E KRAMER
PO BOX 1747
STILLWATER, OK, 74076-1747

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646 LOIS ST
CLIFTON, CO, 81520-7508

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NINA O LANSING
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36 RD 5193
BLOOMFIELD, NM, 87413

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FRANK M LATE TR
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BONNE TERRE, MO, 63628-9353

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FRANK W. WHITENACK ESTATE
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ALBUQUERQUE, NM 87114

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EVA LEE TRUSTEE
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FARMINGTON, NM, 87499-0544

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CORTEZ, CO, 81321-2603

GREGG M LEIGHTON
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LARRY R LEIGHTON
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LLOYD D LOCKE GUARDIAN
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DENVER, CO, 80203-4104

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3636 OSCEOLA ST
DENVER, CO, 80212-1961

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M M H TRUST
ROBERT G HANAGAN TRUSTEE
PO BOX 1887
SANTA FE, NM, 87504-1887

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JUNE E MACDONALD TRUSTEE
U/A DATED 12-08-1988
760 E BOBIER DR APT 223J
VISTA, CA, 92084-3806

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FARMINGTON, NM, 87401-9299

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POTOSI, MO, 63664-1659

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PHOENIX, AZ, 85007-1914

VICKI LEE MCGEE
2467 CIMARRON DR
GRAND JUNCTION, CO, 81505-9565

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C/O THE U S TRUST BANK OF FLORIDA
#2400774
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NAPLES, FL, 33940-2421

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JANE E MCKENNA TRUSTEE
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ALBUQUERQUE, NM, 87123-4144

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SELEDONIO VALENCIA GUARDIAN
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MARY MEDINA
606 S MESA VERDE
FARMINGTON, NM, 87401-8556

MEKUSUKEY OIL COMPANY INC
ATTN DUKE R LIGON
PO BOX 816
WEWOKA, OK, 74884-0816

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PO BOX 4203
MIDLAND, TX, 79704-4203

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205 PENN AVE
RICHLANDS, VA, 24641-3024

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41591 EDGEHILL DR
ELYRIA, OH, 44035-7527

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PHOENIX, AZ, 85024-1626

JOSEPH LIONEL MILLER
418 E ORAIBI DR
PHOENIX, AZ, 85024-1626

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CRAB ORCHARD, WV, 25827-0744

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526 MORAN AVE
MULLENS, WV, 25882-1528

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4035 DAYTON RD
LAFAYETTE, IN, 47905

MAVIS L MILLER
189 DOGWOOD DR
JONESBORO, LA, 71251-5347

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EL PASO, TX, 79904-3231

ROBERT L MILLER JR
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MULLENS, WV, 25882-0364

TAM B MILLER, DECD.
PO BOX 24
HERNDON, WV, 24726-0024

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FARMINGTON, NM, 87401

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305 SOUTH K ST
LIVINGSTON, MT, 59047

WILBUR SMITH MILLER
ALICE-ANNE E BOUCHEE GUARDIAN
408 SOUTH 10TH
LIVINGSTON, MT, 59047

WILLIAM W MILLER
RT 3 BOX 306
PRINCETON, WV, 24740-9459

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NAVAJO ALLOTTED LAND LEASES
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ANNIE SIEGEL
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OKANOGAN, WA 98840

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RAIMONDA MITCHELL TRUSTEE
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FARMINGTON, NM, 87499

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DAVENPORT, IA, 52804

W A MONCRIEF JR
MONCRIEF BLDG
109 EAST 9TH STREET
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NORTH BRANFORD, CT, 06471-1848

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SAN ANTONIO, TX, 78250

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MANON MORROW
HWY 64
FARMINGTON, NM, 87401

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7412 RIO GRANDE BLVD N W
ALBUQUERQUE, NM, 87107-6432

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POLLOCK PINES, CA, 95726-9001

DARRELL ERVIN NEEDHAM
909 INNESS CT
PALISADE, CO, 81526-8657

JOHN WESCH NEEDHAM
3005 COUNTRY RD
GRAND JUNCTION, CO, 81504-5541

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STATE OF NEW MEXICO
STATE HIGHWAY COMMISSION
1120 CERRILLOS RD
SANTA FE, NM, 87501-4142

STATE OF NEW MEXICO
COMMISSIONER OF PUBLIC LANDS
GAS DEPARTMENT
SANTA FE, NM, 87501

STATE OF NEW MEXICO
STATE LAND OFFICE
SANTA FE, NM, 87501

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FARMINGTON, NM 87499

PETRO ATLAS CORPORATION
P.O. BOX 281089
LAKEWOOD, CO 80228-1089

BEVERLY NEWMAN
#54 ROAD 5010
BLOOMFIELD, NM, 87413-9745

LAURA ARRINGTON NIGLIAZZO
2113 WOODHILL RD
EDMOND, OK, 73003-2931

SYLVIA NOEHREN
8173 ILEX ST
FONTANA, CA, 92335-2923

NORTH CENTRAL OIL CORPORATION
PO BOX 290201
HOUSTON, TX, 77216-0201

HENRY A OBERFELD
10130 MANCHESTER RD
KIRKWOOD, MO, 63122-1547

OTIC INC
206 - 15TH ST SW
ALBUQUERQUE, NM, 87104-1102

LORETTA MAY CONNOLLY OWEN
39 KNODE RD
PO BOX 4014
SHERIDAN, WY, 82801-1214

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324 CARLISLE S E
ALBUQUERQUE, NM, 87106-1410

ROY L OWEN
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5531 CALLANDER DR
SPRINGFIELD, VA, 22151-1403

WILLIAM W OWENS
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OAK RIDGE, TN, 37830-7285

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DENVER, CO 80218-2461

P M ASSOCIATES
1210 SOUTH PARKER ROAD #200
DENVER, CO, 80231-2163

JOHN H AND MARGARET Z PAINE
LANDMARK APARTMENTS NO 401
6303 INDIAN SCHOOL ROAD NE
ALBUQUERQUE, NM, 87110-5317

FRANK PALMER
1084 N MOYLE DR
ALPINE, UT, 84004-1206

IRENE PALMER
1084 N MOYLE DR
ALPINE, UT, 84004-1206

IRENE PALMER
C/O J A PALMER
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FARMINGTON, NM, 87401-5986

J A PALMER
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FARMINGTON, NM, 87401-4247

MILES S PALMER
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PROVO, UT, 84604-3638

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SHREVEPORT, LA, 71101-3679

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MARY JO PAXTON COTRUSTEES
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MANCOS, CO, 81328-0966

HAROLD F PAYNE JR
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ALBUQUERQUE, NM, 87107-2975

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1600 BURTON DR
CAMBRIA, CA, 93428-5844

SHIRLEY JOYCE PETERS
3601 W LINCOLN AVE
SACRAMENTO, CA, 95818-4162

CHARLES E PETERSON
4411 ARCTIC
FARMINGTON, NM, 87402-1702

LEON EUGENE PETERSON
1316 SIERRA RD E
HELENA, MT, 59601-6642

PETROLEUM SYNERGY GROUP INC
ATTN RICHARD C M WILSON
1801 BROADWAY STE 800
DENVER, CO, 80202-3836

PETROLEUM SYNERGY GROUP INC
ATTENTION THOMAS D GUNDERSEN
1801 BROADWAY STE 800
DENVER, CO, 80202-3836

PETTY DEVELOPMENT COMPANY
C/O NEUMAN C PETTY
2001 S WINDSOR ST
SALT LAKE CITY, UT, 84105-3223

MARTIN AND BEVERLY PIERCE REV TR
PO BOX 4140
FARMINGTON, NM, 87499-4140

R L PIERCE TRUST
C/O BETTY J CAPPS
3915 CHESTER
SPENCER, OK, 73084-2809

DANIEL C PIRTLE
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LARGO, FL, 33770-3193

WILMA PITSCH
C/O XANDRA LEE PITSCH
1600 AVENUE E #14
BILLINGS, MT, 59102-3050

KENNETH JAMES PITTS LIVING TRUST
KENNETH J PITTS TRUSTEE U/A 4-26-90
718 VISTA PACIFICA CIR
PISMO BEACH, CA, 93449-3272

ELLA LOUISE POLIZZOTTO
1387 BEATTIE CT
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PONCA CITY, OK, 74604-6236

ROBIN C AND KATHY A PRICE
#41 ROAD 5290
BLOOMFIELD, NM, 87413-9751

PRODUCTION GATHERING COMPANY LLC
9319 LBJ FWY STE 204
DALLAS, TX, 75243-3453

JOE AND DOROTHY M PROKESH
2514 ADDISON AVE
SCOTTSBLUFF, NE, 69361-1801

HUNTER WOLFLIN PUCKETT
2810 BONHAM
AMARILLO, TX, 79109-3448

JOSEPH SHELBY PUCKETT
3215 EAGLES KNOLL CT
KATY, TX, 77494-7572

CARROLL A OWEN PULLEN
C/O SRP PRODUCTION CORP
4702 YORKSHIRE ST
SUGAR LAND, TX, 77479

PAUL T PURCELL FAMILY TRUST
FRANK LYAL PURCELL SR AND
FRANK L PURCELL JR SUCC COTRUSTEES
720 PAUL ST
ESCONDIDO, CA, 92027-3950

ELIZABETH L PURDY
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WINFIELD, KS, 67156-1500

R O COMPANY
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FARMINGTON, NM, 87499-0838

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TULSA, OK, 74133-5035

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APPLE VALLEY, CA, 92307-1465

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1631 PINEVALE
JACKSON, MS, 39211-6421

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MIDLAND, TX, 79702-1747

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TRUST DEPARTMENT
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CONCORD, CA, 94518-2039

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110 EASTWOOD DRIVE
CRAB ORCHARD, WV 25827

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20121 COUNTY ROAD 348
ADVANCE, MO, 63730-8167

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RIDGEWOOD, NJ, 07450-2939

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EVELYN REES CRUGER EXRX
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2012 ALDRICH
DOWNERS GROVE, IL, 60516-2307

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CHICAGO, IL, 60638

ROGERS GIBBARD TRUST
ORVILLE C ROGERS, SUSAN EVELAND AND
ELAINE GIBBARD ALLMAN TRUSTEES
3630 RIVER OAKS CT
TYLER, TX, 75707-1658

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26 ROAD 5211 NBU 3031
FARMINGTON, NM, 87401-1547

DONALD C AND VALERIE D ROQUEMORE
105 MEADOW VIEW DR
FARMINGTON, NM, 87401-7850

DONALD C AND VALERIE D ROQUEMORE
JOINT TENANTS
105 MEADOW VIEW DR
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BANK OF AMERICA NA
TRUSTEE/ESCROW AGENT
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BOARD OF COUNTY COMMISSIONERS
100 S OLIVER DR
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110 W TWILIGHT DR
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FAIR OAKS, CA, 95628

WILLIAM DENNIS SCHMIDT
2413 HOBOKEN CREEK RD
GREENWOOD, CA, 95635

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UTA DATED 11/13/89
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AZTEC, NM, 87410-4563

C R SCOTT
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DOROTHY G SENFF
ECC RETIREMENT VILLAGE SRR ST
MYERSTOWN, PA, 17067-1398

INEZ IRENE SENFF
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SHERIDAN, WY. 82801-9016

INEZ IRENE SENFF
LIFE ESTATE
37 KNODE RD
SHERIDAN, WY. 82801-9016

VALENTINE SENFF
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HAYWARD, CA, 94541-3031

WAYNE SENFF
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STE A 101
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FENTON, MI, 48430-3270

LOUISE V SIGMON
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SINGER BROS
DEPT 1063
TULSA, OK, 74182

SINGER BROS
ACCOUNT #2 061 9661 0
DEPT 1063
TULSA, OK, 74182

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ROSWELL, NM, 88202-2035

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814 E MURRAY DR
FARMINGTON, NM, 87401-6652

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BUTTE, MT, 59703-0427

BRITTON SMITH
3333 EAST FLORIDA AVE #25
DENVER, CO, 80210-2541

DALE SMITH
1311 W OAK ST
ROGERS, AR. 72758-4128

EVELYN SMITH
10412 STONE CANYON #210N
DALLAS, TX, 75230-4834

H H AND EVELYN V SMITH TRUST
EVELYN V SMITH TRUSTEES
5441 US HIGHWAY 64
FARMINGTON, NM, 87401-1550

H W SMITH ESTATE
GARY W HARVEY INDP EXECUTOR
300 SW 21 ST
SEMINOLE, TX, 79360-3820

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EDEN PRAIRIE, MN, 55346-2946

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SOUTHERN UTE INDIAN TRIBE
TAX PARTNERSHIP
PO BOX 737
IGNACIO, CO, 81137-0737

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FOX ISLAND, WA, 98333-9721

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8346 MOON CT
ALTA LOMA, CA, 91701-2627

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141 MONTEREY
VACAVILLE, CA, 95687-3420

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C/O CAROLYN HEAD
1212 S. MONTEREY #17
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NBU 3041-A
FARMINGTON, NM, 87401-1420

ALFRED EUGENE STARK
12 COUNTY RD #5467
NBU 3041A
FARMINGTON, NM, 87401

ALFRED EUGENE STARK AND
ALBERTA MAE STARK
#12 ROAD 5467
FARMINGTON, NM, 87401-1420

BECKIE RENE STARK
12 COUNTY ROAD 5467
NBU 3041 - A
FARMINGTON, NM, 87401-1420

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LTD CO
PO BOX 1119
AZTEC, NM, 87410-1119

JACK C STEWART
ROOM 1116
107 NORTH MARKET
WICHITA, KS, 67202-1812

JAMES M STEWART REV LIVING TRUST
JAMES M STEWART TRSTE U/T/D 1-12-96
700 PRESTON TRAIL
WICHITA, KS, 67230

KELLY FITTING STEWART
11197 PAISANO LANE
SAN ANGELO, TX, 76904

MYRTLE ROSE STEWART
1100 LAWRENCE #33
GAINESVILLE, TX, 76240

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183 THIRD AVE FREDERICKA MANOR 726
CHULA VISTA, CA, 91910

ENOS JAMES STRAWN AND
DOROTHY BATES STRAWN
183 3RD AVE
CHULA VISTA, CA, 91910

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JOINT TENANTS
15 MIDWAY
MILL VALLEY, CA, 94941-3438

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MESA, AZ, 85201-5945

TAMANACO OIL CORPORATION
PO BOX 13326
ALBUQUERQUE, NM, 87192-3326

BOYAD M AND BETH M TANNER
4172 SATINWOOD DR
LAS VEGAS, NV, 89147-4903

H M AND MIRIAM M TAYLOR
4360 CARDON DR
FARMINGTON, NM, 87401-9282

LLOYD B AND MILDRED B TAYLOR
REVOCABLE TRUST
J A PALMER TRUSTEE
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FARMINGTON, NM, 87401-5977

MIRIAM M TAYLOR
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C/O TEXAS COMMERCE BANK
PO BOX 200778
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NANCY P TONKIN TRUSTEE
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MANCHESTER, TN, 37355

ROBERT UMBACH ESTATE
RONALD J BROTZMAN PER REP
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NICOLE HUE UNDERWOOD REV TRUST
CAROLINE SUE SNIDER, TRUSTEE
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AMARILLO, TX, 79105-2588

UNION OIL COMPANY OF CALIFORNIA
ATTN REVENUE ACCOUNTING
PO BOX 841055
DALLAS, TX, 75284-1055

UNION OIL COMPANY OF CALIFORNIA
ATTN REVENUE ACCOUNTING
PO BOX 841055
DALLAS, TX, 75284-1055

UNITED PIPE AND SUPPLY CO INC
3622 RANCH CREEK DR
AUSTIN, TX, 78730-3701

GARY AND JODY VANDEVER
JOINT TENANTS
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AZTEC, NM. 87410-0242

GARY DEAN VANDEVER
PO BOX 242
AZTEC, NM, 87410-0242

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HUNTSVILLE, AL, 35802-1613

J BURTON VETETO
607 ABO
HOBBS, NM, 88240-3405

JOHN W VOGEL
3 MULBERRY LN
COLTS NECK, NJ, 07722-1120

JACK G WALLER
3972 BARKANCH PKWY #J450
IRVINE, CA, 92714-8238

CONNIE DUSTIN WARNER
1770 N COUNTRY CIR
CENTERVILLE, UT, 84014-1069

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1ST NATL BANK OF FARMINGTON TR
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PARK WEAVER
1020 FORT NORTH CLUB TOWER
FORT WORTH, TX, 76102

SHERI J WEISS
A/W BRUNO & AUVON GIOVANINI
P O BOX 52
BLOOMFIELD, NM, 87413-0052

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9330 E B ST
TACOMA, WA, 98445-2132

MAX WELTON
634 E DEWBERRY
OMAK, WA, 98841-9330

RICHARD WELTON
634 E DEWBERRY
OMAK, WA. 98841

KATHERINE MCDONALD WENIG
1540 245TH ST
MOUNT PLEASANT, IA, 52641-8117

JOHN V WESCH
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VASTAR RESOURCES, INC.
LAND ADMINISTRATION DEPT.
P.O. BOX 201690
HOUSTON, TX 77216-1690

RUTH FITTING WESTER FAMILY LTD
A TX LTD PARTNERSHIP
12304 EDWARDS HOLLOW RUN
AUSTIN, TX, 78739-7621

WESTERN UNICHEM
PO BOX 910248
DALLAS, TX, 75391-0248

IONA JANE WHEAT
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PO BOX 126
PRYOR, OK, 74362-0126

DONALD ERCELL WHITENACK
18245 E ARCHER
CATOOSA, OK, 74015-2830

NANNIE GRACE MILLER
RT. 3 BOX 306
PRINCETON, WV 24740

VIRGINIA WHITMIRE TRUST
FIRST NATIONAL BANK TRUSTEE
PO BOX 1460
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C R WHITTAKER
31750 MACHADO ST SPACE 61
LAKE ELSINORE, CA, 92530-5165

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JOSEPH AND TONI WILKINS
3125 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2813

WILLIAMS PRODUCTION COMPANY
P O BOX 3102 MAIL STATION 37-3
TULSA, OK, 74101-3102

PHILLIP H. ISLES, JR.
WHITE OAK CAPITAL
380 MADISON AVE., FLOOR 22
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WILLISCHILD OIL AND GAS CORPORATION
904 G ST
SNYDER, OK, 73566-2244

THOMAS H WILSON
511 W OHIO STE 306
MIDLAND, TX, 79701-4338

BETTY WINFREY
25206 E 64TH ST S
BROKEN ARROW, OK, 74014-2213

JERRY D AND SUE H WINGET REV TR
JERRY DALE AND SUE H WINGET TRSTEEES
U/T DATED 4/7/1987
1467 LEISURE WORLD
MESA, AZ, 85206-2306

WOOD OIL COMPANY
1419 E 15TH ST STE A
TULSA, OK, 74120-5807

LINDA WOODALL
96 GOODING LN
FARMINGTON, NM, 87401-3270

PAULINE G. EVANS
5557 HIGHWAY 64
FARMINGTON, NM 87401

ROBERT EARL WOODS
RT 16 BOX 730
LEBANON, MO, 65536

MAX AND SHARON WOOLERY TRUSTEES
U/A DATED 5-5-94
635 ROAD 2900
AZTEC, NM, 87410-9738

MAUDIE BELLE WRIGHT
HARRY MURPHY ATTY-IN-FACT
427 MIMOSA ST
BLOUNTSTOWN, FL, 32424-2015

JO ANN Z XAIZ
8159 S ADAMS ST
MIDVALE, UT, 84047-7446

JEAN L YUNGLCAS
7520 WILDEN DR
DES MOINES, IA, 50322-4142

HELEN W ZIMMERMAN
824 GARFIELD ST APT A
LOVELAND, CO, 80537-4787

PAUL C. CALLOWAY
ROUTE 4, BOX 9700
SHOW LOW, AZ 85901

JANA LYNN MILLER JENSE
397 NE 37TH AVE
HILLSBORO, OR 97124

WALTER LEWIS MILLER, JR.
702 E. GEYSER STREET
LIVINGSTON, MT 59047

JIM L. SHARP
1020 FOXWOOD LANE
WYLIE, TX 75098

ROBERT M. WILLIAMS
408 EAST ALTO
HOBBS, NM 88240

CLAIRE D. BERRYMAN
P.O. BOX 427
BUTTE, MT 59703

FRANCIS H. SENFF
37 KNODE ROAD
SHERIDAN, WV 82801

HAROLD SENFF
RURAL ROUTE #1
BANNER, WY 82832

BEULAH M. BARNES
1811 RAYMOND AVE., #6
RAMONA, CA 92065

ADALINE L. MCCARTY
3 FAWLEY LANE
BELLA VISTA, AR 72714

LUCILLE BULLOCK
638 N. BROWN
VINITA, OK 74076

BETTY LOU DOTTER
4917 CUMINS DRIVE
FT WORTH, TX 76180

DOROTHY LOUGHNER
6672 WELCH COURT
ARVADA, CO 88004

SUZANNE RAUSCH
6118 S. FLORENCE PLACE
TULSA, OK 74136

HAROLD HUTCHIN
4862 HIGHWAY 550
DURANGO, CO 81031

VIDA BLANKENSHIP
RURAL ROUTE 1
BOISSEVAIN, VA 24606

PAULINE HARRISON
RURAL ROUTE 1
BOISSEVAIN, VA 24606

ENERGEN RESOURCES MAQ, INC.
DRAWER 289
P.O. BOX 11407
BIRMINGHAM, AL 35246

OTIS AND OPAL HAWS
#9 ROAD 5759
FARMINGTON, NM 87401

HAZEL O KILLIAM LIV. TRST.
805 MAGNUM ROAD
BLOOMFIELD, NM 87413

CHERIE L. HICKMAN GALLAGHER
P.O. DRAWER 12810
EL PASO, TX 79913

MARY JOE TORGERSOIN
4254 VALVERDE SE
ALBUQUERQUE, NM 87108

MARY M. HAWERS TRUST
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

STALLINGS FAMILY TRUST
LOUISE POLIZZOTTO, TRUSTEE
1387 BEETIE STREET
SAN JOSE, NM 95120

HUGH L. AND IVA A. STERLING
BOX 533
KIRTLAND, NM 87414

JO ANN XAIZ
405 ADAMS STREET
MIDVALE, UT 84047

MARY C. ROQUEMORE
P.O. BOX 3511
FARMINGTON, NM 87499

WILMA J. BROWN
112 W. COMANCHE
FARMINGTON, NM 87401

WILBUR SMITH MILLER ESTATE
IVA A. EBERT RAWFORD GDN
305 SOUTH K. STREET
LIVINGSTON, MT 59047

STATE OF NEW MEXICO GAS COMSR
OF PUBLIC LANDS, OIL & GAS
P.O. 2308
SANTA FE, NM 87504

DEPT. OF INT. MMS FOR B.I.A.
NAVAJO AREA ALLOTTED
P.O. BOX 5810 TA
DENVER, CO 80217

JAMES D. PAWILCKI PERS. REP.
JEAN SNAJDER ESTATE
1546 E. THIRD AVE.
MESA, AZ 85204

EMMA CLOW
220 NE 7TH
HERMISTON, OR 97838

HENRY A. SENFF
7342 MEDIA ROAD
CLERMONT, FL 34711

JAMES B. EVANS
DANIEL C. PIRTLE ESTATE
2475 ENTERPRISE ROAD, SUITE 100
CLEARWATER, FL 33763-1733

TAMANCO OIL CORPORATION
P.O. BOX 13326
ALBUQUERQUE, NM 87192

H.K. RIDDLE
BOX 13326
ALBUQUERQUE, NM 87104

STATE OF NM - REV. PROC. DIVSN.
F/A/O/ J.J AND LOUISE A DEWEERD
P.O. BOX 630
SANTA FE, NM 87509

JERRY C. RYAN
401 N. MICHIGAN AVE., SUITE 1900
CHICAGO, IL 60611-4206

SUSAN JACKSON SNYDER
AKA MRS. DANA NAFUS
P.O. BOX 21
POLLOC PINES, CA 95726

KRISTINA E. TINSLEY
4018 ARLINGTON AVENUE
FT WAYNE, IN 46807

JANET BARR FITTING
ROBERT D. FITTING ESTATE
P.O. BOX 50582
MIDLAND, TX 79710-0582

ROBERT MIMS
816 RELIANCE LIFE BUILDING
DALLAS, TX 75201

GARY W. HARVEY
H.W. SMITH ESTATE
300 SW 21ST STREET
SEMINOLE, TX 79350-3820

ROBERT E. BEAMON, III
C/O STEVE ZAPALAC - 1ST NATIONAL BANK
P.O. BOX 128
BELLEVILLE, TX 77418

ROSALIND REDFERN
P.O. BOX 2127
MIDLAND, TX 79702

JIM L. SHARP
1020 FOXWOOD LANE
WYLIE, TX 75098

KATHRYN KEARL
AGNESS CASPARY ESTATE
501 FUGATE
HOUSTON, TX 77009

WALTER E. RADEACKAR, JR.
P.O. BOX 260
CEDAR HILL, MO 63016

RONALD RADEACKAR
P.O. BOX 1048
WASHINGTON, MO 63090-8048

FOUR STAR OIL & GAS CO.
P.O. BOX 20077
HOUSTON, TX 77216-0778

EUNICE SONNAMAKER
P.O. BOX 862
SHERIDAN, WY 82801-9609

J.H. HERD
P.O. BOX 130
MIDLAND, TX 79702

INEZ I. SENFF
FRANCIS H. SENFF REV. TRUST
240 FROST ROAD
SHERIDAN, WY 82801

ROSE BELUS
PAULINE BELUS ESTATE
1705 BRUNDAGE LANE
SHERIDAN, WY 82801

LENORE LONG, DECD.
C/O FIRST TRUST CORPORATION
P.O. BOX 5508
DENVER, CO 80217

GREGORY K. KASTNER
P.O. BOX 511
SILVER CITY, NV 89428

MARY M. HAWES TRUST
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

LARRY AMSDEN
30 MEUN NGEN RD.
BAAN SUAN KAMNAN
PATONG KATU
PJUKET, NA 83159

STATE TREASURER
ACCOUNT OF HAROLD H. HUTCHIN
524-34-4172
1560 BROADWAY, SUITE 1225
DENVER, CO 80202

LOUISE LOCKE
C/O LLOYD D. LOCKE
113 WEST 3RD
RIFLE, CO 81650

EULA V. AND FORREST W. THORNTON
JACK D. THORNTON ESTATE
P.O. BOX 8734
MIDLAND, TX 79708

EUGENE R. AND YVONNE HATELY
HATELY LIVING TRUST 3/30/95
26019 EXMOOR DRIVE
MT. PLYMOUTH, FL 32776

JOHN H. TRIGG
P.O. BOX 520
ROSWELL, NM 88201

POLLY MOSELEY ROYCE
P.O. BOX 369
RANCHO SANTA FE, CA 92067-0869

GILBERT J. ANDREWS
13270 TWIN HILLS DRIVE, APT. #45E
SEAL BEACH, CA 90740-4255

ALLEN M. TONKIN, JR.
1524 PARK SW
ALBUQUERQUE, NM 87104

AMOCO PRODUCTION COMPANY
(FLAC 331342)
P.O. BOX 277897
ATLANTA, GA 30384-7897

WOOD OIL COMPANY
DEPT. 19
TULSA, OK 74182

KERR-MCGEE CORPORATION
E & P DIVISION
P.O. BOX 730245
DALLAS, TX 75373-0245

ROGERS-GIBBARD TRUST
C/O SUSAN R. EVELAND
3630 RIVER OAKS COURT
TYLER, TX 75707-1658

RICHARD J. SCHIMIDT
498 RIDGEWOOD LANE
COLONY COVE
ELLENTON, FL 34222

MANNON MARKHAM MCMULLEN
2200 BERKELEY
WICHITA FALLS, TX 76308

EH WEIG, TRUSTEE
WEIG FAMILY TRUST
6633 MINNEHAHA AVE.
LINCOLNWOOD, IL 60646

ARLEY & NORBERT GENIUSZ
201 NORTHVALE AVE., #308
ARLINGTON HEIGHTS, IL 60004-5922

LINDA BULK
5316 TIMS COURT
ELLIOT CITY, MD 21043

JOANNE KRUGER
201 N. VAIL AVE., Apt. 308
ARLINGTON HEIGHTS, IL 60004

MILDRED BLANKENSHIP
321 N. ELLIS STREET
SALISBURY, NC 28114-4219

ROBERT AND MADELYN LEIGHTON
205 W. KENNEY AVE.
GRAND JUNCTION, CO 81505

DALE SMITH
P.O. BOX 802
HUNTSVILLE, AR 72740

PATTI KAY SCHMIDT
9729 CHANNEL ROAD, H-129
LAKESIDE, CA 92040

INNIS LAWERENCE PENCARRICK
810 VICTORIA DRIVE
VANCOUVER, BC
V5L 4B7 CANADA

FITTING-CHESTNUT FAMILY
LIMITED PARTNERSHIP
P.O. BOX 782
MIDLAND, TX 79702

PAUL CALLOWAY
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

JANET SHEPARD
20 CALVERT LANE
LANDER, WY 82520

TONI AND DOUGLAS SHEPARD
20 CALVERT LANE
LANDER, WY 92520

LESLIE SHEPARD
919 ½ N. 25TH STREET
BILLINGS, MT 59101

PACIFIC GARDEN MISSION
646 STATE STREET
CHICAGO, IL 68605

JACK DENNIS THORNTON ESTATE TRUST
NO. 1 RIDGEMAR COURT
MIDLAND, TX 79707

SOUTHLAND ROYALTY CO.
801 CHERRY STREET
FORT WORTH, TX 76102

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

7000 0600 0024 3129 9889

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

1. Article Addressed to:
EULA MAY JOHNSTON TST
C/O NATIONSBNK NA DBA BANK AMER NA
TRUST DEPT #01 0066100
P O DRAWER 840738
DALLAS, TX, 75284-0738

2. Article Number (Copy from service label) 7000 0600 0024 3129 9889

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
C. Signature X *[Signature]* ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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)

7099 3400 0007 7003 6667

Article Sent To: WFC 13.569

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

Postmark Here

MARSHA E DODD
3555 E BLOOMFIELD HWY
FARMINGTON, NM, 87401-2821

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

7000 0600 0024 3130 0370

Article Sent To: WFC 13.569

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

Postmark Here

STEPHEN RUSSELL FULSAAS
3143 BUTTERS DR
OAKLAND, CA, 94602-2632

7000 0600 0024 3129 9735

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

Article Sent To: W7

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

Recipient:
BEN A. AND PAULINE N. CRUZ
33 ROAD 5290 #3027B
FARMINGTON, NM. 87401-1536

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:
BEN A. AND PAULINE N. CRUZ
33 ROAD 5290 #3027B
FARMINGTON, NM. 87401-1536

2. Article Number (Copy from service label) 7000 0600 0024 3129 9735

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) X Amber Cruz B. Date of Delivery
C. Signature Amber Cruz ☐ 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

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

7099 3400 0007 7003 6629

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 P

Recipient:
FERNE DEJARNETT ESTATE
KATHERINE DEJARNETT, CONSERVATOR
305 8TH ST
SEAL BEACH, CA. 90740-6307

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:
FERNE DEJARNETT ESTATE
KATHERINE DEJARNETT, CONSERVATOR
305 8TH ST
SEAL BEACH, CA. 90740-6307

2. Article Number (Copy from service label) 7099 3400 0007 7003 6629

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Katherine DeJarnett B. Date of Delivery
C. Signature Katherine DeJarnett ☐ 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

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

7099 3400 0007 7003 6605

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

Article Sent To: W7

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

Recipient:
THE NAVAJO NATION
P.O. BOX 52543
PHOENIX, AZ 85072

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 NAVAJO NATION
P.O. BOX 52543
PHOENIX, AZ 85072

2. Article Number (Copy from service label) 7099 3400 0007 7003 6605

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Ron Henderson B. Date of Delivery
C. Signature R. Henderson ☐ 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

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

7099 3400 0007 7003 6599

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

Article Sent For: WFO

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

MESA PETROLEUM CO.
A/C ROYALTY OWNERS
P.O. BOX 910051
DALLAS, TX 75391

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:

MESA PETROLEUM CO.
A/C ROYALTY OWNERS
P.O. BOX 910051
DALLAS, TX 75391

2. Article Number (Copy from service label) 7099 3400 0007 7003 6599

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. SPRINGER B. Date of Delivery 11-1-99

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

7000 0600 0024 3129 8691

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

Article Sent For: WFC 13

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

F.L. AND EVA LEE LIVING TRUST
EVA LEE TRUSTEE
PO BOX 544
FARMINGTON, NM, 87499-0544

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:

F.L. AND EVA LEE LIVING TRUST
EVA LEE TRUSTEE
PO BOX 544
FARMINGTON, NM, 87499-0544

2. Article Number (Copy from service label) 7000 0600 0024 3129 8691

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) EVA Lee by DG B. Date of Delivery 10-2-99

C. Signature X Eva Lee by DG ☐ 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

7000 0600 0024 3129 6994

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

Article Sent For: WFC

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

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUER PARK
SAN ANTONIO, TX, 78250

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:

KHRISTI ELAINE FITTING MORITZ
9438 TRANQUER PARK
SAN ANTONIO, TX, 78250

2. Article Number (Copy from service label) 7000 0600 0024 3129 6994

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Khristi Moritz B. Date of Delivery 10-3-00

C. Signature X Khristi Moritz ☐ 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

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

7000 0600 0024 3129 7007

WFC 13.569

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

JOE MORROW AND
 MANON MORROW
 HWY 64
 FARMINGTON, NM, 87401

for instruction

NOT DELIVERED
 MAIL RETURNED

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

7000 0600 0024 3129 6857

WFC 13.569

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

VIRGINIA K MILLER
 2216 CAMINO RIO
 FARMINGTON, NM, 87401

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
 C. 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) 7000 0600 0024 3129 6857

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)

7000 0600 0024 3129 6888

WFC 13.569

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

WILLIAM W MILLER
 RT 3 BOX 306
 PRINCETON, WV, 24740-9459

for instruction

7000 0600 0024 3129 6895

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

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

MINERALS MANAGEMENT SERVICE
FOR THE BUREAU OF INDIAN AFFAIRS
NAVAJO ALLOTTED LAND LEASES
P.O. BOX 5810 TA
DENVER, CO, 80217-5810

SENDER

- 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:

MINERALS MANAGEMENT SERVICE
FOR THE BUREAU OF INDIAN AFFAIRS
NAVAJO ALLOTTED LAND LEASES
P.O. BOX 5810 TA
DENVER, CO, 80217-5810

2. Article Number (Copy from service label)

PS Form 3811, July 1999

IS SECTION ON DELIVERY

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

C. 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

7000 0600 0024 3129 6895

Domestic Return Receipt

102595-99-M-1739

7000 0600 0024 3129 4280

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

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

Recipient
MARY ANN HAUG
1200 HUMBOLDT #905
DENVER, CO, 80218-2461

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:

MARY ANN HAUG
1200 HUMBOLDT #905
DENVER, CO, 80218-2461

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

James Russell 10/2/00

C. 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

7000 0600 0024 3129 4280

Domestic Return Receipt

102595-99-M-1739

7099 3400 0007 7003 5806

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

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

CACTUS RESOURCES, INC.
P.O. BOX 8112
MURFREESBORO, TN 37133-8112

SENDER

- 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:

CACTUS RESOURCES, INC.
P.O. BOX 8112
MURFREESBORO, TN 37133-8112

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

7099 3400 0007 7003 5806

Domestic Return Receipt

102595-99-M-1739

7000 0600 0024 3129 8127

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

Postage \$ 0.35
Certified Fee \$ 0.30
Return Receipt Fee (Endorsement Required) \$ 0.30
Restricted Delivery Fee (Endorsement Required) \$ 0.30

SEP 28 2000
S - 81401

SHIRLEY JOAN SAINSBURY
4525 ELD LN NW
OLYMPIA, WA. 98502-8807

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:
SHIRLEY JOAN SAINSBURY
4525 ELD LN NW
OLYMPIA, WA. 98502-8807

2. Article Number (Copy from Service Label)
1000 0600 0024 3129 8127

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
09/28/2000

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

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

7000 0600 0024 3129 8134

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

Postage \$ 0.35
Certified Fee \$ 0.30
Return Receipt Fee (Endorsement Required) \$ 0.30
Restricted Delivery Fee (Endorsement Required) \$ 0.30

SEP 28 2000
S - 87601

SABINE ROYALTY TRUST
BANK OF AMERICA NA
TRUSTEE/ESCROW AGENT
LOCKBOX 840887
DALLAS, TX. 75284-0887

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:
SABINE ROYALTY TRUST
BANK OF AMERICA NA
TRUSTEE/ESCROW AGENT
LOCKBOX 840887
DALLAS, TX. 75284-0887

2. Article Number (Copy from Service Label)
1000 0600 0024 3129

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
OCT 02 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

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

7000 0600 0024 3129 8103

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

Postage \$ 0.35
Certified Fee \$ 0.30
Return Receipt Fee (Endorsement Required) \$ 0.30
Restricted Delivery Fee (Endorsement Required) \$ 0.30

SEP 28 2000
S - 87401

MARY K SAWYER
110 W TWILIGHT DR
FARMINGTON, NM. 87401-9212

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:
MARY K SAWYER
110 W TWILIGHT DR
FARMINGTON, NM. 87401-9212

2. Article Number (Copy from Service Label)
1000 0600 0024 3129 8103

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
SEP 28 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

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

7099 3400 0007 7003 6827

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 \$

1. Article Addressed to:
**LEON EUGENE PETERSON
1316 SIERRA RD E
HELENA, MT, 59601-6642**

2. Article Number (Copy from service label) **7099 3400 0007 7003 6827**

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) **LEON E. PETERSON** B. Date of Delivery **OCT 13 1999**

C. Signature **LEON E. PETERSON**

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

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

7099 3400 0007 7003 6261

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

Article Sent To: **WFC 13.589**

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

Postmark Here

**LEAR PETROLEUM CORP.
6688 N CENTRAL EXPRESSWAY
SUITE 1600
DALLAS, TX 75206**

PS Form 3811, July 1999

7000 0600 0024 3129 5003

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 \$

1. Article Addressed to:
**MAX WELTON
634 E DEWBERRY
OMAK, WA, 98841-9330**

2. Article Number (Copy from service label) **7000 0600 0024 3129 5003**

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) **MAX WELTON** B. Date of Delivery **OCT 10 2000**

C. Signature **MAX WELTON**

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

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

7099 3400 0007 7003 6131

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

SENDER

SECTION ON DELIVERY

Article Sent To

WFC

 Postage \$
 Certified Fee
 Return Receipt Fee
 Endorsement Required
 Restricted Delivery Fee
 Endorsement Required

 BETTY M BARNES
 10445 MAST BLVD #194
 SANTEE, CA, 92071-5329

- 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:

 BETTY M BARNES
 10445 MAST BLVD #194
 SANTEE, CA, 92071-5329

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6247

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

Article Sent To

WFC 13.81e9

 Postage \$.55
 Certified Fee 1.40
 Return Receipt Fee
 Endorsement Required 1.25
 Restricted Delivery Fee
 Endorsement Required
 3.20
Postmark
Here
 WARREN E ACKLER
 431 MONROE ST
 NAPA, CA, 94559-3141

7099 3400 0007 7003 6148

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

SENDER

SECTION ON DELIVERY

Article Sent To

WFC

 Postage \$
 Certified Fee
 Return Receipt Fee
 Endorsement Required
 Restricted Delivery Fee
 Endorsement Required

Total Postage & Fees

 BARNETT PROPERTIES INC
 4564 W DETROIT ST
 CHANDLER, AZ, 85226-6900

- 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:

 BARNETT PROPERTIES INC
 4564 W DETROIT ST
 CHANDLER, AZ, 85226-6900

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6377

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)

WINIFRED AMSDEN
 1730 PONDEROSA ST
 LOS ALAMOS, NM, 87544-3034

SEND

1. Article Addressed to:
 WINIFRED AMSDEN
 1730 PONDEROSA ST
 LOS ALAMOS, NM, 87544-3034

2. Article Number (Copy from service label) 5099 3400 0007 7003 6377

SECTION ON DELIVERY

A. Received by (Please Print Clearly) WINIFRED AMSDEN 9/29
 B. Date of Delivery 9/29/20
 C. Signature X Winifred Amaden
☐ 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

PS Form 3811, July 1999 102595-99-M-1789

7099 3400 0007 7003 6355

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)

BARCLAY K BARNETT AND
 CAROL L BARNETT REVOCABLE TRU
 4217 HANNETT NE
 ALBUQUERQUE, NM, 87110-4941

SEND

1. Article Addressed to:
 BARCLAY K BARNETT AND
 CAROL L BARNETT REVOCABLE TRUST
 4217 HANNETT NE
 ALBUQUERQUE, NM, 87110-4941

2. Article Number (Copy from service label) 1099 3400 0007 7003 6355

SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 B. Date of Delivery 9/29/20
 C. Signature X Linda Hutter
☐ 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

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

7099 3400 0007 7003 6300

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

Article Sent To: WFC 13.569

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

BEULAH BALLARD ESTATE
 PO BOX 442
 SPANAWAY, WA, 98387-0442

Postmark Here

Use for Instructions

7000 0600 0024 1129 659A

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 \$ _____

KERR-MCGEE CORPORATION
E & P DIVISION
P.O. BOX 730245
DALLAS, TX 75373-0245

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:

KERR-MCGEE CORPORATION
E & P DIVISION
P.O. BOX 730245
DALLAS, TX 75373-0245

2. Article Number (Copy from service label)
7000 0600 0024 3129 659A

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
C. Signature _____
X _____
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

Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 2003 6414

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 \$ _____

JERRY J ANDREW
408 LONGWOODS
HOUSTON, TX, 77024-5617

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:

JERRY J ANDREW
408 LONGWOODS
HOUSTON, TX, 77024-5617

2. Article Number (Copy from service label)
7099 3400 0007 2003 6414

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
C. Signature _____
X _____
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

Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 844A

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 \$ _____

MILDRED BLANKENSHIP
321 N. ELLIS STREET
SALISBURY, NC 28114-4219

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:

MILDRED BLANKENSHIP
321 N. ELLIS STREET
SALISBURY, NC 28114-4219

2. Article Number (Copy from service label)
7000 0600 0024 3129 8448

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
C. Signature _____
X _____
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

Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6451

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

SENDER

SECTION ON DELIVERY

- 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

C. Signature ☒ Agent ☐ Addressee

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

Susan Snyder

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:

SUSAN JACKSON SNYDER
AKA MRS. DANA NAFUS
P.O. BOX 21
POLLOCK PINES, CA 95726

2. Article Number (Copy from service label)

7000 0600 0024 3129 6451

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5447

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

WFC 13.569

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

Postmark Here

A. PAULINE HARRISON
B. RURAL ROUTE 1
C. BOISSEVAIN, VA 24606

NOT DELIVERED -
MAIL RETURNED

7000 0600 0024 3129 8066

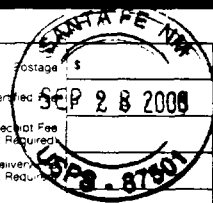
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

13.569

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

Postmark Here

A. MARY C ROQUEMORE
B. 105 MEADOW VIEW DR.
C. FARMINGTON, NM, 87401-7850



7000 0600 0024 3129 8493

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

WFC 13.569

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

LINDA BULK
 5316 TIME COURT
 ELLIOT CITY, MD 21043

Use for Instructions

7000 0600 0024 3129 6543

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

WFC 13.569

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

LARRY AMSDEN
 30 MEUN NGEN RD
 BAAN SUAN KAMNAN
 PATONG KATU
 PHUKET, NA 83159

Use for Instructions

NOT DELIVERED
 MAIL RETURNED

7000 0600 0024 3129 6680

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

WFC 13.569

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

RONALD RADEACKAR
 P O BOX 1048
 WASHINGTON, MO 63090-8048

Use for Instructions

NOT DELIVERED
 MAIL RETURNED

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

7000 0600 0024 3129 5874

WFC 13.569

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

Postmark Here

Rec
Street MARY C. ROQUEMORE
P.O. BOX 3511
City FARMINGTON, NM 87499

NOT DELIVERED -
MAIL RETURNED

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

7000 0600 0024 3129 7274

WFC 13.569

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

Postmark Here

Recip
Street HUGH L. AND IVA A. STERLING
BOX 533
City KIRTLAND, NM 87414

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

7000 0600 0024 3129 5881

WFC

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

Rec
Street JO ANN XAIZ
405 ADAMS STREET
City MIDVALE, UT 84047

SENDER: [REDACTED]

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:
JO ANN XAIZ
405 ADAMS STREET
MIDVALE, UT 84047

2. Article Number (Copy from service label)

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

5. Signature
☒ Agent
☐ Addressee
☐ Yes
☐ No

6. Date of Delivery
10-2

7. Delivery address different from item 1?
☐ Yes
☐ No

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

7000 0600 0024 3129 6369

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

SENDER: COMPLETE THIS SECTION

ACTION ON DELIVERY

- 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

C. Signature

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

J.H. HERD
 P.O. BOX 130
 MIDLAND, TX 79702

J.H. HERD
 P.O. BOX 130
 MIDLAND, TX 79702

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6550

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

SENDER: COMPLETE THIS SECTION

ACTION ON DELIVERY

- 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

C. Signature

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

MARY M. HAWES TRUST
 13865 THUNDERBIRD BLVD.
 SUN CITY, AZ 85351

MARY M. HAWES TRUST
 13865 THUNDERBIRD BLVD
 SUN CITY, AZ 85351

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6383

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

SENDER: COMPLETE THIS SECTION

ACTION ON DELIVERY

- 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

C. Signature

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

STATE OF NM - REV. PROC. DIVSN.
 F/A/O/ J.J. AND LOUISE A DEWEERD
 P.O. BOX 630
 SANTA FE, NM 87509

STATE OF NM - REV. PROC. DIVSN.
 F/A/O/ J.J. AND LOUISE A DEWEERD
 P.O. BOX 630
 SANTA FE, NM 87509

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6406

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

JAMES B. EVANS
 DANIEL C. PIRTLE ESTATE
 2475 ENTERPRISE ROAD, SUITE 100
 CLEARWATER, FL 33763-1733

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:

JAMES B. EVANS
 DANIEL C. PIRTLE ESTATE
 2475 ENTERPRISE ROAD, SUITE 100
 CLEARWATER, FL 33763-1733

2. Article Number (Copy from service label)

7000 0600 0024 3129 6406

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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

C. 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

7000 0600 0024 3129 5409

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

CHERIE L. HICKMAN GALLAGHER
 P.O. DRAWER 12810
 EL PASO, TX 79913

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:

CHERIE L. HICKMAN GALLAGHER
 P.O. DRAWER 12810
 EL PASO, TX 79913

2. Article Number (Copy from service label)

7000 0600 0024 3129 5409

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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

CHERIE L. HICKMAN

C. 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

7000 0600 0024 3129 6420

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

DEPT. OF INT. MMS FOR B.I.A.
 NAVAJO AREA ALLOTTED
 P.O. BOX 5810 TA
 DENVER, CO 80217

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:

DEPT. OF INT. MMS FOR B.I.A.
 NAVAJO AREA ALLOTTED
 P.O. BOX 5810 TA
 DENVER, CO 80217

2. Article Number (Copy from service label)

7000 0600 0024 3129 6420

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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

C. 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

7000 0600 0024 3129 6499

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

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

ROGERS-GIBBARD TRUST
 C/O SUSAN R. EVELAND
 3630 RIVER OAKS COURT
 TYLER, TX 75707-1658

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:

ROGERS-GIBBARD TRUST
 C/O SUSAN R. EVELAND
 3630 RIVER OAKS COURT
 TYLER, TX 75707-1658

2. Article Number (Copy from service label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery OCT 10 2000

C. Signature
 X Susan R. Eveland ☐ 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

7000 0600 0024 3129 6499

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

7000 0600 0024 3129 6512

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

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

EULA V. AND FORREST W. THORNTON
 JACK D. THORNTON ESTATE
 P.O. BOX 8734
 MIDLAND, TX 79708

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:

EULA V. AND FORREST W. THORNTON
 JACK D. THORNTON ESTATE
 P.O. BOX 8734
 MIDLAND, TX 79708

2. Article Number (Copy from service label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) J.B. Thornton B. Date of Delivery 10-10-00

C. Signature
 X J.B. Thornton ☐ 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

7000 0600 0024 3129 6512

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

7000 0600 0024 3129 5454

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

WFC 13569

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees _____

Recip
 Street VIDA BLANKENSHIP
 Rural Route 1
 Box 1 BOISSEVAIN, VA 24606

PS Form 3811, July 1999

NOT DELIVERED
 MAIL RETURNED

7000 0600 0024 3129 5386

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

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

MARY M. HAWERS TRUST
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

SENDER: C

- 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 M. HAWERS TRUST
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

2. Article Number (Copy from service label)
0000 0600 0024 3129 5386

SECTION ON DELIVERY

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

C. Signature
X Loretta Calloway

D. Is delivery address different from item 1? 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

7000 0600 0024 3129 8790

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

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

ROBERT WALTER LUNDELL
2450 FONDREN #304
HOUSTON, TX, 77063-2306

SENDER: C

- 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 WALTER LUNDELL
2450 FONDREN #304
HOUSTON, TX, 77063-2306

2. Article Number (Copy from service label)
7000 0600 0024 3129 8790

SECTION ON DELIVERY

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

C. Signature
X Walt Lundell

D. Is delivery address different from item 1? 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

7000 0600 0024 3129 5461

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

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

HAROLD HUTCHIN
4862 HIGHWAY 550
DURANGO, CO 81031

7000 0600 0024 3129 7281

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

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

TO: STALLINGS FAMILY TRUST
LOUISE POLIZZOTTO, TRUSTEE
1387 BEETIE STREET
SAN JOSE, NM 95120

SENDER

- 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:

STALLINGS FAMILY TRUST
LOUISE POLIZZOTTO, TRUSTEE
1387 BEETIE STREET
SAN JOSE, NM 95120

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Paul J. Polizzotto** B. Date of Delivery **10-3-00**

C. Signature **X Paul J. Polizzotto** ☐ 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

7000 0600 0024 3129 5867

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

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

TO: WILMA J. BROWN
112 W. COMANCHE
FARMINGTON, NM 87401

SENDER

- 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:

WILMA J. BROWN
112 W. COMANCHE
FARMINGTON, NM 87401

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Wilma J. Brown** B. Date of Delivery **9-29-00**

C. Signature **X Wilma J. Brown** ☐ 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

7000 0600 0024 3129 5430

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

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

TO: ENERGEN RESOURCES MAQ, INC.
DRAWER 289
P.O. BOX 11407
BIRMINGHAM, AL 35246

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:

ENERGEN RESOURCES MAQ, INC.
DRAWER 289
P.O. BOX 11407
BIRMINGHAM, AL 35246

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **A. G. Manian** B. Date of Delivery **9-29-00**

C. Signature **X A. G. Manian** ☐ 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

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

7000 0600 0024 3129 5416

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

HAZEL O KILLIAM LIV. TRST.
805 MAGNUM ROAD
BLOOMFIELD, NM 87413

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:

HAZEL O KILLIAM LIV. TRST
805 MAGNUM ROAD
BLOOMFIELD, NM 87413

2. Article Number (Copy from service label) 7000 0600 0024 3129 5416

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10-30-00

C. Signature X Hazel Killiam ☐ 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

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)

7000 0600 0024 3129 6390

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

KRISTINA E. TINSLEY
4018 ARLINGTON AVENUE
FT WAYNE, IN 46807

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:

KRISTINA E. TINSLEY
4018 ARLINGTON AVENUE
FT WAYNE, IN 46807

2. Article Number (Copy from service label) 7000 0600 0024 3129 6390

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10/13/00

C. Signature X Kristina E. Tinsley ☐ 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

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)

7000 0600 0024 3129 6581

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

ROSE BELUS
PAULINE BELUS ESTATE
1705 BRUNDAGE LANE
SHERIDAN, WY 82801

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:

ROSE BELUS
PAULINE BELUS ESTATE
1705 BRUNDAGE LANE
SHERIDAN, WY 82801

2. Article Number (Copy from service label) 7000 0600 0024 3129 6581

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10/12

C. Signature X Rose Belus ☐ 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

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)

7000 0600 0024 3129 5850

WFC 13.869

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

WILBUR SMITH MILLER ESTATE
 IVA A. EBERT RAWFORD GDN
 305 SOUTH K. STREET
 LIVINGSTON, MT 59047

for instructions

NOT DELIVERED -
 MAIL RETURNED

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

7000 0600 0024 3129 6505

WFC

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

EUGENE R. AND YVONNE HATELY
 HATELY LIVING TRUST 3/30/95
 26019 EXMOOR DRIVE
 MT. PLYMOUTH, FL 32776

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:

EUGENE R. AND YVONNE HATELY
 HATELY LIVING TRUST 3/30/95
 26019 EXMOOR DRIVE
 MT. PLYMOUTH, FL 32776

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10-28

C. Signature X Eugene R. Hately ☐ 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

7000 0600 0024 3129 6505

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)

7000 0600 0024 3129 6529

WFC 13.509

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

LOUISE LOCKE
 C/O LLOYD D. LOCKE
 113 WEST 3RD
 RIFLE, CO 81650

for instructions

NOT DELIVERED -
 MAIL RETURNED

7000 0600 0024 3129 6536

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

STATE TREASURER
 ACCOUNT OF HAROLD H. HUTCHIN
 524-34-4172
 1560 BROADWAY, SUITE 1225
 DENVER, CO 80202

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:

STATE TREASURER
 ACCOUNT OF HAROLD H. HUTCHIN
 524-34-4172
 1560 BROADWAY, SUITE 1225
 DENVER, CO 80202

2. Article Number (Copy from service label)

7000 0600 0024 3129 6536

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

M. VELA 00027-130

C. Signature

X 22

☐ 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

7000 0600 0024 3129 6376

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

HENRY A. SENFF
 7342 MEDIA ROAD
 CLERMONT, FL 34711

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:

HENRY A. SENFF
 7342 MEDIA ROAD
 CLERMONT, FL 34711

2. Article Number (Copy from service label)

7000 0600 0024 3129 6376

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Mary M. Modrick

C. Signature

X Mary M. Modrick

☐ 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

7000 0600 0024 3129 6628

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

ALLEN M. TONKIN, JR.
 1524 PARK SW
 ALBUQUERQUE, NM 87104

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:

ALLEN M. TONKIN, JR.
 1524 PARK SW
 ALBUQUERQUE, NM 87104

2. Article Number (Copy from service label)

7000 0600 0024 3129 6628

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

ALBUQUERQUE

C. Signature

X ALBUQUERQUE

☐ 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

7000 0600 0024 3129 8455

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

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:

RICHARD J. SCHIMDT
498 RIDGEWOOD LANE
COLONY COVE
ELLENTON, FL 34222

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
10-2-00

C. Signature
X *Rich Schmidt* ☐ 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) 7000 0600 0024 3129 8455

7000 0600 0024 3129 8431

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

WF 13569

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

Postmark Here

JOANNE KRUGER
201 N. VAIL AVE., Apt. 308
ARLINGTON HEIGHTS, IL 60004

7000 0600 0024 3129 6635

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

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:

GILBERT J. ANDREWS
13270 TWIN HILLS DRIVE, APT. #45E
SEAL BEACH, CA 90740-4255

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
10/3/00

C. Signature
X *Gilbert Andrews* ☐ Agent ☐ Addressee

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

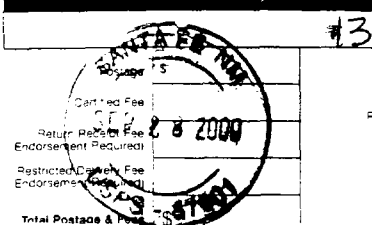
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0600 0024 3129 6635

7000 0600 0024 3129 8172

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



BILLY R ROQUEMORE
26 ROAD 5211 NBU 3031
FARMINGTON, NM, 87401-1547

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:

BILLY R ROQUEMORE
26 ROAD 5211 NBU 3031
FARMINGTON, NM, 87401-1547

2. Article Number (Copy from Service Label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Billy R. Roquemore 9-29

C. Signature
x Billy R. Roquemore

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

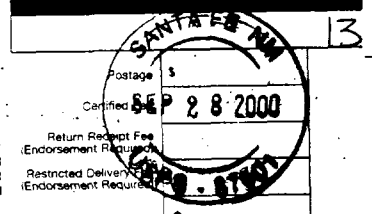
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 8172

7000 0600 0024 3129 8165

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



DONALD C AND VALERIE D ROQUEMORE
105 MEADOW VIEW DR
FARMINGTON, NM, 87401-7850

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:

DONALD C AND VALERIE D ROQUEMORE
105 MEADOW VIEW DR
FARMINGTON, NM, 87401-7850

2. Article Number (Copy from Service Label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Donald C. Roquemore 9-29

C. Signature
x Donald C. Roquemore

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

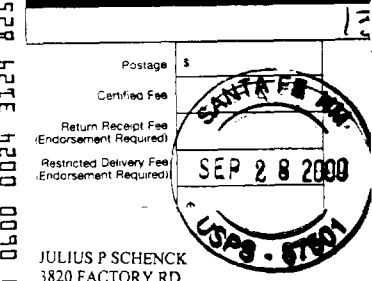
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 8165

7000 0600 0024 3129 8257

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



JULIUS P SCHENCK
3820 FACTORY RD
SUNNYSIDE, WA, 98944-9754

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:

JULIUS P SCHENCK
3820 FACTORY RD
SUNNYSIDE, WA, 98944-9754

2. Article Number (Copy from Service Label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Julius P. Schenck 10/2/00

C. Signature
x Julius P. Schenck

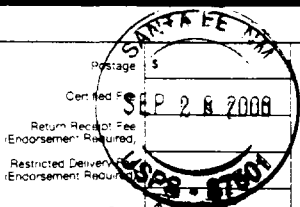
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 8257

7000 0600 0024 3129 8097

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

 FLORENCE E SAYER
 2104 EASTRIDGE DR NE
 ALBUQUERQUE, NM, 87112-3620

SENDER: (

- 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:

 FLORENCE E SAYER
 2104 EASTRIDGE DR NE
 ALBUQUERQUE, NM, 87112-3620

2. Article Number (Copy from service label)

7000 0600 0024 3129 8097

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

TION ON DELIVERY

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

C. Signature

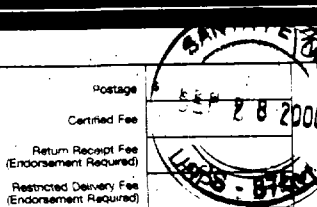
 X *Florence Sayer* ☐ Agent ☐ Addressee

 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

7000 0600 0024 3129 8288

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

 HENRY A SENFF
 DOROTHY G SENFF
 ECC RETIREMENT VILLAGE SRR ST
 MYERSTOWN, PA, 17067-1398

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:

 HENRY A SENFF
 DOROTHY G SENFF
 ECC RETIREMENT VILLAGE SRR ST
 MYERSTOWN, PA, 17067-1398

2. Article Number (Copy from service label)

7000 0600 0024 3129 8288

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

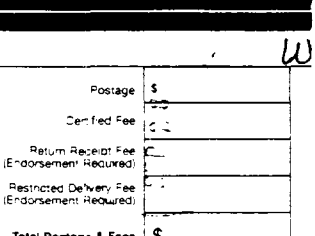
 X *Henry Senff* ☐ Agent ☐ Addressee

 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

7000 0600 0024 3129 6574

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

 LENORE LONG, DECD.
 C/O FIRST TRUST CORPORATION
 P.O. BOX 5508
 DENVER, CO 80217

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:

 LENORE LONG, DECD.
 C/O FIRST TRUST CORPORATION
 P.O. BOX 5508
 DENVER, CO 80217

2. Article Number (Copy from service label)

7000 0600 0024 3129 6574

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

TION ON DELIVERY

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

C. Signature

 X *Crane* ☐ 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

7000 0600 0024 3129 9810

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

Postage \$ WFC 1

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total

Recip: EVA MARIE DARRINGTON
Street: 1232 CLAYTON ST
City: DENVER, CO, 80206-3214

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:

EVA MARIE DARRINGTON
1232 CLAYTON ST
DENVER, CO, 80206-3214

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Eva Darrington 10/6/00

C. Signature

x Eva D

☐ 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

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 7199

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recip: Loretta May Connolly Owen
Street: 39 Knodel Rd
City: Sheridan, WY

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:

LORETTA MAY CONNOLLY OWEN
39 KNODEL RD
PO BOX 4014
SHERIDAN, WY, 82801-1214

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Loretta May Connolly Owen

C. Signature

Loretta Owen

☐ 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

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 8592

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recip: VICKI LEE MCGEE
Street: 2467 CIMARRON DR
City: GRAND JUNCTION, CO, 81505-9565

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:

VICKI LEE MCGEE
2467 CIMARRON DR
GRAND JUNCTION, CO, 81505-9565

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Vicki McGee 8/13

C. Signature

x Vicki McGee

☐ 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

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 8608

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

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:

BEVERLEY WRIGHT MCHUGH
C/O THE U S TRUST BANK OF FLORIDA
#2400774
765 SEAGATE DRIVE
NAPLES, FL, 33940-2421

2. Article Number (Copy from service label)

PS Form 3811, July 1999

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

10-2-00

C. Signature

Carolyn Blake

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

7000 0600 0024 3129 8608

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8609

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

WFC 13-569

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

Postmark Here

ED MCLAIN
PO BOX 16675
SOUTH LAKE TAHOE, CA, 96151-6675

7000 0600 0024 3129 5965

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

WFC

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

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:

R M WILLIAMS
5 DOVEKIE CT
NANTUCKET, MA, 02554

2. Article Number (Copy from service label)

PS Form 3811, July 1999

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

10-3

C. Signature

X [Signature]

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

7000 0600 0024 3129 5966

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 7120

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

SENT

THIS SECTION ON DELIVERY

- 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

C. Signature ☒ Agent ☐ AddresseeD. 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 ☐ No

1. Article Addressed to:

 BEVERLY NEWMAN
 #54 ROAD 5010
 BLOOMFIELD, NM, 87413-9745

2. Article Number (Copy from service label)

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)

WFC 13.569

Postage \$ 0.00

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

 Rec
 Str
 Cit
 PAUL C. CALLOWAY
 ROUTE 4, BOX 9700
 SHOW LOW, AZ 85901

 NOT DELIVERED
 MAIL RETURNED

7000 0600 0024 3129 7373

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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

C. Signature ☒ Agent ☐ AddresseeD. 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 ☐ No

1. Article Addressed to:

 MARSHALL DAWKINS T
 PO BOX 1399
 AMARILLO, TX, 79105-1399

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

 MARSHALL DAWKINS T
 PO BOX 1399
 AMARILLO, TX, 79105-1399

7099 3400 0007 7003 6551

7099 3400 0007 7003 6759

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 \$

1. Article Addressed to:
MARGARET DUNN RANKIN
PO BOX 6374
NAVAJO DAM, NM, 87419-0074

2. Article Number (Copy from service label) 7099 3400 0007 7003 6759

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

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) James Rankin B. Date of Delivery 9-29-00

C. Signature X James Rankin ☐ 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 6612

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 \$

1. Article Addressed to:
ALVARO PINEDA DECASTRO
C/O CHASE MANHATTAN BANK NA
ACCT #014-1-067801
PO BOX 31598
ROCHESTER, NY, 14603

2. Article Number (Copy from service label) 7099 3400 0007 7003 6612

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

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PA B. Date of Delivery 10-4-00

C. Signature X PA ☐ 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

7000 0600 0024 3129 5959

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 \$

1. Article Addressed to:
WILLISCHILD OIL AND GAS CORPORATION
904 G ST
SNYDER, OK, 73566-2244

2. Article Number (Copy from service label) 7000 0600 0024 3129 5959

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

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jackie Willis B. Date of Delivery 10-2-2000

C. Signature X Jackie Willis ☐ 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

7000 0600 0024 3129 9407

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		SENDER	SECTION ON DELIVERY	
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.		
1. Article Addressed to:		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10-2-00</u>		
CONSTANCE CLAYTON 5240 LA COLONIA DR NW ALBUQUERQUE, NM. 87120-2469		C. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee		
2. Article Number (Copy from service label) <u>7000 0600 0024 3129 9407</u>		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		

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

7000 0600 0024 3129 9247

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
WFC 13.569	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
DYVENA CRAWFORD LIFE ESTATE CARROLL E CRAWFORD ATTY IN FACT 303 McDONALD RD FARMINGTON, NM. 87401-3519	

NOT DELIVERED
MAIL RETURNED

7000 0600 0024 3129 9216

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
WFC 13.569	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
SANDRA DEAN COY 4417 11 ST NW ALBUQUERQUE, NM. 87107	

7000 0600 0024 3129 9254

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

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

 HULAN CRAWFORD
 PO BOX 6674
 FARMINGTON, NM, 87499-6674

SENDER: CC

- 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:

 HULAN CRAWFORD
 PO BOX 6674
 FARMINGTON, NM, 87499-6674

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *Hulan Crawford*☐ 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

7000 0600 0024 3129 9230

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

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

 CARROLL E AND BONNIE J CRAWFORD
 83 ROAD 5295 NBU 3026
 FARMINGTON, NM, 87401-1532

SENDER:

- 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:

 CARROLL E AND BONNIE J CRAWFORD
 83 ROAD 5295 NBU 3026
 FARMINGTON, NM, 87401-1532

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *Carroll Crawford*☐ 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

7000 0600 0024 3129 9209

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

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

 MICHAEL LEE COY
 13220 SKYVIEW NE
 ALBUQUERQUE, NM, 87123

SENDER: COY, MICHAEL LEE

- 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:

 MICHAEL LEE COY
 13220 SKYVIEW NE
 ALBUQUERQUE, NM, 87123

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *Donna J. Coy*☐ 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

7099 3400 0007 7003 5684

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)

BILLIE JO BROADDUS
7883 N SENDERO TRES
TUCSON, AZ, 85704-2057

SENDER

1. Article Addressed to:

BILLIE JO BROADDUS
7883 N SENDERO TRES
TUCSON, AZ, 85704-2057

2. Article Number (Copy from service label) 7099 3400 0007 7003 5684

ACTION ON DELIVERY

A. Received by (Please Print Clearly) Billie Jo Broaddus B. Date of Delivery 10/9/00

C. Signature x BJ Broaddus ☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 5714

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)

BOLACK MINERALS COMPANY
3901 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2831

SENDER

1. Article Addressed to:

BOLACK MINERALS COMPANY
3901 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2831

2. Article Number (Copy from service label) 7099 3400 0007 7003 5714

ACTION ON DELIVERY

A. Received by (Please Print Clearly) CHRIS GROOMER B. Date of Delivery 09-30-00

C. Signature x Chris Groomer ☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 5707

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)

TOM BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2831

SENDER

1. Article Addressed to:

TOM BOLACK
3901 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2831

2. Article Number (Copy from service label) 7099 3400 0007 7003 5707

ACTION ON DELIVERY

A. Received by (Please Print Clearly) CHRIS GROOMER B. Date of Delivery 09-30-00

C. Signature x Chris Groomer ☐ 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

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: 13. 56

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

MILDRED P CAMPBELL
582 S LAPORTE DR
PUEBLO WEST, CO, 81007

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:
MILDRED P CAMPBELL
582 S LAPORTE DR
PUEBLO WEST, CO, 81007

2. Article Number (Copy from service label) 7099 3400 0007 7003 5905

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

SECTION ON DELIVERY

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

C. Signature Mildred P. Campbell ☐ 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

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

Article Sent To: WEB

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

WILLIAM A AND MICKIE S CALVERT
JOINT TENANTS W/R/O/S
5986 HIGHWAY 64
FARMINGTON, NM, 87401-1507

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:
WILLIAM A AND MICKIE S CALVERT
JOINT TENANTS W/R/O/S
5986 HIGHWAY 64
FARMINGTON, NM, 87401-1507

2. Article Number (Copy from service label) 7099 3400 0007 7003 5399

PS Form 3811, July 1999 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Mickie Calvert ☒ 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

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

Article Sent To: WFC 13

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

ARLENE WETHERILL CHOUNARD
9125 ROSEDALE DR
SPRING VALLEY, CA, 91977-2725

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:
ARLENE WETHERILL CHOUNARD
9125 ROSEDALE DR
SPRING VALLEY, CA, 91977-2725

2. Article Number (Copy from service label) 7000 0600 0024 3129 9339

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

SECTION ON DELIVERY

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

C. Signature Arlene Wetherill Chounard ☐ 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 5622

**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

BOB M AND GWYNETH H BROWNING
JOINT TENANTS
C/O BROWNING & CO
333 BROWNING PKWY
FARMINGTON, NM, 87401-7992

SENDER: Complete

- 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:

BOB M AND GWYNETH H BROWNING
JOINT TENANTS
C/O BROWNING & CO
333 BROWNING PKWY
FARMINGTON, NM, 87401-7992

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Smiley Brown* B. Date of Delivery *10-02-00*

C. Signature *Smiley Brown* ☐ 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

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

7099 3400 0007 7003 5622

7099 3400 0007 7003 5677

**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

DONNA C BROWN
1908 W FERN ST
TAMPA, FL, 33604-6302

SENDER: Complete

- 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:

DONNA C BROWN
1908 W FERN ST
TAMPA, FL, 33604-6302

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Donna C Brown* B. Date of Delivery

C. Signature *Donna C Brown* ☐ 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

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

7099 3400 0007 7003 5677

7099 3400 0007 7003 5660

**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

GARLAND BROWN
310 GEORGIA ST
BROOKHAVEN, MS, 39601-2410

Postmark
Here

NOT DELIVERED -
MAIL RETURNED

7099 3400 0007 7003 5292

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

Article Sent To: WFC 13-929

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

Postmark here

BILL D AND SELMA ALLMAN
 JOINT TENANTS W/R/O/S
 5980 US 64
 BLOOMFIELD, NM, 87413-9778

NOT DELIVERED -
 MAIL RETURNED

7099 3400 0007 7003 5554

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

Article Sent To: BUXTON FAMILY TRUST B1

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

Total Postage & Fees: \$

BUXTON FAMILY TRUST B1
 LESTER W AND GLADYS M BUXTON TRUSTEES
 9058 MONMOUTH DR
 ST LOUIS, MO, 63117-1020

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:

2. Article Number (Copy from service label) 7099 3400 0007 7003 5554

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) GLADYS BUXTON 7/10/3

B. Date of Delivery 7/10/3

C. Signature X Gladys Buxton

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 ☒ No

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

7099 3400 0007 7003 5691

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

Article Sent To: LOIS JEAN BRICKER

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

Total Postage & Fees: \$

LOIS JEAN BRICKER
 208 N SMITH
 GRANTS, NM, 87020-4001

Postmark here

MAIL
 RETURNED -
 NOT DELIVERED

7099 3400 0007 7003 5738

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

 KAREN LEE BERRY
 1689 W ELLERY
 FRESNO, CA, 93711-1931

SENDER: C

- 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:

 KAREN LEE BERRY
 1689 W ELLERY
 FRESNO, CA, 93711-1931

2. Article Number (Copy from service label)

7099 3400 0007 7003 5738

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C & 1136 10/2/00

C. Signature

X Carol Berry

☐ 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

7099 3400 0007 7003 5752

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

 THOMAS N BERRY AND COMPANY
 PO BOX 1958
 STILLWATER, OK, 74076-1958

SENDER: C

- 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:

 THOMAS N BERRY AND COMPANY
 PO BOX 1958
 STILLWATER, OK, 74076-1958

2. Article Number (Copy from service label)

7099 3400 0007 7003 5752

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

WANDA S COOKE

ERR 10-300

C. Signature

X Wanda S Cooke

☐ 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

7099 3400 0007 7003 5585

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

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

 BURLINGTON RESOURCES OIL AND
 PO BOX 4289
 FARMINGTON, NM, 87499-4289

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:

 BURLINGTON RESOURCES OIL AND GAS CO
 PO BOX 4289
 FARMINGTON, NM, 87499-4289

2. Article Number (Copy from service label)

7099 3400 0007 7003 5585

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Judith Dee

10-2-00

C. Signature

X Judith Dee

☒ 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

7099 3400 0007 7003 5653

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)	

JERRY L AND PATRICIA BROWN
PO BOX 2143
FARMINGTON, NM, 87499-2143

SENDER: CC

- 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:

JERRY L AND PATRICIA BROWN
PO BOX 2143
FARMINGTON, NM, 87499-2143

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Patricia Brown B. Date of Delivery 10/3/00

C. Signature Patricia A Brown ☐ 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 5653

7099 3400 0007 7003 5646

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)	

MAURICE W BROWN
3218 CHENUE AVE
SACRAMENTO, CA, 95821-6114

SENDER: (

- 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:

MAURICE W BROWN
3218 CHENUE AVE
SACRAMENTO, CA, 95821-6114

SECTION ON DELIVERY

A. Received by (Please Print Clearly) MAURICE W BROWN B. Date of Delivery 10/3/00

C. Signature MAURICE W BROWN ☐ 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 5646

7099 3400 0007 7003 5653

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)	

RICHARD H BROWN
620 N 3RD EAST
PRICE, UT, 84501-2113

Postmark
Here

7099 3400 0007 7003 5769

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)
 TOM D BERRY
 PO BOX 518
 STILLWATER, OK, 74076-0518

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:

 TOM D BERRY
 PO BOX 518
 STILLWATER, OK, 74076-0518

2. Article Number (Copy from service label)

7099 3400 0007 7003 5769

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

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

PAULA JONES 10-5-00

C. Signature

X Paula Jones

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

7000 0600 0024 3129 9322

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)
 STEVEN MARKHAM CHESNUT
 11740 ACOMA
 NORTHGLENN, CO, 80234-2908

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:

 STEVEN MARKHAM CHESNUT
 11740 ACOMA
 NORTHGLENN, CO, 80234-2908

2. Article Number (Copy from service label)

7000 0600 0024 3129 9322

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

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

X SEP 8 0 2000

C. Signature

X Steven Markham Chesnut

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

1895 3400 0007 7003 5813

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)
 CARL J BLOOM
 3821 N W 33RD
 OKLAHOMA CITY, OK, 73112-3347

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:

 CARL J BLOOM
 3821 N W 33RD
 OKLAHOMA CITY, OK, 73112-3347

2. Article Number (Copy from service label)

7099 3400 0007 7003 5813

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

X 10-4-00

C. Signature

X Carl Bloom

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

7000 0600 0024 3129 9483

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

Article Sent In: WFC 13

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

CONOCO INC
CHASE BANK OF TEXAS
PO BOX 201940
HOUSTON, TX, 77216-1940

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:

CONOCO INC
CHASE BANK OF TEXAS
PO BOX 201940
HOUSTON, TX, 77216-1940

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
08-02-2000

C. Signature
[Signature]

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

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

7099 3400 0007 7003 5790

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

Article Sent In: WFC 13

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

ROBERT C BLANKENSHIP
321 N ELLIS ST
SALISBURY, NC, 28144-4219

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:

ROBERT C BLANKENSHIP
321 N ELLIS ST
SALISBURY, NC, 28144-4219

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
[Signature]

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

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

7099 3400 0007 7003 5561

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

Article Sent In: WFC 13

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

JO S BURRIS
17 CRYSTAL CREEK RD
SHERIDAN, WY, 82801-9312

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:

JO S BURRIS
17 CRYSTAL CREEK RD
SHERIDAN, WY, 82801-9312

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
[Signature]

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

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

7000 0600 0024 3129 9087

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

WFC 13

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

 D E CORNELL IV
 5009 PONDEROSA NE
 ALBUQUERQUE, NM, 87110-1121

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:

 D E CORNELL IV
 5009 PONDEROSA NE
 ALBUQUERQUE, NM, 87110-1121

2. Article Number (Copy from service label)

7000 0600 0024 3129 9087

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

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

J. A. Cornell 9/29/80

C. Signature

X J. A. Cornell ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0024 3129 9186

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

WFC 13

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

 KENNETH CHARLES COY
 0810 COUNTY RD 215
 PARACHUTE, CO, 81635

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:

 KENNETH CHARLES COY
 0810 COUNTY RD 215
 PARACHUTE, CO, 81635

2. Article Number (Copy from service label)

7000 0600 0024 3129 9186

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

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

B. 200

C. Signature

X Becky Coy ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0024 3129 9506

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

WFC 13

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

 GEORGEANN CORDES
 141 SAINT FRANCIS #2
 RAPID CITY, SD, 57701-5571

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:

 GEORGEANN CORDES
 141 SAINT FRANCIS #2
 RAPID CITY, SD, 57701-5571

2. Article Number (Copy from service label)

7000 0600 0024 3129 9506

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

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

10-1-80

C. Signature

X Joyce L. Cordes ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0024 3129 9285

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

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

 JAMES E CRAWFORD ESTATE
 JAMES M CRAWFORD EXECUTOR
 #3 CR 5290 NBU 3027B
 FARMINGTON, NM, 87401-1536

SENDER:

- 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 E CRAWFORD ESTATE
 JAMES M CRAWFORD EXECUTOR
 #3 CR 5290 NBU 3027B
 FARMINGTON, NM, 87401-1536

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETION ON DELIVERY

 A. Received by (Please Print Clearly) J M CRAWFORD B. Date of Delivery 9-29
 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

7000 0600 0024 3129 9100

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

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

 OLEN F. FEATHERSTONE III
 1801 WEST SECOND STREET
 ROSWELL, NM 88201

SENDER:

- 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:

 OLEN F. FEATHERSTONE III
 1801 WEST SECOND STREET
 ROSWELL, NM 88201

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETION ON DELIVERY

 A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 10-2-00
 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

7000 0600 0024 3129 9476

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

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

 CONOCO INC
 PO BOX 201940
 HOUSTON, TX, 77216-0001

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:

 CONOCO INC
 PO BOX 201940
 HOUSTON, TX, 77216-0001

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

 A. Received by (Please Print Clearly) CONOCO INC B. Date of Delivery 09-02-00
 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

7000 0600 0024 3129 9629

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

Article Sent To: **WFC 13**

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

GOLDIE A AND OR DARLENE T CHAPMAN
JOINT TENANTS
PO BOX 712
FARMINGTON, NM, 87499-0712

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:

GOLDIE A AND OR DARLENE T CHAPMAN
JOINT TENANTS
PO BOX 712
FARMINGTON, NM, 87499-0712

2. Article Number (Copy from service label)

ON ON DELIVERY

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

C. Signature *Darlene T Chapman* ☐ 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

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

7099 3400 0007 7003 5892

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 \$

PAUL C CALLOWAY TRUST
PAUL C CALLOWAY TRUSTEE
PO BOX 1569
LAKESIDE, AZ, 85929-1569

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:

PAUL C CALLOWAY TRUST
PAUL C CALLOWAY TRUSTEE
PO BOX 1569
LAKESIDE, AZ, 85929-1569

2. Article Number (Copy from service label)

ON ON DELIVERY

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

C. Signature *Paul Calloway* ☐ 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

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

7099 3400 0007 7003 16063

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 \$

TAMMIE DUSTIN ASH
269 FIR DR
DURANGO, CO, 81301-7583

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:

TAMMIE DUSTIN ASH
269 FIR DR
DURANGO, CO, 81301-7583

2. Article Number (Copy from service label)

ON ON DELIVERY

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

C. Signature *Tammie Dustin Ash* ☐ 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

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

7000 0600 0024 3129 9490

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

WFC 1

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

CHARLES CORDES
314 E MADISON ST
RAPID CITY, SD, 57701-1433

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:

CHARLES CORDES
314 E MADISON ST
RAPID CITY, SD, 57701-1433

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Charles Cordes* B. Date of Delivery *10-3-00*
C. Signature *[Signature]* ☐ Agent ☐ Addressee
X ☒ Registered ☐ Return Receipt for Merchandise
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

7000 0600 0024 3129 9490

7000 0600 0024 3129 9414

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

WFC 1

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

CLEES FAMILY TRUST
HOMER N & DIANNE E CO-TRUSTEES
1635 LA CUMBRE LN
NIPOMO, CA, 93444-8842

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:

CLEES FAMILY TRUST
HOMER N & DIANNE E CO-TRUSTEES
1635 LA CUMBRE LN
NIPOMO, CA, 93444-8842

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Suzanne McDonald* B. Date of Delivery *10-3-00*
C. Signature *[Signature]* ☐ Agent ☐ Addressee
X ☒ Registered ☐ Return Receipt for Merchandise
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

7000 0600 0024 3129 9414

7000 0600 0024 3129 9612

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

WFC 13.5

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

SUZANNE MCDONALD CHAMBERS
314 MANTZ AVE
AUDUBON, IA, 50025-1007

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:

SUZANNE MCDONALD CHAMBERS
314 MANTZ AVE
AUDUBON, IA, 50025-1007

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Suzanne McDonald Chambers* B. Date of Delivery *10-2-00*
C. Signature *[Signature]* ☐ Agent ☐ Addressee
X ☒ Registered ☐ Return Receipt for Merchandise
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

7000 0600 0024 3129 9612

7099 3400 0007 7003 5936

**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 \$

ETTORE CANDELIERE
72 MAIN ST
WINTHROP, MA, 02152-2716

SENDER: CI

- 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:

ETTORE CANDELIERE
72 MAIN ST
WINTHROP, MA, 02152-2716

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ON ON DELIVERY

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

C. Signature

X

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

7000 0600 0024 3129 4396

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Certified Fee

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

To

Rec WILLIAM A HALL
Str 416 N BEHREND AVE
City FARMINGTON, NM, 87401-5845

PS Form 3811, July 1999

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:

WILLIAM A HALL
416 N BEHREND AVE
FARMINGTON, NM, 87401-5845

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

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

7099 3400 0007 7003 6117

**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 \$

PATRICIA BANAS
3506 ELDER LN
FRANKLIN PARK, IL, 60131-1706

Postmark
Here

7099 3400 0007 7003 6162

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

Article Sent To

WFC 1

Postage / \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

DEBORAH L BATES
PO BOX 642
FLORA VISTA, NM, 87415-0642

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:

DEBORAH L BATES
PO BOX 642
FLORA VISTA, NM, 87415-0642

2. Article Number (Copy from service label)

7099 3400 0007 7003 6162

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY

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

SIDNEY D. BATES

C. Signature

Sidney D. Bates ☐ 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 ☒ No

7099 3400 0007 7003 6049

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

Article Sent To

WFC 13

Postage / \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

ADELIDO J ARCHIBEQUE
PO BOX 909
BLOOMFIELD, NM, 87413-0909

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:

ADELIDO J ARCHIBEQUE
PO BOX 909
BLOOMFIELD, NM, 87413-0909

2. Article Number (Copy from service label)

7099 3400 0007 7003 6049

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

SECTION ON DELIVERY

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

12/6/00

C. Signature

Adelido J. Archibeque ☐ 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 ☒ No

7099 3400 0007 7003 6070

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

Article Sent To

WFC 13 869

Postage / \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

ASPHALT PAVING INC
613 MERINO KRAAL
FARMINGTON, NM, 87401-3913

Postmark
Here

NOT DELIVERED -
MAIL RETURNED

7099 3400 0007 7003 6056

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

Article Sent To: WFC 13.98

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

Postmark Here

DOROTHY ARMSTRONG
13254 PEARDALE RD
GRASS VALLEY, CA, 95945-9011

7099 3400 0007 7003 6421

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

Article Sent To: WFC 13.98

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

Postmark Here

GILBERT J ANDREWS
1411 E 57 ST
LONG BEACH, CA, 90805-4841

7099 3400 0007 7003 6346

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

Article Sent To: WFC 13

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

1. Article Addressed to:

WILLIAM R AMOS TRUSTEE
610 W ANIMAS
FARMINGTON, NM, 87401-5987

2. Article Number (Copy from service label) 7099 3400 0007 7003 6346

SENDER: COM

SECTION ON DELIVERY

A. Received by (Please Print Clearly) William R. Amos B. Date of Delivery 9-27-02

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

WILLIAM R AMOS TRUSTEE
610 W ANIMAS
FARMINGTON, NM, 87401-5987

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

7000 0600 0024 3129 5256

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

WFC

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Re
 Str
 City

GEORGE WILLIAM UMBACH
 208 R H CARR RD
 MANCHESTER, TN, 37355

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:

GEORGE WILLIAM UMBACH
 208 R H CARR RD
 MANCHESTER, TN, 37355

2. Article Number (Copy from service label)

PS Form 3811, July 1999

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *X George Umbach* B. Date of Delivery *10-2-00*

C. Signature *X George Umbach* ☐ 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

7000 0600 0024 3129 5256

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5638

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

WFC

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

BARBARA SILER
 5801 NE 11 CT
 DES MOINES, IA, 50313-1505

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:

BARBARA SILER
 5801 NE 11 CT
 DES MOINES, IA, 50313-1505

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *X Barbara Siler* B. Date of Delivery *10-3-00*

C. Signature *X Barbara Siler* ☐ 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

7000 0600 0024 3129 5638

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6093

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

WFC 13.869

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required) *23*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Re
 Str
 City

SHRONDA SHANNON
 PO BOX 1292
 SHALLOWATER, TX, 79363-1292

Postmark
 here

7000 0600 0024 3129 5522

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

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

DALE SMITH
1311 W OAK ST
ROGERS, AR, 72758-4128

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:

DALE SMITH
1311 W OAK ST
ROGERS, AR, 72758-4128

2. Article Number (Copy from service label)

7000 0600 0024 3129 5522

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Bonnie Smith 10-3-00

C. Signature

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

3. Service Type
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 6567

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

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

GREGORY K. KASTNER
P.O. BOX 511
SILVER CITY, NV 89428

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:

GREGORY K. KASTNER
P.O. BOX 511
SILVER CITY, NV 89428

2. Article Number (Copy from service label)

7000 0600 0024 3129 6567

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

G. K. Kastner 10/14/00

C. Signature

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

3. Service Type
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☒ Return Receipt for Merchandise
 - ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 9896

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

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

V A JOHNSTON FAMILY TRUST
PO BOX 925
RALLS, TX, 79357-0925

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:

V A JOHNSTON FAMILY TRUST
PO BOX 925
RALLS, TX, 79357-0925

2. Article Number (Copy from service label)

7000 0600 0024 3129 9896

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

J B Prewitt 10-2-00

C. Signature

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

3. Service Type
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☒ Return Receipt for Merchandise
 - ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 5942

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

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:

THOMAS H WILSON
 511 W OHIO STE 306
 MIDLAND, TX, 79701-4338

2. Article Number (Copy from section label)

PS Form 3811, July 1999

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

10-2-99

C. Signature

(X) Thomas H. Wilson

☐ Agent

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

7000 0600 0024 3129 5942

7000 0600 0024 3130 0677

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

WFC 13.569

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

WILLIAM ALLEN AND EMILIE E FOSTER
 JOINT TENANTS
 877 RIMROCK DR
 GALLUP, NM, 87301-4639

NOT DELIVERED -
 MAIL RETURNED

7000 0600 0024 3130 0660

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

WFC 13.569

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

JOHN C FORSYTHE JR
 285 LANING DR
 WOODSIDE, CA, 94062-3530

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

7000 0600 0024 3130 0367

WFC 13.569

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

Postmark Here

THEODORE FREDERICK FULSAAS
 3143 BUTTERS DR
 OAKLAND, CA, 94602-2632

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

7000 0600 0024 3130 0721

WFC

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

SARAH G FREDERICK
 308 E CLINTON
 CLINTON, MO, 64735-2230

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:

SARAH G FREDERICK
 308 E CLINTON
 CLINTON, MO, 64735-2230

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SARAH FREDERICK B. Date of Delivery 10/4/00

C. Signature X [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

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

7000 0600 0024 3130 0721

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

7000 0600 0024 3130 0707

WFC 13.569

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

Postmark Here

ROBERT B FOUTZ
 1550 N STOPLEY #35
 MESA, AZ, 85203-3702

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
	1. Article Addressed to: DONALD S FULSAAS 5 LOWRY RD OAKLAND, CA, 94605-5727		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10/2/00</u> C. Signature <u>[Signature]</u> D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below: _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	2. Article Number (Copy from service label) <u>7000 0600 0024 3130 0752</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1798

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
	1. Article Addressed to: MARILYN A FULSAAS 2440 BRYANT ST PALO ALTO, CA, 94301-4204		A. Received by (Please Print Clearly) <u>MARILYN A. FULSAAS</u> B. Date of Delivery <u>10-4-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below: _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	2. Article Number (Copy from service label) <u>7000 0600 0024 3130 0783</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1798

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
	1. Article Addressed to: MARY L FOLLANSBEE 9153 YARROW NO 1401 WESTMINSTER, CO, 80021-4536		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>SEP 30 2000</u> C. Signature <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below: _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	2. Article Number (Copy from service label) <u>7000 0600 0024 3130 0653</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1798

7000 0600 0024 3130 0714

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

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:

RUSSELL AND HELEN M FOUTZ
 TRUSTEES U/T/A DATED SEPT 15, 1989
 301 W MAIN
 FARMINGTON, NM, 87401-8422

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ 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

RUSSELL AND HELEN M FOUTZ
 TRUSTEES U/T/A DATED SEPT 15, 1989
 301 W MAIN
 FARMINGTON, NM, 87401-8422

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0615

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

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:

MINA RUTH FITTING
 3910 EDGEBROOK COURT
 MIDLAND, TX, 79707-1434

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ 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

MINA RUTH FITTING
 3910 EDGEBROOK COURT
 MIDLAND, TX, 79707-1434

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0745

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

13.569 WFC

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total

Postmark
Here

Recd

Srv

City

DAVID ALLEN FULSAAS
 3143 BUTTERS DR
 OAKLAND, CA, 94602-2632

PS Form

102595-99-M-1789

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

7000 0600 0024 3130 0776

WFC 13.569

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

To:

Rec
 Eric Martin Fulsaa
 3143 Butters Dr
 Oakland, CA, 94602-2632

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

7000 0600 0024 3130 0608

WFC 13.569

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

A
 JAMES RANDOLPH FITTING
 NATO AWACS PSC #7
 BOX 314
 APO, AE, 09104-0314

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:

JAMES RANDOLPH FITTING
 NATO AWACS PSC #7
 BOX 314
 APO, AE, 09104-0314

2. Article Number (Copy from service label)

7000 0600 0024 3130 0608

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature
 *Burgat Fitting

☐ Agent
☐ Addressee

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

☐ Yes
☐ No

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

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)

7000 0600 0024 3130 0738

WFC 13.569

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total

Rec
 Arnold Edward Fulsaa
 3143 Butters Dr
 Oakland, CA, 94602-2632

7000 0600 0024 3130 0622

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10-2-00</u> C. Signature <u>Minnie A. Fitting</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below: _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		1. Article Addressed to: MINNIE A FITTING 106 4TH ST RADFORD, VA, 24141		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Recd Minnie A Fitting 106 4TH ST RADFORD, VA, 24141		2. Article Number (Copy from service label) <u>7000 0600 0024 3130 0622</u>		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3130 0639

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10-2</u> C. Signature <u>R. D. Fitting</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		1. Article Addressed to: ROBERT D FITTING PO BOX 50582 MIDLAND, TX, 79710-0582		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Recd ROBERT D FITTING PO BOX 50582 MIDLAND, TX, 79710-0582		2. Article Number (Copy from service label) <u>7000 0600 0024 3130 0639</u>		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3130 0578

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) <u>RS FISCHER</u> B. Date of Delivery _____ C. Signature <u>RS Fischer</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		1. Article Addressed to: MALINDA DIGGS FISCHER PO BOX 1897 STILLWATER, OK, 74076-1897		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Recd MALINDA DIGGS FISCHER PO BOX 1897 STILLWATER, OK, 74076-1897		2. Article Number (Copy from service label) <u>7000 0600 0024 3130 0578</u>		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3130 0684

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

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:

FOUR STAR OIL AND GAS
PO BOX 845896
DALLAS, TX, 75284-5896

2. Article Number (Copy from service label) 7000 0600 0024 3130 0684

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 8CT 02 2000

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

7000 0600 0024 3130 0592

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

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:

GARY EDWARD FITTING
821 SKY WOOD COURT
SAGINAW, TX, 76179-1725

2. PS

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] 8CT 2 2000

C. Signature GARY L FITTING ☐ 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

0592

102595-99-M-1789

7000 0600 0024 3129 9742

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

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:

CHARLES H CULPEPPER
CHARLES AND DOROTHY CULPEPPER TRUST
PO BOX 958
FARMINGTON, NM, 87499-0958

2. Article Number (Copy from service label) 7000 0600 0024 3129 9742

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature]

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

7000 0600 0024 3129 9674

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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		1. Article Addressed to: MYRON N CRAWFORD 458 MAAR AVE FREMONT, CA, 94536-4471		A. Received by (Please Print Clearly) <u>MYRON CRAWFORD</u> B. Date of Delivery <u>10/10/99</u> C. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Recipient: MYRON N CRAWFORD 458 MAAR AVE FREMONT, CA, 94536-4471		2. Article Number (Copy from service label) <u>7000 0600 0024 3129 9674</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 1999		Domestic Return Receipt		102595-99-M-1789	

7000 0600 0024 3129 9728

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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		1. Article Addressed to: ARCHIE AND GREGORITA CRUZ RT 2 BOX 35A IGNACIO, CO, 81137-9801		A. Received by (Please Print Clearly) <u>[Signature]</u> B. Date of Delivery <u>10/10/99</u> C. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Recipient: ARCHIE AND GREGORITA CRUZ RT 2 BOX 35A IGNACIO, CO, 81137-9801		2. Article Number (Copy from service label) <u>7000 0600 0024 3129 9728</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 1999		Domestic Return Receipt		102595-99-M-1789	

7000 0600 0024 3129 9681

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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		1. Article Addressed to: JAMES M AND FRANCES CRAWFORD LIFE ESTATE NO 3 RD 5290 NBU NO 3027B FARMINGTON, NM, 87401-1536		A. Received by (Please Print Clearly) <u>J M CRAWFORD</u> B. Date of Delivery <u>9-29</u> C. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Recipient: JAMES M AND FRANCES CRAWFORD LIFE ESTATE NO 3 RD 5290 NBU NO 3027B FARMINGTON, NM, 87401-1536		2. Article Number (Copy from service label) <u>7000 0600 0024 3129 9681</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 1999		Domestic Return Receipt		102595-99-M-1789	

7000 0600 0024 3129 9759

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		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: \$ _____		1. Article Addressed to: R S AND MARY H CULPEPPER LIV TR R S CULPEPPER TRUSTEE 5703 WOODLAND CT FARMINGTON, NM, 87402-4832		A. Received by (Please Print Clearly): <u>R S CULPEPPER</u> B. Date of Delivery: <u>9-21-00</u> C. Signature: <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Recipient: Street: R S AND MARY H CULPEPPER City: R S CULPEPPER TRUSTEE State: 5703 WOODLAND CT Zip: FARMINGTON, NM, 87402-4		2. Article Number (Copy from service label): <u>7000 0600 0024 3129 9759</u>		3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

7000 0600 0024 3129 9780

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		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: \$ _____		1. Article Addressed to: NANCY T CUTTER REVOCABLE TRUST NANCY T CUTTER TRUSTEE 1524 PARK AVENUE, SW ALBUQUERQUE, NM, 87104-1024		A. Received by (Please Print Clearly): <u>[Signature]</u> B. Date of Delivery: <u>SEP 29 2000</u> C. Signature: <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Recipient: Street: NANCY T CUTTER REVOCABLE City: NANCY T CUTTER TRUSTEE State: 1524 PARK AVENUE, SW Zip: ALBUQUERQUE, NM, 87104-10		2. Article Number (Copy from service label): <u>7000 0600 0024 3129 9780</u>		3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

7000 0600 0024 3130 0394

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		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: \$ _____		1. Article Addressed to: ROBERT G. HANAGAN MMH TRUST A/T A DTD 10/2/99 P.O. BOX 1887 SANTA FE, NM 87504-1887		A. Received by (Please Print Clearly): <u>[Signature]</u> B. Date of Delivery: <u>SEP 29 2000</u> C. Signature: <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Recipient: Street: ROBERT G. HANAGAN City: MMH TRUST A/T A DTD 10/2/99 State: P.O. BOX 1887 Zip: SANTA FE, NM 87504-1887		2. Article Number (Copy from service label): <u>7000 0600 0024 3130 0394</u>		3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

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)

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

HUGH J MITCHELL TRUST B
RAIMONDA MITCHELL TRUSTEE
P O BOX 1109
FARMINGTON, NM, 87499

1. Article Addressed to:
HUGH J MITCHELL TRUST B
RAIMONDA MITCHELL TRUSTEE
P O BOX 1109
FARMINGTON, NM, 87499

2. Article Number (Copy from service label)
7000 0600 0024 3129 6925

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
GINA M. MCKEE 10-2-00

C. Signature
X *Gina M. McKee*

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

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

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

WFC 1

ADELINA MEDINA ESTATE
SELEDONIO VALENCIA GUARDIAN
PO BOX 233
BLOOMFIELD, NM, 87413-0233

1. Article Addressed to:
ADELINA MEDINA ESTATE
SELEDONIO VALENCIA GUARDIAN
PO BOX 233
BLOOMFIELD, NM, 87413-0233

2. Article Number (Copy from service label)
7000 0600 0024 3129 8912

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
X *Oris Valencia*

C. Signature
X *Oris Valencia*

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

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

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

WFC 1

MARY MEDINA
606 S MESA VERDE
FARMINGTON, NM, 87401-8556

1. Article Addressed to:
MARY MEDINA
606 S MESA VERDE
FARMINGTON, NM, 87401-8556

2. Article Number (Copy from service label)
7000 0600 0024 3129 8929

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
X *Mary Medina*

C. Signature
X *Mary Medina*

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

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

7000 0600 0024 3129 615

WFC 13-529

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

Postmark here

Recd
Sgt
ESTEL W MILLER
41591 EDGEHILL DR
ELYRIA, OH 44035-7527

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

7000 0600 0024 3129 6956

WFC

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

DOROTHY E. MENGOTTO
326 BRIDGEVIEW CT
BENECIA, CA 94510-2683

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
DOROTHY E. MENGOTTO
326 BRIDGEVIEW CT
BENECIA, CA 94510-2683

2. Article Number (Copy from service label)
7000 0600 0024 3129 6956

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Megan Winans 10/5/90

C. Signature
X Megan Winans

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

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)

7000 0600 0024 3129 8943

WFC

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

JOE M L MELTON
PO BOX 4203
MIDLAND, TX 79704-4203

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
JOE M L MELTON
PO BOX 4203
MIDLAND, TX 79704-4203

2. Article Number (Copy from service label)
7000 0600 0024 3129 8943

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Karen Allen 10-3-00

C. Signature
X Karen Allen

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

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

7000 0600 0024 3129 6963

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

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

DORIS O MOORE
88 NOTCH HILL ROAD NO 180
NORTH BRANFORD, CT, 06471-1848

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
DORIS O MOORE
88 NOTCH HILL ROAD NO 180
NORTH BRANFORD, CT, 06471-1848

2. Article Number (Copy from service label)
7000 0600 0024 3129 6963

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
DORIS O MOORE

B. Date of Delivery
10-2

C. Signature
X [Signature]

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

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

7000 0600 0024 3129 6819

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

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

ORVILLE L AND EDITH A MILLER TR
3820 TITANIC
EL PASO, TX, 79904-3231

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
ORVILLE L AND EDITH A MILLER TR
3820 TITANIC
EL PASO, TX, 79904-3231

2. Article Number (Copy from service label)
7000 0600 0024 3129 6819

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
ORVILLE MILLER

B. Date of Delivery
10-2

C. Signature
X [Signature]

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

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

7000 0600 0024 3129 8950

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

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

BASIL MILLER
205 PENN AVE
RICHLANDS, VA, 24641-3024

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
BASIL MILLER
205 PENN AVE
RICHLANDS, VA, 24641-3024

2. Article Number (Copy from service label)
7000 0600 0024 3129 8950

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
BASIL MILLER

B. Date of Delivery
10-3-00

C. Signature
X [Signature]

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

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

7000 0600 0024 3129 6246

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

WYC13-867

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

Postmark Here

MARJORIE A MARTIN
 1845 GREEN STREET APT 304
 SAN FRANCISCO, CA 94123-4953

MAIL NOT DELIVERED:
 MAIL RETURNED

7099 3400 0007 7003 6445

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

Article Sent to: WTC

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ROD MARKHAM
 1500 BROADWAY, SUITE #1212
 LUBBOCK, TX 79401

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): L. Lewis
 B. Date of Delivery: 10/2/90
 C. Signature: x L. Lewis
 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 6445

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

7000 0600 0024 3129 6864

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

WFL13-569

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

Postmark Here

WALTER LEWIS MILLER JR A MINOR
 305 SOUTH K ST
 LIVINGSTON, MT, 59047

NOT DELIVERED -
 MAIL RETURNED

7099 3400 0007 7003 6575

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: <u>WFC</u>		1. Article Addressed to: PATTILOU PUCKETT DAWKINS 3401 AUSTIN AMARILLO, TX, 79109-4807		A. Received by (Please Print Clearly): <u>Pattilou Puckett Dawkins</u> B. Date of Delivery: <u>10-3</u> C. Signature: <u>Pattilou Puckett Dawkins</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		2. Article Number (Copy from service label) <u>7099 3400 0007 7003 6575</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
PATTILOU PUCKETT DAWKINS 3401 AUSTIN AMARILLO, TX, 79109-4807		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7099 3400 0007 7003 6681

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: <u>WFC</u>		1. Article Addressed to: FRANK E DOTTER 4917 CUMMINGS DR FT WORTH, TX, 76180-6931		A. Received by (Please Print Clearly): <u>FE. Dotter</u> B. Date of Delivery: <u>10-3-00</u> C. Signature: <u>FE. Dotter</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		2. Article Number (Copy from service label) <u>7099 3400 0007 7003 6681</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
FRANK E DOTTER 4917 CUMMINGS DR FT WORTH, TX, 76180-6931		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7099 3400 0007 7003 6476

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: <u>WFC</u>		1. Article Addressed to: B E AND ALMON E DUSTIN PO BOX 753 FARMINGTON, NM, 87499-0753		A. Received by (Please Print Clearly): <u>Tami Dustin</u> B. Date of Delivery: C. Signature: <u>Tami Dustin</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total \$		2. Article Number (Copy from service label) <u>7099 3400 0007 7003 6476</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
B E AND ALMON E DUSTIN PO BOX 753 FARMINGTON, NM, 87499-0753		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: **WFC**

Postage: \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Post

Name: **WILLIAM BANNING DOAK AND BETTY NELL DOAK TRAIL**
Street Apt: **426 N COLORADO**
City, State: **CORTEZ, CO, 81321-3000**

1. Article Addressed to:
**WILLIAM BANNING DOAK AND BETTY NELL DOAK TRAIL
426 N COLORADO
CORTEZ, CO, 81321-3000**

2. Article Number (Copy from service label) **7099 3400 0007 7003 6650**

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **10/2/00**

C. Signature **Betty Nell Doak** ☒ 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

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

Name: **ALMON E AND BETTY DUSTIN**
Street: **PO BOX 753**
City: **FARMINGTON, NM, 87499-0753**

1. Article Addressed to:
**ALMON E AND BETTY DUSTIN
PO BOX 753
FARMINGTON, NM, 87499-0753**

2. Article Number (Copy from service label) **7099 2400 0007 7003 6469**

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **Almon E. Dustin** ☐ 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

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

Name: **ALMAN WAYNE DUSTIN**
Street: **35 N CHERRY**
City: **PROVIDENCE, UT, 84332-9663**

1. Article Addressed to:
**ALMAN WAYNE DUSTIN
35 N CHERRY
PROVIDENCE, UT, 84332-9663**

2. Article Number (Copy from service label) **7099 3400 0007 7003 6452**

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **10/2/00**

C. Signature **Alman Wayne Dustin** ☐ 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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Article Sent To: WFC 13.		■ 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: LELA DAWKINS 3401 AUSTIN AMARILLO, TX, 79109-4807	A. Received by (Please Print Clearly) PATRICK DAWKINS B. Date of Delivery 10 3 C. Signature X Lela Dawkins ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) LELA DAWKINS 3401 AUSTIN AMARILLO, TX, 79109-4807			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) 1099 3400 0007 7003 6544	
		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: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Article Sent To: WFC 13.		■ 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: ARLENE L DEAN 1227-A N RAILROAD #183 ESPANOLA, NM, 87532-3143	A. Received by (Please Print Clearly) Art Pruett B. Date of Delivery 10/3/00 C. Signature X ART PRUETT ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) ARLENE L DEAN 1227-A N RAILROAD #183 ESPANOLA, NM, 87532-3143			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) 1099 3400 0007 7003 16582	
		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: COMPLETE THIS SECTION	COMPLETE 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. 1. Article Addressed to: NANCY DAWKINS (F-2) PO BOX 7 STONEY BROOK, NY, 11790-0007	A. Received by (Please Print Clearly) 5-OCT-2000 B. Date of Delivery C. Signature X Nancy Dawkins ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) NANCY DAWKINS PO BOX 7 STONEY BROOK, NY, 11790-0007			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) 1099 3400 0007 7003 15442	
		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: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: WFC		1. Article Addressed to:		A. Received by (Please Print Clearly) _____ B. Date of Delivery 10-2-00	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____		RICKEY ELDON DUSTIN 2108 SWEETWATER CREEK DR FORT COLLINS, CO, 80525		C. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
To: RICKEY ELDON DUSTIN 2108 SWEETWATER CREEK DR FORT COLLINS, CO, 80525		2. Article Number (Copy from service label) 7099 3400 0007 7003 6483		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
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: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: WFC		1. Article Addressed to:		A. Received by (Please Print Clearly) N. Dunning B. Date of Delivery 9-30-00	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____		JACK DUNNING TRUST JACK DUNNING TRUSTEE PO BOX 151 AZTEC, NM, 87410-0151		C. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
To: JACK DUNNING TRUST JACK DUNNING TRUSTEE PO BOX 151 AZTEC, NM, 87410-0151		2. Article Number (Copy from service label) 7099 3400 0007 7003 6735		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
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: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: WFC 13		1. Article Addressed to:		A. Received by (Please Print Clearly) _____ B. Date of Delivery _____	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		DUGAN PRODUCTION CORPORATION PO BOX 420 FARMINGTON, NM, 87499-0420		C. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
To: DUGAN PRODUCTION CORPORAT PO BOX 420 FARMINGTON, NM, 87499-0420		2. Article Number (Copy from service label) 7099 3400 0007 7003 6704		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, July 1999		Domestic Return Receipt		102595-99-M-1789	

7099 3400 0007 7003 6698

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION	COMPLETE 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) <u>Doug Whisenand</u> B. Date of Delivery <u>10-2-00</u> C. Signature <u>X Doug Whisenand</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$	1. Article Addressed to: NOVELENA DOUGLAS 320 BEECH ST CHELSEA, OK, 74016		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Certified Fee		2. Article Number (Copy from service label)	
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
NOVELENA DOUGLAS 320 BEECH ST CHELSEA, OK, 74016			
		PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9827

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION	COMPLETE 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) <u>Aneta A. Davis</u> B. Date of Delivery <u>10-10-00</u> C. Signature <u>X Aneta A. Davis</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$	1. Article Addressed to: ANETA ARRINGTON DAVIS 715 W CLEVELAND ALVIN, TX, 77511-2724		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Certified Fee		2. Article Number (Copy from service label)	
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
ANETA ARRINGTON DAVIS 715 W CLEVELAND ALVIN, TX, 77511-2724			
		PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9803

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION	COMPLETE 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) <u>Allen E. Darrington</u> B. Date of Delivery <u>9/30</u> C. Signature <u>X Allen E. Darrington</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$	1. Article Addressed to: ALLEN EVERETT DARRINGTON 5793 S PRESCOTT ST LITTLETON, CO, 80120-2027		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Certified Fee		2. Article Number (Copy from service label)	
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
ALLEN EVERETT DARRINGTON 5793 S PRESCOTT ST LITTLETON, CO, 80120-2027			
		PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 6636

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

RUBY DEYON
P O BOX 1702
OKANOGAN, WA, 98840

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:

RUBY DEYON
P O BOX 1702
OKANOGAN, WA, 98840

2. Article Number (Copy from service label)

7099 3400 0007 7003 6636

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Ruby Deyon

C. 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

7099 3400 0007 7003 6711

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

C C AND MARGARET DUNN
JOINT TENANTS
PO BOX 53
FARMINGTON, NM, 87499-0053

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:

C C AND MARGARET DUNN
JOINT TENANTS
PO BOX 53
FARMINGTON, NM, 87499-0053

2. Article Number (Copy from service label)

7099 3400 0007 7003 6711

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. 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

7000 0600 0024 3130 0424

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

Article Sent To:

WFC

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Tot

RUFUS FRANKLIN BOLIN
5298 GUY TERRY ROAD
SPRINGDALE, AZ 72764

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:

RUFUS FRANKLIN BOLIN
5298 GUY TERRY ROAD
SPRINGDALE, AZ 72764

2. Article Number (Copy from service label)

7000 0600 0024 3130 0424

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Yelma Bolin

C. 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

7000 0600 0024 3129 5621

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

To

Re SINGER BROS
DEPT 1063
TULSA, OK, 74182

City

PS Form 3811, July 1999

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:

 SINGER BROS
 DEPT 1063
 TULSA, OK, 74182

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Debbie Clark* B. Date of Delivery *10-3-00*

C. Signature *Debbie Clark*

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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8660

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

To

Re JAN LATE
FRANK M LATE TR
SUITE 800, MEADOWS BLDG
5646 MILTON ST
DALLAS, TX, 75206-3907

City

PS Form 3811, July 1999

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:

 JAN LATE
 FRANK M LATE TR
 SUITE 800, MEADOWS BLDG
 5646 MILTON ST
 DALLAS, TX, 75206-3907

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Frank M. Late* B. Date of Delivery *10-2-00*

C. Signature *Frank M. Late*

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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8677

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

To

Re SHIRLEY LAUXMAN
676 N LAFITTE DR
BONNE TERRE, MO, 63628-9353

City

PS Form 3811, July 1999

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:

 SHIRLEY LAUXMAN
 676 N LAFITTE DR
 BONNE TERRE, MO, 63628-9353

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Shirley Lauxman* B. Date of Delivery *10-2-00*

C. Signature *Shirley Lauxman*

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

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6513

2000 0600 0024 3230 0547

100

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

7000 0600 0024 3130 0530

WFC 13.569

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

Postmark Here

ENERGEN RESOURCES MAQ INC
 CRUDE OIL MARKETING
 PO BOX 201769
 HOUSTON, TX, 77210-4326

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

7000 0600 0024 3130 0912

WFC

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

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:

BARRY GLASSCOCK
 100 S MAIN
 CLINTON, MO, 64735-2152

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 10-3-00

C. Signature X *Wanda Mansfield* ☐ 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

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)

7000 0600 0024 3129 4563

WFC

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

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:

MARY E GLENN
 4208 PENELOPE NE
 ALBUQUERQUE, NM, 87109-1926

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 9/29

C. Signature X *Mary E Glenn* ☐ 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

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

7000 0600 0024 3130 0820

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

Postage \$5
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

RAMONA L GILLILAND
1949 DUKER AVE
LOUISVILLE, KY, 40205-1001

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:

RAMONA L GILLILAND
1949 DUKER AVE
LOUISVILLE, KY, 40205-1001

2. Article Number (Copy from service label)

7000 0600 0024 3130 0820

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Agent

Addressee

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

7000 0600 0024 3130 0929

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

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

KENTON L GLASSCOCK
PO BOX 1307
MANHATTAN, KS, 66502-0014

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:

KENTON L GLASSCOCK
PO BOX 1307
MANHATTAN, KS, 66502-0014

2. Article Number (Copy from service label)

7000 0600 0024 3130 0929

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Deborah C. Savage

10-2-20

C. Signature

X

Agent

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Agent

Addressee

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

7000 0600 0024 3130 0509

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

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

TERRANCE L GLASSCOCK
2745 SW VILLA W DR APT 1808
TOPEKA, KS, 66614

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:

TERRANCE L GLASSCOCK
2745 SW VILLA W DR APT 1808
TOPEKA, KS, 66614

2. Article Number (Copy from service label)

7000 0600 0024 3130 0509

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

10/1/00

C. Signature

X

Agent

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Agent

Addressee

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

7000 0600 0024 3130 0905

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

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:

 GLACIER PARK COMPANY
 PO BOX 840656
 DALLAS, TX, 75284-0656

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ 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
 GLACIER PARK COMPANY
 PO BOX 840656
 DALLAS, TX, 75284-0656

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0431

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

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:

 PHILLIP C GATES
 1611 AVALON BLVD
 CASSELBERRY, FL, 32707-3954

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ 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
 PHILLIP C GATES
 1611 AVALON BLVD
 CASSELBERRY, FL, 32707-3954

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0493

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

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:

 JOE GIEB III
 PO BOX 2434
 MIDLAND, TX, 79702-2434

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ 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
 Recipient
 JOE GIEB III
 PO BOX 2434
 MIDLAND, TX, 79702-2434

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: 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:
TIMOTHY GLASSCOCK
1705 S WASHINGTON
CLINTON, MO. 64735-4405

2. Article Number (Copy from service label) **1000 0600 0024 3129 4570**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **10-3-00**

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

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: 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:
MERTON W AND DEMETRA W GIFFORD
3511 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2821

2. Article Number (Copy from service label) **7000 0600 0024 3130 0806**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **MERTON W AND DEMETRA W GIFFORD** B. Date of Delivery **09-27-00**

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

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: 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:
LLOYD M AND ELIZABETH GERBER
3420 SHADOW HILLS DR
EAGLE, ID, 83616-2614

2. Article Number (Copy from service label) **7000 0600 0024 3130 0486**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **10-2-00**

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

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

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

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:

FLORENCE IRENE GERARD AND
BEVERLY NEWMAN
JOINT TENANTS
606 S 3RD
GALLUP, NM, 87301-6344

2. Article Number (Copy from service label) **7000 0600 0024 3130 0479**

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Florence Gerard* ☐ 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

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

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:

SARA ALEXANDER GIEB
PO BOX 80841
MIDLAND, TX, 79708-0841

2. Article Number (Copy from service label) **7000 0600 0024 3130 0363**

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Sara Gieb* ☐ 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

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

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:

FLORENCE IRENE GERARD
606 S 3RD ST
GALLUP, NM, 87301-6344

2. Article Number (Copy from service label) **7000 0600 0024 3130 0462**

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Florence Gerard* ☐ 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

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

WFC 13

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

Recipient
BEVERLY J GOFF
Street: 3600 N DAL PASO
City: State: HOBBS, NM, 88240-1550

PS Form 3811, July 1999

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:
BEVERLY J GOFF
3600 N DAL PASO
HOBBS, NM, 88240-1550

2. Article Number (Copy from service label) 7000 0600 0024 3129 4556

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery 10-5-00
C. Signature X Beverly J Goff
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

102595-99-M-1788

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

WFC 13

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

Recipient
CLAUDIA MARCIA LUNDELL GILMER
30 GOLDEN PL
THE WOODLANDS, TX, 77381-4334

PS Form 3811, July 1999

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:
CLAUDIA MARCIA LUNDELL GILMER
30 GOLDEN PL
THE WOODLANDS, TX, 77381-4334

2. Article Number (Copy from service label) 7000 0600 0024 3130 0899

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Claudia Gilmer
B. Date of Delivery 10-2-00
C. Signature X Claudia Gilmer
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

102595-99-M-1788

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

WFC

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

Recipient
MILDRED R GILCREASE
8200 PICKARD N E
ALBUQUERQUE, NM, 87110-1536

PS Form 3811, July 1999

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:
MILDRED R GILCREASE
8200 PICKARD N E
ALBUQUERQUE, NM, 87110-1536

2. Article Number (Copy from service label) 7000 0600 0024 3130 0813

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mildred Gilcrease
B. Date of Delivery 9-29-00
C. Signature X Mildred Gilcrease
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

102595-99-M-1788

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

WFC 13.569

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

Postmark Here

To: CECILIA A GALLEGOS
 PO BOX 14
 IGNACIO, CO, 81137-0014

7000 0600 0024 3130 0417

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

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:
 ARLEY & NORBERT GENIUSZ
 201 NORTHVALE AVE., #308
 ARLINGTON HEIGHTS, IL 60004-5922

2. Article Number (Copy from service label) 7000 0600 0024 3129 8486

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 X Arley P. Geniusz
 D. Is delivery address different from item 1? Yes
 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

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

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

WFC 1

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

1. Article Addressed to:
 CHARLES H MCDONALD
 933 W LYNWOOD ST
 PHOENIX, AZ, 85007-1914

2. Article Number (Copy from service label) 7000 0600 0024 3129 8585

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 X Charles H McDonald
 D. Is delivery address different from item 1? Yes
 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

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

7000 0600 0024 3129 6215

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

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

 SHRINERS HOSPITALS FOR CHILDREN
 PO BOX 31169
 TAMPA, FL, 33631-3169

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:

 SHRINERS HOSPITALS FOR CHILDREN
 PO BOX 31169
 TAMPA, FL, 33631-3169

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

 C. Signature X *Thomas Bates* ☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5348

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

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

 TAMANACO OIL CORPORATION
 PO BOX 13326
 ALBUQUERQUE, NM, 87192-3326

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:

 MANACO OIL CORPORATION
 BOX 13326
 ALBUQUERQUE, NM, 87192-3326

2. Article Number (Copy from service label)

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 ☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0691

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

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

 FOUR STAR OIL AND GAS
 PO BOX 845896
 DALLAS, TX, 75284-5896

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:

 FOUR STAR OIL AND GAS
 PO BOX 845896
 DALLAS, TX, 75284-5896

2. Article Number (Copy from service label)

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 ☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0561

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

CITY OF FARMINGTON NEW MEXICO
800 MUNICIPAL DR
FARMINGTON, NM, 87401-2663

2. Article Number (Copy from service label)

7000 0600 0024 3130 0561

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JULIE KUECH 9/29/00

B. Date of Delivery

C. Signature *Julie Kuech* ☐ 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

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

7000 0600 0024 3129 9834

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

LOCKE TAYLOR DRILLING CO.
C/O LLOYD D. LOCKE
P.O. BOX 1926
RIFLE, CO 81650-1425

2. Article Number (Copy from service label)

7000 0600 0024 3129 9834

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) RTD-360

B. Date of Delivery

C. Signature *g. murphy* ☐ 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

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

7099 3400 0007 0003 0407

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

MAXWELL C ANDERSON
PO BOX 416
IGNACIO, CO, 81137-0416

2. Article Number (Copy from service label)

7099 3400 0007 0003 0407

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 10/3/01

C. Signature *Mark Smith* ☐ 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

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
JULIE ANN ANTWEIL TRUST ESTATE
4408 CANYON CT NE
ALBUQUERQUE, NM, 87111-3010

2. Article Number (Copy from service label) 7099 3400 0007 7003 6438

OPTION ON DELIVERY

A. Received by (Please Print Clearly) Julie Ann Antweil B. Date of Delivery 7-29-00

C. Signature Julie Ann Antweil ☐ 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

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
JOHN AND JOSEPHINE JAQUEZ LIV TST
JOHN AND JOSEPHINE JAQUEZ TRUSTEES
#200 ROAD 4599
BLANCO, NM, 87412-9708

2. Article Number (Copy from service label) 7000 0000 0024 3130 0288

OPTION ON DELIVERY

A. Received by (Please Print Clearly) CLOSE PHINE JAQUEZ B. Date of Delivery 2-2-2000

C. Signature Josephine Jaquez ☐ 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

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

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
GARY E ALLRED
6449 MAVERICK TRAIL DR
SAN ANTONIO, TX, 78240-5903

2. Article Number (Copy from service label) 7099 3400 0007 7003 6438

OPTION ON DELIVERY

A. Received by (Please Print Clearly) GARY E ALLRED B. Date of Delivery 7-2-00

C. Signature GARY E ALLRED ☐ 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

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

7099 3400 0007 7003 5929

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

SENDER: C

ON ON DELIVERY

Article Sent To:

WFC 13

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees \$

MANUAL C CANDELARIA DECEASED
 PO BOX 1803
 ARBOLES, CO, 81121-1803

1. Article Addressed to:

MANUAL C CANDELARIA DECEASED
 PO BOX 1803
 ARBOLES, CO, 81121-1803

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

JOSE CANDELARIA

10/10

C. Signature

X Regina Candelaria

☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 9575

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

WFC 13.569

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees \$

P CANDELIERE JR
 57 EATON RD
 BORDENTOWN, NJ, 08505-2715

Postmark
Here

7000 0600 0024 3129 5157

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

WFC

Postage \$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees \$

JOHN W VOGEL
 3 MULBERRY LN
 COLTS NECK, NJ, 07722-1120

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:

JOHN W VOGEL
 3 MULBERRY LN
 COLTS NECK, NJ, 07722-1120

2. Article Number (Copy from service label)

TE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X John W Vogel

☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 9582

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

WFC 13.

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

 JOHN C CARBONE
 1133 EMERSON ST APT 37A
 TACOMA, WA, 98466-6405

SENDER

- 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:

 JOHN C CARBONE
 1133 EMERSON ST APT 37A
 TACOMA, WA, 98466-6405

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

 X *John Carbone*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
☐ Agent☐ Addressee☐ 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

7099 3400 0007 7003 6988

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

Article Sent To

WFC

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

 Name (Please Print)
 HELEN F HILL
 Street, Apt
 8183 PALMETTO AVE APT 121
 FONTANA, CA, 92335-3672
 City, State

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:

 HELEN F HILL
 8183 PALMETTO AVE APT 121
 FONTANA, CA, 92335-3672

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

 X *Helen Hill*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No
☐ Agent☐ Addressee☐ 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

7099 3400 0007 7003 6926

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

Article Sent To

WFC

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

 Name (Please Print)
 HERD PARTNERS LTD
 Street, Apt
 A TEXAS LIMITED PARTNE
 PO BOX 130
 MIDLAND, TX, 79702-0130
 City, State

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:

 HERD PARTNERS LTD
 A TEXAS LIMITED PARTNERSHIP
 PO BOX 130
 MIDLAND, TX, 79702-0130

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

7000 0600 0024 3129 4389

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$ <u>WFC</u> Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees		■ 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) <u>Cherie Ann Hamilton</u> B. Date of Delivery <u>10-3-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
To: CHERIE ANN HAMILTON PO BOX 2031 SILVER CITY, NM, 88062-2031		1. Article Addressed to: CHERIE ANN HAMILTON PO BOX 2031 SILVER CITY, NM, 88062-2031		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) <u>7000 0600 0024 3129 4389</u>			
		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3129 4785

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$ <u>WFC</u> Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees		■ 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) <u>[Signature]</u> B. Date of Delivery <u>9-21-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
To: PAUL B AND DOROTHY M HORN TRU PAUL B AND DOROTHY M HORN TRU 1091 W MURRAY DR #115 FARMINGTON, NM, 87401-3891		1. Article Addressed to: PAUL B AND DOROTHY M HORN TRUST PAUL B AND DOROTHY M HORN TRUSTEES 1091 W MURRAY DR #115 FARMINGTON, NM, 87401-3891		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) <u>7000 0600 0024 3129 4785</u>			
		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3129 4525

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$ <u>WFC</u> Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees		■ 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) <u>[Signature]</u> B. Date of Delivery <u>10-3-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
To: LUCILLE BULLOCK 638 N. BROWN VINITA, OK 74301-0638		1. Article Addressed to: LUCILLE BULLOCK 638 N. BROWN VINITA, OK 74301-0638		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) <u>7000 0600 0024 3129 4525</u>			
		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)

Postage \$ WFC 13.509

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

To

Re: HERBERT MINERALS LTD
 FORT WORTH CLUB TOWER
 PENTHOUSE 1 STE L
 777 TAYLOR ST
 FORT WORTH, TX, 76102-4919

Postmark Here

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

ANADARKO OPERATING LLC
 PO BOX 21332
 OKLAHOMA CITY, OK, 73156-1332

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ANADARKO OPERATING LLC
 PO BOX 21332
 OKLAHOMA CITY, OK, 73156-1332

2. A

PS Form 3811, July 1999

SECTION ON DELIVERY

A. Received by (Please Print Clearly): Steven G. Geringer

B. Date of Delivery: 6/30/99

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

6391
 102595-99-M-1789

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

Article Sent To: W

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Name (Please Print): ANN DUNNING
 Street, Apt: P.O. BOX 151
 City, State: AZTEC, NM 87401

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ANN DUNNING
 P.O. BOX 151
 AZTEC, NM 87401

2. Article Number (Copy from service label): 7099 3400 0007 7003 7022

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): N Dunning

B. Date of Delivery: 7-30-00

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

7099 3400 0007 7003 7022
 102595-99-M-1739

7000 0600 0024 3129 9971

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

Article Sent To: **WFC**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

 KELLER FARMS INCORPORATED
 209 ROAD 5500
 BLOOMFIELD, NM, 87413-9301

SENDER

- 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:

 KELLER FARMS INCORPORATED
 209 ROAD 5500
 BLOOMFIELD, NM, 87413-9301

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **KELLER FARMS INC** B. Date of Delivery

C. Signature **X [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

7000 0600 0024 3129 9971

102595-99-M-1789

7099 3400 0007 7003 6278

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

Article Sent To: **WFC**

Postage \$ **55**

Certified Fee **1.40**

Return Receipt Fee (Endorsement Required) **1.25**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ **3.20**

 TEXON ENERGY CORPORATION
 DEPT. 1041
 P.O. BOX 4554
 HOUSTON, TX 77210-4554

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:

 TEXON ENERGY CORPORATION
 DEPT. 1041
 P.O. BOX 4554
 HOUSTON, TX 77210-4554

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **DET-3** B. Date of Delivery

C. Signature **X [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 6278

102595-99-M-1789

7099 3400 0007 7003 6322

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

Article Sent To: **WFC**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

 AMOCO PRODUCTION COMPANY
 (918) 581-4800
 P.O. BOX 591
 TULSA, OK, 74102-0591

SENDER

- 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:

 AMOCO PRODUCTION COMPANY
 (918) 581-4800
 P.O. BOX 591
 TULSA, OK, 74102-0591

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **John C. Thomas OCT 02 2000** B. Date of Delivery

C. Signature **X [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 6322

102595-99-M-1789

7099 3400 0007 7003 6254

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

Article Sent to: **WFC 13**

Postage: \$ **1.55**

Certified Fee: **1.40**

Return Receipt Fee (Endorsement Required): **1.25**

Restricted Delivery Fee (Endorsement Required):

Total Postage & Fees: **3.20**

 AFRICA INLAND MISSION
 PO BOX 178
 PEARL RIVER, NY, 10965-0178
SENDER: **WFC 13**

- 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:

 AFRICA INLAND MISSION
 PO BOX 178
 PEARL RIVER, NY, 10965-0178

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly): **Debbie Finnegan** B. Date of Delivery: **10/4/05**
- C. Signature: **Debbie Finnegan** ☒ 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

1099 3400 0007 7003 6254

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6339

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

Article Sent to: **WFC 13**

Postage: \$ **1.55**

Certified Fee: **1.40**

Return Receipt Fee (Endorsement Required): **1.25**

Restricted Delivery Fee (Endorsement Required):

Total Postage & Fees: **3.20**

 AMOCO PRODUCTION COMPANY
 PO BOX 591
 TULSA, OK, 74102-0591

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:

 AMOCO PRODUCTION COMPANY
 PO BOX 591
 TULSA, OK, 74102-0591

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly): **John E. Harrell** B. Date of Delivery: **08/02/00**
- C. Signature: **John E. Harrell** ☐ 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

1099 3400 0007 7003 6339

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6265

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

Article Sent to: **WFC 13**

Postage: \$ **1.55**

Certified Fee: **1.40**

Return Receipt Fee (Endorsement Required): **1.25**

Restricted Delivery Fee (Endorsement Required):

Total Postage & Fees: **3.20**

 AUDRIS M ALLEN ESTATE
 JAMIE D HARRELL PERSONAL REP
 11056 ACADEMY RIDGE RD NE
 ALBUQUERQUE, NM, 87111-6871

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:

 AUDRIS M ALLEN ESTATE
 JAMIE D HARRELL PERSONAL REP
 11056 ACADEMY RIDGE RD NE
 ALBUQUERQUE, NM, 87111-6871

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly): **J Harrell** B. Date of Delivery: **10-2-00**
- C. Signature: **J Harrell** ☐ 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

1099 3400 0007 7003 6265

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6067

**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)

RAYMOND L AND IRIS ATCHISON TRUST
1ST NATL BK OF FARMINGTON COTRTEES
C/O BANK OF OKLAHOMA
P O BOX 1588
TULSA, OK, 74101-1588

1. Article Addressed to:
RAYMOND L AND IRIS ATCHISON TRUST
1ST NATL BK OF FARMINGTON COTRTEES
C/O BANK OF OKLAHOMA
P O BOX 1588
TULSA, OK, 74101-1588

2. Article Number (Copy from service label) **7099 3400 0007 7003 6067**

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **9-2-2000**

C. Signature **x Judy Goad**
☐ 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

7099 3400 0007 7003 6384

**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)

WINIFRED AMSDEN TRUST
WINIFRED AMSDEN TRUSTEE
1730 PONDEROSA ST
LOS ALAMOS, NM, 87544-3034

1. Article Addressed to:
WINIFRED AMSDEN TRUST
WINIFRED AMSDEN TRUSTEE
1730 PONDEROSA ST
LOS ALAMOS, NM, 87544-3034

2. Article Number (Copy from service label) **7099 3400 0007 7003 6384**

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **9-27**

C. Signature **X**
☐ 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

7099 3400 0007 7003 6018

**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)

NORMAN BERGER
6802 S TACOMA WY
TACOMA, WA, 98409

1. Article Addressed to:
NORMAN BERGER
6802 S TACOMA WY
TACOMA, WA, 98409

2. Article Number (Copy from service label) **7099 3400 0007 7003 6018**

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

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery **10/2**

C. Signature **x Ronda**
☐ 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

7099 3400 0007 7003 6186

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: \$

DARREN L BAYSINGER
PO BOX 156
KIRTLAND, NM, 87417-0156

SENDER: 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:
DARREN L BAYSINGER
PO BOX 156
KIRTLAND, NM, 87417-0156

2. Article Number (Copy from service label): **7099 3400 0007 7003 6186**

ACTION ON DELIVERY

A. Received by (Please Print Clearly): **Patsy Baysinger**
B. Date of Delivery: **9-3-00**

C. Signature: *Patsy Baysinger*
☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 9520

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

Article Sent To: **WFC 13.**

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

LLOYD GEORGE CORDES JR
314 E MADISON
RAPID CITY, SD, 57701-1433

SENDER: 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:
LLOYD GEORGE CORDES JR
314 E MADISON
RAPID CITY, SD, 57701-1433

2. Article Number (Copy from service label): **7000 0600 0024 3129 9520**

ACTION ON DELIVERY

A. Received by (Please Print Clearly): **Charles Cordes**
B. Date of Delivery: **10-3-00**

C. Signature: *Charles Cordes*
☐ 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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 4495

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

Article Sent To: **WFC 13.569**

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

Postmark Here

Recip:
SHELLIE EVE MILLER GONDER
Street: 314 W CHINOOK
City: LIVINGSTON, MT, 59047-1923

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7099 3220 0005 9420 0424

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

SENDER: COMPLETE THIS SECTION

Article Sent To: WFC

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

Name: MILES S PALMER
Street: 1074 ASH
City: PROVO, UT, 84604-3638
PS Form 3811, July 1999

RECEIVED BY: COMPLETE THIS SECTION

1. Article Addressed to:
MILES S PALMER
1074 ASH
PROVO, UT, 84604-3638

2. Article Number (Copy from service label): 7099 3220 0005 9420 0424

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: 09 OCT

C. Signature: X Mrs Miles Palmer
☐ Agent ☐ Addressee

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

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

7000 0600 0024 3129 9261

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

SENDER: COMPLETE THIS SECTION

Article Sent To: WFC

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

Name: HULAN E AND DIXIE CRAWFORD
Street: PO BOX 6674
City: FARMINGTON, NM, 87499-6674
PS Form 3811, July 1999

RECEIVED BY: COMPLETE THIS SECTION

1. Article Addressed to:
HULAN E AND DIXIE CRAWFORD
PO BOX 6674
FARMINGTON, NM, 87499-6674

2. Article Number (Copy from service label): 7000 0600 0024 3129 9261

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: 09 OCT

C. Signature: X Dixie Crawford
☐ Agent ☐ Addressee

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

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

7000 0600 0024 3129 9353

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

SENDER: COMPLETE THIS SECTION

Article Sent To: WFC

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

Name: CHRISTMANN MINERAL COMPANY
Street: A TEXAS CORPORATION
City: PO BOX 66
City: PINEDALE, WY, 82941-0066
PS Form 3811, July 1999

RECEIVED BY: COMPLETE THIS SECTION

1. Article Addressed to:
CHRISTMANN MINERAL COMPANY
A TEXAS CORPORATION
PO BOX 66
PINEDALE, WY, 82941-0066

2. Article Number (Copy from service label): 7000 0600 0024 3129 9353

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: 09 OCT

C. Signature: X Pat Lovett
☐ Agent ☐ Addressee

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

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)

7000 0600 0024 3129 9162

WFC

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

DOROTHY DEAN COY
629 SAN LORENZO AVE NW
ALBUQUERQUE, NM, 87107-3644

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

DOROTHY DEAN COY
629 SAN LORENZO AVE NW
ALBUQUERQUE, NM, 87107-3644

2. Article Number (Copy from service label) 7000 0600 0024 3129 9162

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Dorothy Coy B. Date of Delivery 9-28-00

C. Signature X Dorothy Coy ☐ 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

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)

7000 0600 0024 3129 6437

WFC 13.569

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

STATE OF NEW MEXICO GAS COMSR
OF PUBLIC LANDS, OIL & GAS
P.O. 2308
SANTA FE, NM 87504

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

STATE OF NEW MEXICO GAS COMSR
OF PUBLIC LANDS, OIL & GAS
P.O. 2308
SANTA FE, NM 87504

2. Article Number (Copy from service label) 7000 0600 0024 3129 6437

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Andrew H. B. B. Date of Delivery SE 29 2000

C. Signature X Andrew H. B. ☐ 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

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)

7099 3400 0007 7003 6193

WFC B

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

LEE ROY BAYSINGER
PO BOX 156
KIRTLAND, NM, 87417-0156

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

LEE ROY BAYSINGER
PO BOX 156
KIRTLAND, NM, 87417-0156

2. Article Number (Copy from service label) 7099 3400 0007 7003 6193

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Patsy Baysinger B. Date of Delivery 9-30-00

C. Signature X Patsy Baysinger ☐ 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

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

7099 3400 0007 7003 6742

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION		COMPLETE 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 10-4-00	
Postage \$ _____ Certified Fee \$ _____ Return Receipt Fee (Endorsement Required) \$ _____ Restricted Delivery Fee (Endorsement Required) \$ _____ Total Due \$ _____		1. Article Addressed to: RICKY D RAINDL PO BOX 11234 MIDLAND, TX, 79702-8234		C. Signature x [Signature] ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
RICKY D RAINDL PO BOX 11234 MIDLAND, TX, 79702-8234		2. Article Number (Copy from service label) 7099 3400 0007 7003 6742		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

7000 0600 0024 3129 6352

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: WFC 13 569	
Postage \$ _____ Certified Fee \$ _____ Return Receipt Fee (Endorsement Required) \$ _____ Restricted Delivery Fee (Endorsement Required) \$ _____ Total Due \$ _____	Postmark Here _____
INEZ I. SENFF FRANCIS H. SENFF REV. TRUST 240 FROST ROAD SHERIDAN, WY 82801	

NOT DELIVERED:
MAIL RETURNED

7000 0600 0024 3129 9148

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: Wi		- 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) CALVIN COY B. Date of Delivery 10-2-00	
Postage \$ _____ Certified Fee \$ _____ Return Receipt Fee (Endorsement Required) \$ _____ Restricted Delivery Fee (Endorsement Required) \$ _____ Total Due \$ _____		1. Article Addressed to: CALVIN RICHARD COY 97 ROAD 3100 AZTEC, NM, 87410-9529		C. Signature x [Signature] ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
CALVIN RICHARD COY 97 ROAD 3100 AZTEC, NM, 87410-9529		2. Article Number (Copy from service label) 7000 0600 0024 3129 9148		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

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)

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

Recip
J BURTON VETETO
607 ABO
HOBBS, NM, 88240-3405

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
J BURTON VETETO
607 ABO
HOBBS, NM, 88240-3405

2. Article Number (Copy from service label) 7000 0600 0024 3129 5164

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Tonia Harper
B. Date of Delivery 10-5-00
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
E. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
F. Restricted Delivery? (Extra Fee) ☐ Yes

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)

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

Recip
HANSON MCBRIDE PETROLEUM
PO BOX 1515
ROSWELL, NM, 88202-1515

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
HANSON MCBRIDE PETROLEUM COMPANY
PO BOX 1515
ROSWELL, NM, 88202-1515

2. Article Number (Copy from service label) 7000 0600 0024 3129 4327

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
E. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
F. Restricted Delivery? (Extra Fee) ☐ Yes

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)

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

Recip
WILLIAM F HATELY
12441 PROSPECT NE
ALBUQUERQUE, NM, 87112-3648

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
WILLIAM F HATELY
12441 PROSPECT NE
ALBUQUERQUE, NM, 87112-3648

2. Article Number (Copy from service label) 7000 0600 0024 3129 4297

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
E. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
F. Restricted Delivery? (Extra Fee) ☐ Yes

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

7000 0600 0024 3129 4266

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
WFC 13869	
Postage \$	Postmark here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
MELISSA HEARNE 1141 POST ST #10 SAN FRANCISCO, CA, 94109	

7000 0600 0024 3129 4259

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
WFC Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Tot Recd Sndr City PS		■ 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) <u>Richard Heath</u> B. Date of Delivery <u>9-24-00</u> C. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
		1. Article Addressed to:	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
		RAMONA JEAN HEATH PO BOX 399 AZTEC, NM, 87410-0399	
		2. Article Number (Copy from service label)	7000 0600 0024 3129 4259
		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3129 4440

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
WFC Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Tot Recd Sndr City PS		■ 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) <u>Cheryl Garrett</u> B. Date of Delivery <u>XXR 10-3-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
		1. Article Addressed to:	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
		HARRIET VIRGINIA GRIFFITH PO BOX 1747 STILLWATER, OK, 74076-1747	
		2. Article Number (Copy from service label)	7000 0600 0024 3129 4440
		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)

7000 0600 0024 3129 4747

WPC 13.569

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

Postmark Here

Recipie CLARA HUGHEY CONSERVATORSHIP
JEAN YUNGCLAS CONSERVATOR
WOODBURY WEST CARE CENTER
1211 VINE STREET
WEST DES MOINES, IA, 50265-4477

PS Form 3811, July 1999

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

7000 0600 0024 3129 5010

WPC 13.569

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

Postmark Here

Recipie HAROLD G WELTON
9330 E B ST
TACOMA, WA, 98445-2132

PS Form 3811, July 1999

U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY									
7000 0600 0024 3129 4501	WPC 13.569	■ 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 _____ C. Signature _____ D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____									
	<table border="1"> <tr> <td>Postage \$</td> <td></td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total \$</td> <td></td> </tr> </table> FRANK GOMBOTZ 315 S RIDGELAND AVE OAK PARK, IL, 60302-3519	Postage \$		Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total \$		1. Article Addressed to: FRANK GOMBOTZ 315 S RIDGELAND AVE OAK PARK, IL, 60302-3519
Postage \$												
Certified Fee												
Return Receipt Fee (Endorsement Required)												
Restricted Delivery Fee (Endorsement Required)												
Total \$												
		2. Article Number (Copy from service label)	7000 0600 0024 3129 4501									

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

7000 0600 0024 3129 4761

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

WFC 13.569

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

Receipt
 HOWDAS AND CO
 C/O FIRST NATL BANK OF CO SPRINGS
 PO BOX 1699
 COLORADO SPRINGS, CO, 80942-0002

7000 0600 0024 3129 4464

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

WFC 13.569

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Receipt
 MARZIE J GREER
 301 WEST VINEYARD #426
 OXNARD, CA, 93030-2075

7000 0600 0024 3129 4310

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

WFC 13.569

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Receipt
 BURREL H. CRAWFORD
 303 McDONALD ROAD
 FARMINGTON, NM 87401

NOT DELIVERED:
 MAIL RETURNED

7000 0600 0024 3129 4426

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) <u>Leland Gwin</u> B. Date of Delivery <u>10/2/00</u> C. Signature <u>x Leland Gwin</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total \$		1. Article Addressed to: LELAND T AND FRANCES FERN GWIN 932 CR 220 BRECKENRIDGE, TX. 76424-7759		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☒ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Recipient Street City, State, ZIP+4® LELAND T AND FRANCES FERN 932 CR 220 BRECKENRIDGE, TX, 76424-7759		2. Article Number (Copy from service label) <u>7000 0600 0024 3129 4426</u>		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3129 4549

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) <u>LeAnna Goff</u> B. Date of Delivery <u>10-3-00</u> C. Signature <u>x LeAnna Goff</u> ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total \$		1. Article Addressed to: DUANE GOFF 1430 WELLINGTON IMPERIAL, NE, 69033		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☒ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Recipient Street City, State, ZIP+4® DUANE GOFF 1430 WELLINGTON IMPERIAL, NE, 69033		2. Article Number (Copy from service label) <u>7000 0600 0024 3129 4549</u>		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3129 4471

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	
Recipient Street, A City, State, ZIP+4® EMMA JO GREEN 79-7199 MAMALAHOA HWY HOLUALOA, HI, 96725-9702	

7000 0600 0024 3129 4457

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

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:

BARBARA A HATELY GRIFFITH
2802 BRINEGAR
COPPERAS COVE, TX, 76522-7207

2. Article Number (Copy from service label): 7000 0600 0024 3129 4457

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Barbara Griffith
B. Date of Delivery: APR 10 2000
C. Signature: X Barbara Griffith
D. Is delivery address different from item 1? ☐ Yes ☒ No
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

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

7000 0600 0024 3129 4433

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

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:

JAMES ARTHUR GRIFFITH
PO BOX 1747
STILLWATER, OK, 74076-1747

2. Article Number (Copy from service label): 7000 0600 0024 3129 4433

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Cheryl Garrett
B. Date of Delivery: APR 10 2000
C. Signature: X Cheryl Garrett
D. Is delivery address different from item 1? ☐ Yes ☒ No
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

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

7000 0600 0024 3129 4402

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

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:

HAGOOD NEW MEXICO TRUST NO 1
L S HAGOOD TRUSTEE
PO BOX 1732
DENVER, CO, 80201-1732

2. Article Number (Copy from service label): 7000 0600 0024 3129 4402

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
B. Date of Delivery: OCT 5 2000
C. Signature: X [Signature]
D. Is delivery address different from item 1? ☐ Yes ☒ No
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

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

7000 0600 0024 3129 4334

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

 Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

 Recipient
 BARBARA HANSEN
 1317 WYNDAM CR #105
 PALATINE, IL, 60056

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:

 BARBARA HANSEN
 1317 WYNDAM CR #105
 PALATINE, IL, 60056

2. Article Number (Copy from service label)

7000 0600 0024 3129 4334

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

 X Barbara Hansen ☐ 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

7000 0600 0024 3129 4518

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

 Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

 Recipient
 MAXINE GOFF
 100 S GOODDING LN
 FARMINGTON, NM, 87401-3209

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:

 MAXINE GOFF
 100 S GOODDING LN
 FARMINGTON, NM, 87401-3209

2. Article Number (Copy from service label)

7000 0600 0024 3129 4518

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

 X Maxine Goff ☐ 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

7000 0600 0024 3129 4532

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

 Postage _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

 Recipient
 LARRY R GOFF
 68 ROAD 6050
 FARMINGTON, NM, 87401-9607

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:

 LARRY R GOFF
 68 ROAD 6050
 FARMINGTON, NM, 87401-9607

2. Article Number (Copy from service label)

7000 0600 0024 3129 4532

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

 X Larry R Goff ☐ 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

7000 0600 0024 3129 8462

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

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

MANNON MARKHAM MCMULLEN
2200 BERKELEY
WICHITA FALLS, TX 76308

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:

MANNON MARKHAM MCMULLEN
2200 BERKELEY
WICHITA FALLS, TX 76308

2. Article Number (Copy from service label)

7000 0600 0024 3129 8462

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *M. M. Mullen* B. Date of Delivery *10/2/00*

C. Signature *x Mannon Markham Mullen*

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

7000 0600 0024 3129 8363

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

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

TONI AND DOUGLAS SHEPARD
20 CALVERT LANE
LANDER, WY 92520

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:

TONI AND DOUGLAS SHEPARD
20 CALVERT LANE
LANDER, WY 92520

2. Article Number (Copy from service label)

7000 0600 0024 3129 8363

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Toni and Douglas Shepard* B. Date of Delivery *10/5/00*

C. Signature *x Toni and Douglas Shepard*

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

7000 0600 0024 3129 8424

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

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

DALE SMITH
P.O. BOX 802
HUNTSVILLE, AR 72740

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:

DALE SMITH
P.O. BOX 802
HUNTSVILLE, AR 72740

2. Article Number (Copy from service label)

7000 0600 0024 3129 8424

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Dale Smith* B. Date of Delivery *10-4*

C. Signature *x Dale Smith*

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

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

7000 0600 0024 3129 8258

WFC 13.569

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

Postmark
here

ROBERT MIMS
 816 RELIANCE LIFE BUILDING
 DALLAS, TX 75201

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

7000 0600 0024 3129 8264

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



HAZEL SCHLEGEL
 709 W BOSTON AVE
 BROKEN ARROW, OK, 74012-6958

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:

HAZEL SCHLEGEL
 709 W BOSTON AVE
 BROKEN ARROW, OK, 74012-6958

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) HAZEL SCHLEGEL B. Date of Delivery 10-2-00
- C. Signature X HAZEL SCHLEGEL ☐ 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

7000 0600 0024 3129 8264

Domestic Return Receipt

102595-99-M-1789

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

7000 0600 0024 3129 8240

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

KENNETH ROBERT SCHMIDT
 6819 OAKLAWN WAY
 FAIR OAKS, CA, 95628

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:

KENNETH ROBERT SCHMIDT
 6819 OAKLAWN WAY
 FAIR OAKS, CA, 95628

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) DEANA LEE BAKER B. Date of Delivery 10-2-00
- C. Signature X DEANA LEE BAKER ☐ 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

7000 0600 0024 3129 8240

Domestic Return Receipt

102595-99-M-1789

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

7000 0600 0024 3129 8219

Postage \$ 13.569

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Postmark Here

SEP 28 2000

CR SCOTT
 PO BOX 713
 ALBUQUERQUE, NM, 87103-0713

UNDELIVERED:
 MAIL RETURNED

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

7000 0600 0024 3129 8226

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

SEP 28 2000

KATHRYN V SCHRECK TRUSTEE
 UTA DATED 11/13/89
 PO BOX 1563
 AZTEC, NM, 87410-4563

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:

KATHRYN V SCHRECK TRUSTEE
 UTA DATED 11/13/89
 PO BOX 1563
 AZTEC, NM, 87410-4563

2. Article Number (Copy from service label)

7000-0600 0024 3129 8226

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Kathryn Schreck B. Date of Delivery 9/29
- C. Signature Kathryn Schreck ☐ 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

Domestic Return Receipt

102595-99-M-1789

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

7000 0600 0024 3129 8080

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

SEP 28 2000

VIOLET MAY ROBERTS ESTATE
 EVELYN REES CRUGER EXRX
 PO BOX 2202
 NORTH BABYLON, NY, 11703-0202

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:

VIOLET MAY ROBERTS ESTATE
 EVELYN REES CRUGER EXRX
 PO BOX 2202
 NORTH BABYLON, NY, 11703-0202

2. Article Number (Copy from service label)

7000-0600 0024 3129 8080

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Ed Cruger B. Date of Delivery
- C. Signature Ed Cruger ☐ 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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8059

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

Postage \$
Certified Fee \$ 2.00
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

RORSCHACH WHITAKER FAMILY TRU:
BANK OF OKLAHOMA NA TRUSTEE
PO BOX 1588
TULSA, OK, 74101-1588

SENDER: [Redacted]

ACTION ON DELIVERY

■ 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:

BARBRA HEFNER ROSE
PO BOX 2171
FARMINGTON, NM, 87499-2171

2. Article Number (Copy from service label):
7000 0600 0024 3129 8059

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): Barbra Rose
B. Date of Delivery: 9-29
C. Signature: [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

7000 0600 0024 3129 8141

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

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

CAROL ROBINSON
2012 ALDRICH
DOWNERS GROVE, IL, 60516-2307

SENDER: [Redacted]

ACTION ON DELIVERY

■ 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:

CATHERINE ROSS
3000 FRONTIER PL N E
ALBUQUERQUE, NM, 87106-2037

2. Article Number (Copy from service label):
7000 0600 0024 3129 8035

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): A. Everett Ross
B. Date of Delivery: 9-29-00
C. Signature: [Signature]
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

7000 0600 0024 3129 8523

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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

ELIZABETH MATICK
801 WEST LONG LAKE ROAD E-3
BLOMFELD HILLS, MI, 48302-2059

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:

ELIZABETH MATICK
801 WEST LONG LAKE ROAD E-3
BLOMFELD HILLS, MI, 48302-2059

2. Article Number (Copy from service label)

PS Form 3811, July 1999

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 8523

Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9025

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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

MARATHON OIL COMPANY
DEPT 0882
P O BOX 120001
DALLAS, TX, 75312-0882

SENDER

■ 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:

MARATHON OIL COMPANY
DEPT 0882
P O BOX 120001
DALLAS, TX, 75312-0882

2. Article Number (Copy from service label)

PS Form 3811, July 1999

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 9025

Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6116

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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

T STANLEY SENTER
2823 SW 347 ST
FEDERAL WAY, WA, 98023-3038

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:

T STANLEY SENTER
2823 SW 347 ST
FEDERAL WAY, WA, 98023-3038

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 6116

Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 5843

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

Postage \$ 1.50
 Certified Fee 0.50
 Return Receipt Fee (Endorsement Required) 0.50
 Restricted Delivery Fee (Endorsement Required) 0.50

H H AND EVELYN V SMITH TRUST
 EVELYN V SMITH TRUSTEES
 5441 US HIGHWAY 64
 FARMINGTON, NM, 87401-1550

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:

H H AND EVELYN V SMITH TRUST
 EVELYN V SMITH TRUSTEES
 5441 US HIGHWAY 64
 FARMINGTON, NM, 87401-1550

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) Ralph Panton B. Date of Delivery SEP 10 2000
- C. Signature X Ralph Panton
- 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

Domestic Return Receipt

102595-99-44-1788

7000 0600 0024 3129 5812

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

Postage \$ 1.50
 Certified Fee 0.50
 Return Receipt Fee (Endorsement Required) 0.50
 Restricted Delivery Fee (Endorsement Required) 0.50

R BIXBY SMITH
 6896 STONEWOOD CT
 EDEN PRAIRIE, MN, 55346-2946

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:

BIXBY SMITH
 96 STONEWOOD CT
 EDEN PRAIRIE, MN, 55346-2946

2. Article Number (Copy from service label)

PS Form 3811, July 1999

- A. Received by (Please Print Clearly) IK SMITH B. Date of Delivery 10-7-00
- C. Signature X IK Smith
- 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

Domestic Return Receipt

102595-99-44-1788

7000 0600 0024 3130 0080

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

Postage \$ 1.50
 Certified Fee 0.50
 Return Receipt Fee (Endorsement Required) 0.50
 Restricted Delivery Fee (Endorsement Required) 0.50

ESTER STERLING KITCHENS
 3860 NORTH BUTLER #6
 FARMINGTON, NM, 87401-2345

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:

ESTER STERLING KITCHENS
 3860 NORTH BUTLER #6
 FARMINGTON, NM, 87401-2345

2. Article Number (Copy from service label)

PS Form 3811, July 1999

- A. Received by (Please Print Clearly) ESTER KITCHENS B. Date of Delivery SEP 10 2000
- C. Signature X Ester Kitchens
- 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

Domestic Return Receipt

102595-99-44-1788

7000 0600 0024 3129 8646

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

WPC 13.9

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

PAUL LANSING
 750 ARMETHO DR
 CAMP VERDE, AZ, 86322

SENDER'S INFORMATION

■ 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 this card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAUL LANSING
 750 ARMETHO DR
 CAMP VERDE, AZ, 86322

2. Article Number (Copy from service label)
 7000 0600 0024 3129 8646

PS Form 3811, July 1999

RECIPIENT'S INFORMATION

A. Received by (Please Print Clearly) PAUL LANSING
 B. Date of Delivery 07/03/99
 C. Signature [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

Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3130 0103

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

WPC 13.9

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

MARYAN KLINGER REVOCABLE TRUST
 ROBERT W KLINGER SUCCESSOR TRUSTEE
 1788 MONTY COURT
 STOCKTON, CA, 95207

SENDER'S INFORMATION

■ 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 this card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JANE C MANETZKE
 301 SUNSET
 POTOSI, MO, 63664-1659

2. Article Number (Copy from service label)
 7000 0600 0024 3129 9018

PS Form 3811, July 1999

RECIPIENT'S INFORMATION

A. Received by (Please Print Clearly) JANE C MANETZKE
 B. Date of Delivery 07/03/99
 C. Signature [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

Domestic Return Receipt 102595-99-M-1789

1410 DETE 4200 0070 0000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover...)

SENDER

- 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.

SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 10/2/00

C. Signature X James H. [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

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

1. Article Addressed to:

MILDRED LAFEVER
646 LOIS ST
CLIFTON, CO, 81520-7508

2. Article Number (Copy from service label) 7000 0600 0024 3130 0141

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

1410 DETE 4200 0070 0000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover...)

SENDER

- 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.

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cheryl Garrett B. Date of Delivery SEP 10-3-00

C. Signature X Cheryl Garrett ☐ 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

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

1. Article Addressed to:

NANCY E KRAMER
PO BOX 1747
STILLWATER, OK, 74076-1747

2. Article Number (Copy from service label) 7000 0600 0024 3130 0134

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

1410 DETE 4200 0070 0000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover...)

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.

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Tom Knight ☐ 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

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

1. Article Addressed to:

JOYCE A KNIGHT
9058 FOUR MILE ROAD
EAST LEROY, MI, 49051-9750

2. Article Number (Copy from service label) 7000 0600 0024 3130 0116

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

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

Postage \$ 1.14
Certified Fee .25
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 1.39

GEORGE A AND ANNE L MADRID
JOINT TENANTS WROS
4705 SUNRISE CIR
FARMINGTON, NM, 87401-9299

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 special permits.

1. Article Addressed to:

GEORGE A AND ANNE L MADRID
JOINT TENANTS WROS
4705 SUNRISE CIR
FARMINGTON, NM, 87401-9299

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

SECTION ON DELIVERY

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

GEORGE A MADRID

C. Signature

George A Madrid ☐ 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

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

Postage \$ 1.14
Certified Fee .25
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 1.39

UNITED PIPE AND SUPPLY CO INC
3622 RANCH CREEK DR
AUSTIN, TX, 78730-3701

- 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 special permits.

1. Article Addressed to:

UNITED PIPE AND SUPPLY CO INC
3622 RANCH CREEK DR
AUSTIN, TX, 78730-3701

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

SECTION ON DELIVERY

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

S SAIKEN

C. Signature

S SAIKEN ☐ 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

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

Postage \$ 1.14
Certified Fee .25
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 1.39

JUNE M KRAKEL AND RICK KRAKEL
JOHN H KRAKEL AND JAMES D KRAKEL
PO BOX 120
RED FEATHER LAKES, CO, 80545-

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 special permits.

1. Article Addressed to:

JUNE M KRAKEL AND RICK KRAKEL
JOHN H KRAKEL AND JAMES D KRAKEL
PO BOX 120
RED FEATHER LAKES, CO, 80545-0120

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

SECTION ON DELIVERY

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

JO. McMillon

C. Signature

JO. McMillon ☐ 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

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

7000 0600 0024 3129 4686

WFC 13

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

1. Article Addressed to:

WENDY WESCH THOMPSON
123 GLENVIEW ST
SANTA CRUZ, CA, 95062-3457

2. Article Number (Copy from service label) 7000 0600 0024 3129 4686

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

OPTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery OCT 5 2000

C. Signature x Wendy Thompson ☐ 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

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

7099 3400 0007 7003 6803

Article Number 13.569

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

1. Article Addressed to:

SHIRLEY JOYCE PETERS
3601 W LINCOLN AVE
SACRAMENTO, CA, 95818-4162

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

7000 0600 0024 3129 4877

13.5

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

1. Article Addressed to:

CHARLES R WIGGINS
PO BOX 10862
MIDLAND, TX, 79702-7862

2. Article Number (Copy from service label) 7000 0600 0024 3129 4877

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

NOTE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery OCT 9 2000

C. Signature x Charles R. Wiggins ☐ 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

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

7000 0600 0024 3129 4693

WFC

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

1. Article Addressed to:
TEXACO EXPLORATION AND PROD INC
C/O TEXAS COMMERCE BANK
PO BOX 200778
HOUSTON, TX, 77216-0778

2. Article Number (Copy from service label) 7000 0600 0024 3129 4693

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

A. Received by (Please Print Clearly) B. Date of Delivery
OCT 02 2000

C. Signature Jimmy Pinkney

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

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

7000 0600 0024 3129 5188

WFC 13

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

1. Article Addressed to:
GARY DEAN VANDEVER
PO BOX 242
AZTEC, NM, 87410-0242

2. Article Number (Copy from service label) 7000 0600 0024 3129 5188

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

A. Received by (Please Print Clearly) B. Date of Delivery
Gary Vandever 10-2-00

C. Signature Gary Vandever

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

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

7099 3400 0007 7003 6858

WFC 15

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

1. Article Addressed to:
PETTY DEVELOPMENT COMPANY
C/O NEUMAN C PETTY
2001 S WINDSOR ST
SALT LAKE CITY, UT, 84105-3223

2. Article Number (Copy from service label) 7099 3400 0007 7003 6858

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

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

C. Signature Neuman C Petty

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

7000 0600 0024 3129 4884

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

Article Number to: WFC 1

Postage \$ 1.35

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 1.35

Recd: C.R. WHITTAKER
 Street: 31750 MACHADO ST SPACE 61
 City: LAKE ELSINORE, CA, 92530-5165

1. Article Addressed to:

2. Article Number (Copy from service label) 7000 0600 0024 3129 4884

PS Form 3811, July 1999

3. THE FOLLOWING DELIVERY

A. Received by (Please Print Clearly) C.R. WHITTAKER

B. Date of Delivery 10-13-00

C. Signature X C.R. Whittaker

D. Is delivery address different from item 1? ☐ Yes ☒ No

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

7099 3400 0007 7003 6872

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

Article Number to: WFC 1

Postage \$ 1.35

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 1.35

R.L. PIERCE TRUST
 C/O BETTY J CAPPS
 3915 CHESTER
 SPENCER, OK, 73084-2809

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3400 0007 7003 6872

PS Form 3811, July 1999

3. THE FOLLOWING DELIVERY

A. Received by (Please Print Clearly) Betty J Capps

B. Date of Delivery 10/3/00

C. Signature X Betty J Capps

D. Is delivery address different from item 1? ☐ Yes ☒ No

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

7099 3400 0007 7003 6889

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

Article Number to: WFC 13.869

Postage \$ 1.35

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 1.35

DANIEL C PIRTLE
 1150 8TH AVE SW AOT 2809
 LARGO, FL, 33770-3193

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3400 0007 7003 6889

PS Form 3811, July 1999

3. THE FOLLOWING DELIVERY

A. Received by (Please Print Clearly) DANIEL C PIRTLE

B. Date of Delivery 10/3/00

C. Signature X Daniel C Pirtle

D. Is delivery address different from item 1? ☐ Yes ☒ No

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

7099 3220 0005 9420 0417

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: WFC		1. Article Addressed to: CECILIA A GALLEGOS PO BOX 14 IGNACIO, CO, 81137-0014		A. Received by (Please Print Clearly) 10/10/99 B. Date of Delivery	
Postage: \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$		2. Article Number (Copy from service label) 7000 0600 0024 3130 0417		C. Signature X Cecilia A Gallegos ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Name: SYBIL TYRRELL PATTEN Street: 333 TEXAS ST STE 1120 City: SHREVEPORT, LA, 71101-3679 PS Form 3811, July 1999		Domestic Return Receipt		102595-99-M-1789	

7000 0600 0024 3129 4969

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: WFC		1. Article Addressed to: VASTAR RESOURCES, INC. LAND ADMINISTRATION DEPT. P.O. BOX 201690 HOUSTON, TX 77216-1690		A. Received by (Please Print Clearly) 06/02/2001 B. Date of Delivery	
Postage: \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$		2. Article Number (Copy from service label) 7000 0600 0024 3129 4969		C. Signature Jimmy Pinkney ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Name: VASTAR RESOURCES, INC. Street: LAND ADMINISTRATION DEPT. City: P.O. BOX 201690 PS Form 3811, July 1999		Domestic Return Receipt		102595-99-M-1789	

7099 3400 0007 7003 6865

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Article Sent To: WFC		1. Article Addressed to: MARTIN AND BEVERLY PIERCE REV TR PO BOX 4140 FARMINGTON, NM, 87499-4140		A. Received by (Please Print Clearly) 07/14/05 B. Date of Delivery	
Postage: \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$		2. Article Number (Copy from service label) 7099 3400 0007 7003 6865		C. Signature Bill M... ☐ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Name: MARTIN AND BEVERLY PIERCE REV TR Street: PO BOX 4140 City: FARMINGTON, NM, 87499-4140 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)

7000 0600 0024 3129 7076

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

WFC

STATE OF NEW MEXICO
STATE HIGHWAY COMMISSION
1120 CERRILLOS RD
SANTA FE, NM, 87501-4142

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:

STATE OF NEW MEXICO
STATE HIGHWAY COMMISSION
1120 CERRILLOS RD
SANTA FE, NM, 87501-4142

2. Article Number (Copy from service label) 7000 0600 0024 3129 7076

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Upe ☒ Agent ☐ Addressee

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

SEP 29 2000

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)

7000 0600 0024 3129 7045

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

WFC

DARRELL ERVIN NEEDHAM
909 INNESS CT
PALISADE, CO, 81526-8657

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:

DARRELL ERVIN NEEDHAM
909 INNESS CT
PALISADE, CO, 81526-8657

2. Article Number (Copy from service label) 7000 0600 0024 3129 7045

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Darrell Needham 10-2-00

C. Signature X Darrell Needham ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
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

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

7000 0600 0024 3129 5676

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

WFC

BECKIE RENE STARK
12 COUNTY ROAD 5467
NBU 3041 - A
FARMINGTON, NM, 87401-1420

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:

BECKIE RENE STARK
12 COUNTY ROAD 5467
NBU 3041 - A
FARMINGTON, NM, 87401-1420

2. Article Number (Copy from service label) 7000 0600 0024 3129 5676

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Beckie Stark

C. Signature X Beckie Stark ☐ Agent ☐ Addressee

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

SEP 29 2000

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 5669

U.S. Postal Service
CERTIFIED MAIL REC
(Domestic Mail Only, No Insurance)

WFC 1

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

STERLING PRODUCTION AND DEVELOPMENT LTD CO
PO BOX 1119
AZTEC, NM, 87410-1119

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:

STERLING PRODUCTION AND DEVELOPMENT LTD CO
PO BOX 1119
AZTEC, NM, 87410-1119

2. Article Number (Complete if Restricted Delivery is desired)

PS Form 3811, July 1999

ADDRESSEE COMPLETE THIS SECTION

A. Received by (Please Print Clearly) **Cathy Sterling** B. Date of Delivery **9-20-99**

C. Signature **Cathy Sterling** ☐ 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 ☐ No

7000 0600 0024 3129 5355

U.S. Postal Service
CERTIFIED MAIL REC
(Domestic Mail Only, No Insurance)

WFC 13

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

T W K PROPERTIES
145 E UNIVERSITY STE 1
MESA, AZ, 85201-5945

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:

T W K PROPERTIES
145 E UNIVERSITY STE 1
MESA, AZ, 85201-5945

2. Article Number (Complete if Restricted Delivery is desired)

PS Form 3811, July 1999

ADDRESSEE COMPLETE THIS SECTION

A. Received by (Please Print Clearly) **10-2-00** B. Date of Delivery

C. Signature **Karen Denton** ☐ 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 ☐ No

7000 0600 0024 3129 4808

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

WFC 13569

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

Total

Postmark Here

Receipt: LUCILLE HINSHAW POWELL
PO BOX 871
Street: PONCA CITY, OK, 74602-0871
City: S

NOT DELIVERED
MAIL RETURNED

7000 0600 0024 3129 6017

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

ENOS JAMES STRAWN AND
DOROTHY BATES STRAWN
183 3RD AVE
CHULA VISTA, CA, 91910

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:

ENOS JAMES STRAWN AND
DOROTHY BATES STRAWN
183 3RD AVE
CHULA VISTA, CA, 91910

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature
- D. Is delivery address different from item 1? ☐ 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

1000 0600 0024 3129 6017

Domestic Return Receipt

102595-99-M-1799

7000 0600 0024 3129 7304

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

HAROLD SENFF
RURAL ROUTE #1
BANNER, WY 82832

Postmark Here

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:

LUCILLE D SIGMON
701 SILVER LAKE RD
FENTON, MI, 48430-2622

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature
- D. Is delivery address different from item 1? ☐ 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

1000 0600 0024 3129 5645

Domestic Return Receipt

102595-99-M-1799

7000 0600 0024 3129 5553

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

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

Recd
LANA C SLOUBER
P O BOX 427
BUTTE, MT, 59703-0427

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:

LANA C SLOUBER
P O BOX 427
BUTTE, MT, 59703-0427

2. Article Number (Copy from service label)

PS Form 3811, July 1998

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
CCT 2 2000

C. Signature
X
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

7000 0600 0024 3129 5553

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 4815

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

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

Recd
PHYLLIS ANN PORCH
329 E 6TH
CLAREMORE, OK, 74017-7227

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:

PHYLLIS ANN PORCH
329 E 6TH
CLAREMORE, OK, 74017-7227

2. Article Number (Copy from service label)

PS Form 3811, July 1998

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X
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

7000 0600 0024 3129 4815

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 5096

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

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

Recd
PEGGY MCGLOTHLIN
110 EASTWOOD DRIVE
CRAB ORCHARD, WV 25827

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:

PEGGY MCGLOTHLIN
110 EASTWOOD DRIVE
CRAB ORCHARD, WV 25827

2. Article Number (Copy from service label)

PS Form 3811, July 1998

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
10-3-00

C. Signature
X
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

7000 0600 0024 3129 5096

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 6208

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

WFC 13

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

JEAN M SHUMATE
528 MORAN AVE
MULLENS, WV, 25882-1528

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:

JEAN M SHUMATE
528 MORAN AVE
MULLENS, WV, 25882-1528

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery 10-3-00

C. Signature
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

7000 0600 0024 3129 6192

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

WFC 13.S

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

DALE C SIGMON
1202 GEORGETOWN PKWY
FENTON, MI, 48430-3270

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:

DALE C SIGMON
1202 GEORGETOWN PKWY
FENTON, MI, 48430-3270

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) CORBETT DALE S. 10-3-00
B. Date of Delivery

C. Signature
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

7000 0600 0024 3129 5300

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

WFC

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

JAMES M STEWART REV LIVING TRST
JAMES M STEWART TRSTE U/T/D 1-12-96
700 PRESTON TRAIL
WICHITA, KS, 67230

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:

JAMES M STEWART REV LIVING TRUST
JAMES M STEWART TRSTE U/T/D 1-12-96
700 PRESTON TRAIL
WICHITA, KS, 67230

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JAMES A. STEWART 10-02-00
B. Date of Delivery

C. Signature
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

7000 0600 0024 3129 5362

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

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

To
 Rec SYLVIA J SZAKACS
 PO BOX 119
 CAPUTA, SD, 57725-0119
 City

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:
 SYLVIA J SZAKACS
 PO BOX 119
 CAPUTA, SD, 57725-0119

2. Article Number (Copy from service label)
 1000 0600 0024 3129 5362

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 Sylvia J Szakacs
 B. Date of Delivery
 10/2/00

C. Signature
 X *Sylvia J Szakacs*

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

7000 0600 0024 3129 5294

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

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

To
 Rec KELLY FITTING STEWART
 11197 PAISANO LANE
 SAN ANGELO, TX, 76904
 City

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:
 KELLY FITTING STEWART
 11197 PAISANO LANE
 SAN ANGELO, TX, 76904

2. Article Number (Copy from service label)
 1000 0600 0024 3129 5294

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 Kelly Stewart
 B. Date of Delivery
 OCT 12 2000

C. Signature
 X *Kelly Stewart*

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

7000 0600 0024 3129 5751

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

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

To
 Rec DELORIS SPRINGFIELD
 8346 MOON CT
 ALTA LOMA, CA, 91701-2627
 City

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:
 DELORIS SPRINGFIELD
 8346 MOON CT
 ALTA LOMA, CA, 91701-2627

2. Article Number (Copy from service label)
 1000 0600 0024 3129 5751

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
 Deloris Springfield
 B. Date of Delivery
 10/3/00

C. Signature
 X *Deloris Springfield*

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

7000 0600 0024 3129 8356

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		ON DELIVERY	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$		1. Article Addressed to: JANET SHEPARD 20 CALVERT LANE LANDER, WY 82520		A. Received by (Please Print Clearly) B. Date of Delivery 10/5/00	
JANET SHEPARD 20 CALVERT LANE LANDER, WY 82520		2. Article Number (Copy from service label) 7000 0600 0024 3129 8356		C. Signature X Janet Shepard 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	

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-44-1789

1515 6212 4200 0000 0024 3129 9513

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		ON DELIVERY	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$		1. Article Addressed to: JOYCE L CORDES 141 ST FRANCIS APT #2 RAPID CITY, SD 57701-5571		A. Received by (Please Print Clearly) B. Date of Delivery 10-2-00	
JOYCE L CORDES 141 ST FRANCIS APT #2 RAPID CITY, SD 57701-5571		2. Article Number (Copy from service label) 7000 0600 0024 3129 9513		C. Signature X Joyce L. Cordes 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	

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-44-1789

7000 0600 0024 3129 6604

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	
WOOD OIL COMPANY DEPT. 19 TULSA, OK 74182	

WFC 13.569

Postmark Here

7000 0600 0024 3129 4990

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

WPC 13

Postage: _____
Certified Fee: _____
Return Receipt Fee (Endorsement Required): _____
Restricted Delivery Fee (Endorsement Required): _____
Total: _____

1. Article Addressed to:

RICHARD WELTON
634 E DEWBERRY
OMAK, WA, 98841

2. Article Number (Copy from service label)
7000 0600 0024 3129 4990

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 _____

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

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

7000 0600 0024 3130 0073

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

WPC 13-SG

Postage: _____
Certified Fee: _____
Return Receipt Fee (Endorsement Required): _____
Restricted Delivery Fee (Endorsement Required): _____
Total: _____

1. Article Addressed to:

ALBERT AND DIANE KIRCHNER
8911 KNOLLWOOD DR
EDEN PRAIRIE, MN, 55347-1723

2. Article Number (Copy from service label)
7000 0600 0024 3130 0073

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 _____

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

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

7099 3400 0007 7003 6643

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

WPC 13-SG

Postage: _____
Certified Fee: _____
Return Receipt Fee (Endorsement Required): _____
Restricted Delivery Fee (Endorsement Required): _____
Total: _____

1. Article Addressed to:

JODY L DILLON
10854 N 60TH AVE #3088
GLENDALE, AZ, 85304-3794

2. Article Number (Copy from service label)
7000 0600 0024 3130 0073

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 _____

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

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

NOT DELIVERED
MAIL RETURNED

7000 0600 0024 3129 8479

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
Postage \$		■ 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: EH WEIG, TRUSTEE WEIG FAMILY TRUST 6633 MINNEHAHA AVE. LINCOLNWOOD, IL 60646	A. Received by (Please Print Clearly) <u>EH WEIG</u> B. Date of Delivery <u>OCT 4 2000</u>
Certified Fee			C. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee
Return Receipt Fee (Endorsement Required)			D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:
Restricted Delivery Fee (Endorsement Required)			3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Total Postage & Fees \$		4. Restricted Delivery? (Extra Fee) ☐ Yes	
EH WEIG, TRUSTEE WEIG FAMILY TRUST 6633 MINNEHAHA AVE. LINCOLNWOOD, IL 60646		2. Article Number (Copy from sender label) <u>1000 0600 0024 3129 8479</u>	

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

7000 0600 0024 3129 6413

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
JAMES D. PAWILCKI PERS. REP. JEAN SNAJDER ESTATE 1546 E. THIRD AVE. MESA, AZ 85204	

Postmark Here

7000 0600 0024 3129 6673

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION	ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY
Postage \$		■ 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: FOUR STAR OIL & GAS CO. P.O. BOX 20077 HOUSTON, TX 77216-0778	A. Received by (Please Print Clearly) <u>OCT 02 2000</u> B. Date of Delivery <u>OCT 02 2000</u>
Certified Fee			C. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee
Return Receipt Fee (Endorsement Required)			D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:
Restricted Delivery Fee (Endorsement Required)			3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Total Postage & Fees \$		4. Restricted Delivery? (Extra Fee) ☐ Yes	
FOUR STAR OIL & GAS CO. P.O. BOX 20077 HOUSTON, TX 77216-0778		2. Article Number (Copy from sender label) <u>1000 0600 0024 3129 6673</u>	

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

7000 0600 0024 3129 6468

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

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

JERRY C. RYAN
 401 N. MICHIGAN AVE., SUITE 1900
 CHICAGO, IL 60611-4206

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:

JERRY C. RYAN
 401 N. MICHIGAN AVE., SUITE 1900
 CHICAGO, IL 60611-4206

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 10-3-00
- C. Signature
 X [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

7000 0600 0024 3129 6475

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

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

H.K. RIDDLE
 BOX 13326
 ALBUQUERQUE, NM 87104

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:

H.K. RIDDLE
 BOX 13326
 ALBUQUERQUE, NM 87104

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 05/00
- C. Signature
 X [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

7000 0600 0024 3129 6444

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

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

JANET BARR FITTING
 ROBERT D. FITTING ESTATE
 P.O. BOX 50582
 MIDLAND, TX 79710-0582

SENDER:

- 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:

JANET BARR FITTING
 ROBERT D. FITTING ESTATE
 P.O. BOX 50582
 MIDLAND, TX 79710-0582

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 10-2
- C. Signature
 X [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 7114

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

Article Sent to: **WFC 13**

Postage \$ **5.50**

Certified Fee **0.50**

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

JOSEPH SHELBY PUCKETT
3215 EAGLES KNOLL CT
KATY, TX, 77494-7572

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:

JOSEPH SHELBY PUCKETT
3215 EAGLES KNOLL CT
KATY, TX, 77494-7572

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Joseph Puckett** B. Date of Delivery **10/3/00**

C. Signature **X [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

2. Article Number (Copy from service label) **7099 3400 0007 7003 7114**

7000 0600 0024 3129 6666

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

Article Sent to: **WFC**

Postage \$ **2.50**

Certified Fee **0.50**

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees **3.00**

EUNICE SONNAMAKER
P.O. BOX 862
SHERIDAN, WY 82801-9609

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:

EUNICE SONNAMAKER
P.O. BOX 862
SHERIDAN, WY 82801-9609

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Eunice Sonnamaker** B. Date of Delivery **10-3-00**

C. Signature **X [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

2. Article Number (Copy from service label) **7000 0600 0024 3129 6666**

7000 0600 0024 3129 6659

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

Article Sent to: **WFC**

Postage \$ **2.50**

Certified Fee **0.50**

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

JOHN H. TRIGG
P.O. BOX 520
ROSWELL, NM 88201

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:

JOHN H. TRIGG
P.O. BOX 520
ROSWELL, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **John H. Trigg** B. Date of Delivery **10/3**

C. Signature **X [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

2. Article Number (Copy from service label) **7000 0600 0024 3129 6659**

7000 0600 0024 3129 6765

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		SENDER - COMPLETE THIS SECTION		RECIPIENT - COMPLETE THIS SECTION	
Postage	\$	☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		A. Recipient by Please Print Name and Date of Delivery:	
Certified Fee		☒ Print your name and address on the reverse so that we can return the card to you.		C. Signature	
Return Receipt Fee (Endorsement Required)		☒ Attach this card to the back of the mailpiece, or on the front if space permits.		D. Is delivery address different from item 12? ☐ Yes ☒ No	
Restricted Delivery Fee (Endorsement Required)		1. Article Addressed to:		3. Service Type	
Total Postage & Fees	\$	EMMA CLOW 220 NE 7 TH HERMISTON, OR 97838		☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		2. Article Number (Copy from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-44-1788

7000 0600 0024 3129 6765

7000 0600 0024 3129 8394

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

WFC 13.569

INNIS LAWRENCE PENCARRICK
810 VICTORIA DRIVE
VANCOUVER, BC
V5L 4B7 CANADA

7000 0600 0024 3129 6697

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

WFC 13.569

WALTER E. RADEACKAR, JR.
P.O. BOX 260
CEDAR HILL, MO 63016

7000 0600 0024 3129 4754

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

WFC 13.569

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

Postmark Here

EARMIE HERSCHEL HUGHES ESTATE
CHARLOTTE HUGHES PERSONAL REP
5559 US HWY 64
FARMINGTON, NM, 87401-1578

NOT DELIVERED -
MAIL RETURNED

7000 0600 0024 3129 4488

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

WFC

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

To: JOSEPH E AND TWILA M GOODDING
1009 CRESTVIEW CIR
FARMINGTON, NM, 87401-9142

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:

JOSEPH E AND TWILA M GOODDING
1009 CRESTVIEW CIR
FARMINGTON, NM, 87401-9142

2. Article Number (Copy from service tag): *7000 0600 0024 3129 4488*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): *Twila Goodding*

B. Date of Delivery: *10-1-00*

C. Signature: *Twila Goodding*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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

7000 0600 0024 3129 4778

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

WFC

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

To: HELEN VIRGINIA JACKSON
P.O. BOX 1391
BAYFIELD, CO 81122

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:

HELEN VIRGINIA JACKSON
P.O. BOX 1391
BAYFIELD, CO 81122

2. Article Number (Copy from service tag): *7000 0600 0024 3129 4778*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): *Virginia Jackson*

B. Date of Delivery: *10-1-00*

C. Signature: *Virginia Jackson*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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

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

7000 0600 0024 3129 5126

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

Article Sent to:
 Recipient's Name: CONNIE DUSTIN WARNER
 Street: 1770 N COUNTRY CIR
 City: CENTERVILLE, UT, 84014-1069

1. Article Addressed to:
 CONNIE DUSTIN WARNER
 1770 N COUNTRY CIR
 CENTERVILLE, UT, 84014-1069

2. Article Number (Copy from service label): 7000 0600 0024 3129 5126

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Received by (Please Print Clearly): Connie Dustin Warner
 B. Date of Delivery: 10-2-00
 C. Signature: [Signature]
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-44-1789

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

7000 0600 0024 3129 4730

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

Article Sent to:
 Recipient's Name: HUGOTON ENERGY CORP.
 Street: MINERALS ACCOUNT
 City: C/O ENCORP INC
 1313 N WEBB RD STE 240
 WICHITA, KS, 67206-4077

Postmark Here

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-44-1789

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

7099 3400 0007 7003 6841

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

Article Sent to:
 Recipient's Name: PETROLEUM SYNERGY GROUP INC
 Street: ATTENTION THOMAS D GUNDERSEN
 City: 1801 BROADWAY STE 800
 DENVER, CO, 80202-3836

1. Article Addressed to:
 PETROLEUM SYNERGY GROUP INC
 ATTENTION THOMAS D GUNDERSEN
 1801 BROADWAY STE 800
 DENVER, CO, 80202-3836

2. Article Number (Copy from service label): 7099 3400 0007 7003 6841

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Received by (Please Print Clearly): LINDA BALTAZAR
 B. Date of Delivery: 10-2
 C. Signature: [Signature]
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-44-1789

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

7000 0600 0024 3129 4600

WFC 13.569

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

Postmark Here

Re
 DAVID C TYRRELL JR
 4625 GREENVILLE AVE STE 203
 DALLAS, TX, 75206-5044

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

7000 0600 0024 3129 8967

WFC 13.

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

SENDER

1. Article Addressed to:
 JOSEPH L AND BILLIE SUE MILLER
 418 E ORAIBI DR
 PHOENIX, AZ, 85024-1626

2. Article Number (Copy from service label) 7000 0600 0024 3129 8967

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED BY SECTION ON DELIVERY

A. Received by (Print Name Clearly) B. Date of Delivery 10.2

C. Signature
 X Billie Sue Miller / Addressee
☐ Agent
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-44-1799

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

7000 0600 0024 3129 5607

WFC 13.569

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

Postmark Here

Re
 CHARLES P SINIAHO
 445 PLEASANT ST
 HOLYOKE, MA, 01040-2528

7000 0600 0024 3130 0790

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

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:

RICHARD M FULSAAS
1417 W KIERNAN AVE
SPOKANE, WA, 99205-2640

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) R.M. FULSAAS B. Date of Delivery 10-3-00

C. Signature [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

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-44-1799

7000 0600 0024 3129 5591

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

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:

DONALD C SITTA
PO BOX 993
FARMINGTON, NM, 87499-0993

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D.C. SITTA B. Date of Delivery SEP 29 2000

C. Signature [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

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-44-1799

7000 0600 0024 3129 6826

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

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:

ROBERT L MILLER JR
222 SPRING ST
MOOREFIELD, WV, 26836-1033

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 10-4

C. Signature [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

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-44-1799

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		SENDER	SECTION ON DELIVERY
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees		1. Article Addressed to: LOCKEY M MILLER 526 MORAN AVE MULLENS, WV, 25882-1528	A. Received by (Please Print Clearly) B. Date of Delivery 10-3-00 C. Signature <i>Dean Shumatz</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No E. Agent ☐ Addressee ☐
2. Article Number (Copy from service label) 7000 0600 0024 3129 6789		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
LOCKEY M MILLER 526 MORAN AVE MULLENS, WV, 25882-1528		PS Form 3811, July 1999 Domestic Return Receipt 102506-90-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
WFC 13.569	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
TAM B MILLER, DECD. PO BOX 24 HERNDON, WV, 24726-0024	

NOT DELIVERED -
MAIL RETURNED

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
WFC 13.569	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
RUBY TATE MILLER PO BOX 364 MULLENS, WV, 25882-0364	

7000 0600 0024 3129 8882

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

WFC 13

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

Re: **THOMAS F MCKENNA CREDIT SHL**
 Str: **JANE E MCKENNA TRUSTEE**
 City: **1006 BERNALILLO PLACE SE**
ALBUQUERQUE, NM, 87123-4144

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:
THOMAS F MCKENNA CREDIT SHLTER TR
JANE E MCKENNA TRUSTEE
1006 BERNALILLO PLACE SE
ALBUQUERQUE, NM, 87123-4144

2. Article Number (Copy from service label) **7000 0600 0024 3129 8882**

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JANE E. MCKENNA** B. Date of Delivery **10/7**
 C. Signature **JANE E. MCKENNA**
☒ 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 ☒ No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8561

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

WFC

Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Re: **RONALD L MCCARTY**
 Str: **3960 92ND DR**
 City: **DES MOINES, IA, 50322-2100**

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:
RONALD L MCCARTY
3960 92ND DR
DES MOINES, IA, 50322-2100

2. Article Number (Copy from service label) **7000 0600 0024 3129 8561**

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Ronald L. McCarty** B. Date of Delivery **10/7/00**
 C. Signature **Ronald L. McCarty**
☐ 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 ☒ No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0646

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

WFC

Return Receipt Fee (Endorsement Required) **28**
 Restricted Delivery Fee (Endorsement Required) **2.40**
 Total Postage & Fees **2.68**

Re: **LILLIE RICKETTS FITZHUGH**
 Str: **2604 CRESTVIEW**
 City: **LAS CRUCES, NM, 88011-4508**

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:
LILLIE RICKETTS FITZHUGH
2604 CRESTVIEW
LAS CRUCES, NM, 88011-4508

2. Article Number (Copy from service label) **7000 0600 0024 3130 0646**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Lillie R. Fitzhugh** B. Date of Delivery **7/30**
 C. Signature **Lillie R. Fitzhugh**
☐ 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 ☒ No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5072

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

Postage \$1.85 50¢
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

RICHARD HENRY RHODES
 3118 RIO GRANDE BLVD NW
 ALBUQUERQUE, NM, 87107-3030

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:

RICHARD HENRY RHODES
 3118 RIO GRANDE BLVD NW
 ALBUQUERQUE, NM, 87107-3030

2. Article Number (Copy from service label)

1000 0600 0024 3129 5072

PS Form 3811, July 1998

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **RH RHODES** B. Date of Delivery **9-30-00**

C. Signature **x RH Rhodes** ☐ 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

7000 0600 0024 3129 5768

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

Postage \$1.50
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

SHIRLEY A SOWERS
 833 ENATI WAY
 FOX ISLAND, WA, 98333-9721

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:

SHIRLEY A SOWERS
 833 ENATI WAY
 FOX ISLAND, WA, 98333-9721

2. Article Number (Copy from service label)

1000 0600 0024 3129 5768

PS Form 3811, July 1998

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Shirley A Sowers** B. Date of Delivery **10-2-00**

C. Signature **x Shirley Sowers** ☐ 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

7000 0600 0024 3129 5744

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

Postage \$1.50
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

KYLE L STALLINGS
 PO BOX 10217
 MIDLAND, TX, 79702-7217

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:

KYLE L STALLINGS
 PO BOX 10217
 MIDLAND, TX, 79702-7217

2. Article Number (Copy from service label)

1000 0600 0024 3129 5744

PS Form 3811, July 1998

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **x Mandy Elvera** ☐ 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

7000 0600 0024 3129 6048

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

WFC 13.569

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

Postmark Here

REDFERN DEVELOPMENT CORPORATION
 PO BOX 1747
 MIDLAND, TX, 79702-1747

7000 0600 0024 3129 4822

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

WFC 13.829

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

Recipients
 E C AND MARION A POPPLEWELL
 JOINT TENANTS
 PO BOX 775
 FLORA VISTA, NM, 87415-0775

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:
 E C AND MARION A POPPLEWELL
 JOINT TENANTS
 PO BOX 775
 FLORA VISTA, NM, 87415-0775

2. Article Number (Copy from sender's label)
 7000 0600 0024 3129 4822

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Marion A. Popplewell OCT 05 2000

C. Signature
 Marion A. Popplewell

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

PS Form 3811, July 1998 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6109

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

MARY M SEWELL

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

Postmark Here

MARY M SEWELL
 12430 SW 62ND AVE
 PORTLAND, OR, 97219-7021

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:
 MARY M SEWELL
 12430 SW 62ND AVE
 PORTLAND, OR, 97219-7021

2. Article Number (Copy from sender's label)
 7000 0600 0024 3129 6109

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 DAVID L SEWELL OCT 02 2000

C. Signature
 David L Sewell

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

PS Form 3811, July 1998 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 5829

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

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:

LARRY D AND ELIZABETH ANN SMITH
PO BOX 1602
DODGE CITY, KS, 67801-1602

2. Article Number (Copy from service label) **7000 0600 0024 3129 5829**

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **10-7-00**

C. Signature *Jacqueline Smith* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 9056

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

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:

MICHAEL T MARTIN
2218 15TH AVE
SAN FRANCISCO, CA, 94116

2. Article Number (Copy from service label) **7000 0600 0024 3129 9056**

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Michael Martin* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 8547

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

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:

MARQUITA M DENNY MAYTAG
PO BOX 1024
SUN VALLEY, ID, 83353-1024

2. Article Number (Copy from service label) **7000 0600 0024 3129 8547**

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Colleen T. Kussner* B. Date of Delivery _____

C. Signature *Colleen T. Kussner* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

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

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:

JACK MARKHAM
SUITE 1212 1500 BROADWAY
LUBBOCK, TX, 79401-3192

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) L. Lewis B. Date of Delivery 10/2/00

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

7000 0600 0024 3129 9032

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

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:

NATHAN C SHAW
PO BOX 781
WARM SPRINGS, OR, 97761-0781

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Nathan C Shaw B. Date of Delivery 10-03-00

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

7000 0600 0024 3129 6253

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

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:

HANELLA C RAHN
3516 ELDER LN
FRANKLIN PARK, IL, 60131-1706

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 10/5/00

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 7060

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

Article sent to: WFC 13.569

Postage: 0.00
 Certified Fee: 0.00
 Return Receipt Fee (Endorsement Required): 0.00
 Restricted Delivery Fee (Endorsement Required): 0.00
 Total Postage & Fees: 0.00

Postmark Here

HUNTER WOLFLIN PUCKETT
 2810 BONHAM
 AMARILLO, TX, 79109-3448

7099 3400 0007 7003 7107

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

Article sent to: WFC

Postage: 0.00
 Certified Fee: 0.00
 Return Receipt Fee (Endorsement Required): 0.00
 Restricted Delivery Fee (Endorsement Required): 0.00
 Total Postage & Fees: 0.00

WILMA PITTSCH
 C/O XANDRA LEE PITTSCH
 1600 AVENUE E #14
 BILLINGS, MT, 59102-3050

1. Article Addressed to:

2. Article Number (Copy from service label): 7000 0600 0024 3129 4866

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): [Signature]

B. Date of Delivery: 10/1/99

C. Signature: [Signature]

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 ☒ No

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

Article sent to: WFC 13

Postage: 0.00
 Certified Fee: 0.00
 Return Receipt Fee (Endorsement Required): 0.00
 Restricted Delivery Fee (Endorsement Required): 0.00
 Total Postage & Fees: 0.00

RONALD RADEACKAR
 2879 US HWY 67
 FARMINGTON, MO, 63040

1. Article Addressed to:

2. Article Number (Copy from service label): 7099 3400 0007 7003 7039

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): [Signature]

B. Date of Delivery: 10/1/99

C. Signature: [Signature]

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 ☒ No

7000 0600 0024 3129 5089

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

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

 EVELYN M REYNOLDS
 20121 COUNTY ROAD 348
 ADVANCE, MO, 63730-8167

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:

 EVELYN M REYNOLDS
 20121 COUNTY ROAD 348
 ADVANCE, MO, 63730-8167

2. Article Number (Copy from service label)

7000 0600 0024 3129 5089

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly)
B. Date of Delivery

10-2-00

C. Signature

 Evelyn M Reynolds
☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6031

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

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

 DIRK REEMTSMA
 CITIZENS BANK AGENT
 TRUST DEPARTMENT
 P O BOX 4140
 FARMINGTON, NM, 87499-4140

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:

 DIRK REEMTSMA
 CITIZENS BANK AGENT
 TRUST DEPARTMENT
 P O BOX 4140
 FARMINGTON, NM, 87499-4140

2. Article Number (Copy from service label)

7000 0600 0024 3129 6031

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly)
B. Date of Delivery

Bill Musick 9-29-00

C. Signature

 Bill Musick
☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 7077

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

Article Sent to:

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

 HENRY RAHN TRUST
 AMCORE TRUST COMPANY TRUSTEE
 PO BOX 549
 WOODSTOCK, IL, 60098-0549

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:

 HENRY RAHN TRUST
 AMCORE TRUST COMPANY TRUSTEE
 PO BOX 549
 WOODSTOCK, IL, 60098-0549

2. Article Number (Copy from service label)

7099 3400 0007 7003 7077

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly)
B. Date of Delivery

Mark Hahn

C. Signature

 Mark Hahn
☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5836

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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

To
H W SMITH ESTATE
GARY W HARVEY INDP EXECUTOR
300 SW 21 ST
SEMINOLE, TX, 79360-3820

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:

H W SMITH ESTATE
GARY W HARVEY INDP EXECUTOR
300 SW 21 ST
SEMINOLE, TX, 79360-3820

2. Article Number (Copy from return label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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)

Domestic Return Receipt

102565-99-44-1789

7000 0600 0024 3129 5799

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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

To
JOSEPH A SOMMER
PO BOX 1984
SANTE FE, NM, 87504-1984

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:

SEPH A SOMMER
BOX 1984
SANTE FE, NM, 87504-1984

2. Article Number (Copy from return label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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)

Domestic Return Receipt

102565-99-44-1789

7000 0600 0024 3129 5614

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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

To
SINGER BROS
ACCOUNT #2 061 9661 0
DEPT 1063
TULSA, OK, 74182

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:

SINGER BROS
ACCOUNT #2 061 9661 0
DEPT 1063
TULSA, OK, 74182

2. Article Number (Copy from return label)

PS Form 3811, July 1999

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)

Domestic Return Receipt

102565-99-44-1789

7000 0600 0024 3129 6154

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

Postage \$ 3.30
Certified Fee \$ 2.80
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00

To: INEZ IRENE SENFF
37 KNODE RD
SHERIDAN, WY, 82801-9016

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:
INEZ IRENE SENFF
37 KNODE RD
SHERIDAN, WY, 82801-9016

2. Article Number (Copy from label)
1000 0600 0024 3129 6154

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PA KENT
B. Date of Delivery 10/6/00

C. Signature X *Thomas Chien*
☐ 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

7000 0600 0024 3129 6147

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

Postage \$ 3.30
Certified Fee \$ 2.80
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00

To: INEZ IRENE SENFF
LIFE ESTATE
37 KNODE RD
SHERIDAN, WY, 82801-9016

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:
INEZ IRENE SENFF
LIFE ESTATE
37 KNODE RD
SHERIDAN, WY, 82801-9016

2. Article Number (Copy from label)
1000 0600 0024 3129 6147

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PA KENT
B. Date of Delivery 10/6/00

C. Signature X *Thomas Chien*
☐ 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

7000 0600 0024 3129 5782

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

Postage \$ 3.30
Certified Fee \$ 2.80
Return Receipt Fee (Endorsement Required) \$ 0.00
Restricted Delivery Fee (Endorsement Required) \$ 0.00

To: EUNICE J SONNAMAKER
PO BOX 862
SHERIDAN, WY, 82801-0862

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:
EUNICE J SONNAMAKER
PO BOX 862
SHERIDAN, WY, 82801-0862

2. Article Number (Copy from label)
1000 0600 0024 3129 5782

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery 10-3-00

C. Signature *Sharon Langer*
☐ 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

7000 0600 0024 3129 7212

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

WFC 13.569

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

Recipient
Street: JOSEPH F OWENS
5531 CALLANDER DR
City: SPRINGFIELD, VA, 22151-1403

SEND

- ☐ Collect on Delivery
- ☐ Restricted Delivery (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:

JOSEPH F OWENS
5531 CALLANDER DR
SPRINGFIELD, VA, 22151-1403

DELIVERY

(Please Print Clearly) B. Date of Delivery
JOSEPH F. OWENS 10-3-00

C. Signature
X *Joseph F. Owens* ☐ 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 ☐ Yes ☐ No

2. Article Number (Copy from service label) 7000 0600 0024 3129 7212

PS Form 3811, July 1999 Domestic Return Receipt 102505-90-11-1788

7000 0600 0024 3129 5539

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

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

EVELYN SMITH
 10412 STONE CANYON #210N
 DALLAS, TX, 75230-4834

WFC 1E

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:

EVELYN SMITH
 10412 STONE CANYON #210N
 DALLAS, TX, 75230-4834

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ROBERT E. NELSON** B. Date of Delivery **10/13/2000**

C. Signature *[Signature]*

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

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-14-1789

7000 0600 0024 3129 5577

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

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

PAUL SLAYTON
 PO BOX 2035
 ROSWELL, NM, 88202-2035

WFC 1B

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:

PAUL SLAYTON
 PO BOX 2035
 ROSWELL, NM, 88202-2035

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **OKS** B. Date of Delivery **10/13/2000**

C. Signature *[Signature]*

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

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-14-1789

7000 0600 0024 3129 6130

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

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

VALENTINE SENFF
 1633 WARD ST
 HAYWARD, CA, 94541-3031

WFC 13.569

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:

VALENTINE SENFF
 1633 WARD ST
 HAYWARD, CA, 94541-3031

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

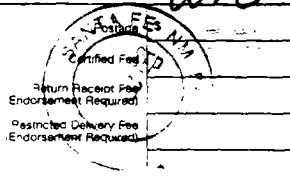
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102585-99-14-1789

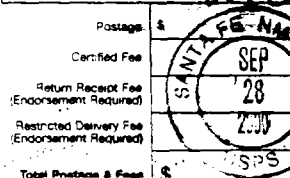
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)



LOUISE V SIGMON
 PO BOX 29
 MATOAKA, WV, 24747-0029

7000 0600 0024 3129 5652

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



BETTY WINFREY
 25206 E 64TH ST S
 BROKEN ARROW, OK, 74014-2213

7000 0600 0024 3129 5935

SEN

HIS SECTION ON DELIVERY

- 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:

BETTY WINFREY
 25206 E 64TH ST S
 BROKEN ARROW, OK, 74014-2213

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

C. Signature X Betty Winfrey

D. Is delivery address different from item 1? 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

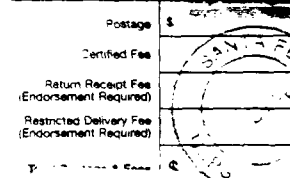
2. Article Number (Copy from service label) 7000 0600 0024 3129 5935

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

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



JOSEPH LIONEL MILLER
 418 E ORAIBI DR
 PHOENIX, AZ, 85024-1626

7000 0600 0024 3129 8974

SEN

HIS SECTION ON DELIVERY

- 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:

JOSEPH LIONEL MILLER
 418 E ORAIBI DR
 PHOENIX, AZ, 85024-1626

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

C. Signature X Joseph L. Miller

D. Is delivery address different from item 1? 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) 7000 0600 0024 3129 8974

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

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

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

LEONARD E MILLER
 PO BOX 744
 CRAB ORCHARD, WV, 25827-0744

WFC 13.569

7000 0600 0024 3129 6772

NOT DELIVERED -
 MAIL RETURNED

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

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

PATRICK W MARTIN
 1211 STIMEL CT
 CONCORD, CA, 94518-3932

WFC

1. Article Addressed to:

PATRICK W MARTIN
 1211 STIMEL CT
 CONCORD, CA, 94518-3932

2. Article Number (Copy from service label) 7000 0600 0024 3129 9063

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

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)

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

RIDGEWOOD ENERGY CORP
 947 LINWOOD AVE
 RIDGEWOOD, NJ, 07450-2939

WFC 13.

1. Article Addressed to:

RIDGEWOOD ENERGY CORP
 947 LINWOOD AVE
 RIDGEWOOD, NJ, 07450-2939

2. Article Number (Copy from service label) 7000 0600 0024 3129 6161

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

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: 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.

Article Number:

WFC 13.

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

SHARON E RAHN
3516 ELDER LN
FRANKLIN PARK, IL. 60131-1706

1. Article Addressed to:

SHARON E RAHN
3516 ELDER LN
FRANKLIN PARK, IL. 60131-1706

2. Article Number (Copy from service label)

7099 3400 0007 7003 7084

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

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

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

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.

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

SYDNEY AND SYLVIA SHER
17171 BOTHELL WAY N E
STE A 101
LAKE FOREST PARK, WA. 98155

1. Article Addressed to:

SYDNEY AND SYLVIA SHER
17171 BOTHELL WAY N E
STE A 101
LAKE FOREST PARK, WA. 98155

2. Article Number (Copy from service label)

7000 0600 0024 3129 6222

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

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

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

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.

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

CARROLL A OWEN PULLEN
C/O SRP PRODUCTION CORP
4702 YORKSHIRE ST
SUGAR LAND, TX. 77479

1. Article Addressed to:

CARROLL A OWEN PULLEN
C/O SRP PRODUCTION CORP
4702 YORKSHIRE ST
SUGAR LAND, TX. 77479

2. Article Number (Copy from service label)

7099 3400 0007 7003 7121

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

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

7000 0600 0024 3129 4594

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

WFC 13.569

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

Postmark
Here

Re
To
ELIZABETH L PURDY
708 N TWEED ST #R-10
WINFIELD, KS, 67156-1500

NOT DELIVERED -
MAIL RETURNED

7099 3400 0007 7003 6919

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

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:

JOE AND DOROTHY M PROKESH
2514 ADDISON AVE
SCOTTSBLUFF, NE, 69361-1801

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *JOE PROKESH* B. Date of Delivery *OCT 02 1999*

C. Signature *Joe Prokesh*

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

7099 3400 0007 7003 6902

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

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:

PRODUCTION GATHERING COMPANY LLC
9319 LBJ FWY STE 204
DALLAS, TX, 75243-3453

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Annelle Cheaney* B. Date of Delivery *10-2-99*

C. Signature *Annelle Cheaney*

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

7000 0600 0024 3129 5775

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

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

SOUTHERN UTE INDIAN TRIBE
TAX PARTNERSHIP
PO BOX 737
IGNACIO, CO, 81137-0737

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:

SOUTHERN UTE INDIAN TRIBE
TAX PARTNERSHIP
PO BOX 737
IGNACIO, CO, 81137-0737

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-11-1700

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X *Bryan Ross* ☐ 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

1000 0600 0024 3129 5775

7099 3400 0007 7003 7053

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

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

WILBERT RADEACKER
PO BOX 14
CEDAR HILL, MO, 63016-0014

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:

WILBERT RADEACKER
PO BOX 14
CEDAR HILL, MO, 63016-0014

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-11-1700

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X *Manuel Radeacker* ☐ 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

1099 3400 0007 7003 7053

7000 0600 0024 3129 5805

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

Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

JEAN SNAJDER
1546 E THIRD AVE
MESA, AZ, 85024

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:

Postmark Here

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-11-1700

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X *Bryan Ross* ☐ 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

1099 3400 0007 7003 7053

7000 0600 0024 3129 6178

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

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

 H K RIDDLE TRUSTEE
 PO BOX 13326
 ALBUQUERQUE, NM, 87192-3326

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:

 H K RIDDLE TRUSTEE
 PO BOX 13326
 ALBUQUERQUE, NM, 87192-3326

2. Article Number (Copy from service tag)

7000 0600 0024 3129 6178

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly)
B. Date of Delivery

10/5/00

Signature

 X *Ray Riddle*
☐ 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

7000 0600 0024 3129 5584

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

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

 RAYMOND E SITTA JR
 5495 US HIGHWAY 64 NBU 3002
 FARMINGTON, NM, 87401-1578

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:

 RAYMOND E SITTA JR
 5495 US HIGHWAY 64 NBU 3002
 FARMINGTON, NM, 87401-1578

2. Article Number (Copy from service tag)

7000 0600 0024 3129 5584

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly)

RAY SITTA

B. Date of Delivery

10/5/00

Signature

 X *Ray Sitta*
☐ 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

7000 0600 0024 3129 6123

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

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

 WAYNE SENFF
 145 PENO RD
 SHERIDAN, WY, 82801-9609

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:

 WAYNE SENFF
 145 PENO RD
 SHERIDAN, WY, 82801-9609

2. Article Number (Copy from service tag)

7000 0600 0024 3129 6123

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY
A. Received by (Please Print Clearly)

Wayne Senff

B. Date of Delivery

10/5/00

Signature

 X *Wayne Senff*
☐ 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

7000 0600 0024 3129 5287

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Cover)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$		■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		A. Received by (Please Print Clearly) B. Date of Delivery	
Certified Fee		■ Print your name and address on the reverse so that we can return the card to you.		C. Signature	
Return Receipt Fee (Endorsement Required)		■ Attach this card to the back of the mailpiece, or on the front if space permits.		X <i>Myrtle Rose Stewart</i> Agent	
Restricted Delivery Fee (Endorsement Required)		1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No	
MYRTLE ROSE STEWART 1100 LAWRENCE #33 GAINESVILLE, TX, 76240		MYRTLE ROSE STEWART 1100 LAWRENCE #33 GAINESVILLE, TX, 76240		If YES, enter delivery address below: ☐ No	
2. Article Number (Copy from service label)		3. Service Type		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7000 0600 0024 3129 5287		☐ Certified Mail ☐ Express Mail			
PS Form 3811, July 1999		☐ Registered ☐ Return Receipt for Merchandise			
		☐ Insured Mail ☐ C.O.D.			

7000 0600 0024 3129 4853

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Cover)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$		■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		A. Received by (Please Print Clearly) B. Date of Delivery	
Certified Fee		■ Print your name and address on the reverse so that we can return the card to you.		C. Signature	
Return Receipt Fee (Endorsement Required)		■ Attach this card to the back of the mailpiece, or on the front if space permits.		X <i>Kenneth J. Pitts</i> Agent	
Restricted Delivery Fee (Endorsement Required)		1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No	
KENNETH JAMES PITTS LIVING TRUST KENNETH J PITTS TRUSTEE U/A 4-26-90 718 VISTA PACIFICA CIR PISMO BEACH, CA, 93449-3272		KENNETH JAMES PITTS LIVING TRUST KENNETH J PITTS TRUSTEE U/A 4-26-90 718 VISTA PACIFICA CIR PISMO BEACH, CA, 93449-3272		If YES, enter delivery address below: ☐ No	
2. Article Number (Copy from service label)		3. Service Type		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7000 0600 0024 3129 4853		☐ Certified Mail ☐ Express Mail			
PS Form 3811, July 1999		☐ Registered ☐ Return Receipt for Merchandise			
		☐ Insured Mail ☐ C.O.D.			

7000 0600 0024 3129 8516

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Cover)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Postage \$		■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		A. Received by (Please Print Clearly) B. Date of Delivery	
Certified Fee		■ Print your name and address on the reverse so that we can return the card to you.		C. Signature	
Return Receipt Fee (Endorsement Required)		■ Attach this card to the back of the mailpiece, or on the front if space permits.		X <i>Deryll Marvel</i> Agent	
Restricted Delivery Fee (Endorsement Required)		1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No	
DERYLL MARVEL 638 N BROWN VINITA, OK, 74301-1304		DERYLL MARVEL 638 N BROWN VINITA, OK, 74301-1304		If YES, enter delivery address below: ☐ No	
2. Article Number (Copy from service label)		3. Service Type		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7000 0600 0024 3129 8516		☐ Certified Mail ☐ Express Mail			
PS Form 3811, July 1999		☐ Registered ☐ Return Receipt for Merchandise			
		☐ Insured Mail ☐ C.O.D.			

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

Postage 1.00
Certified Fee 0.30
Return Receipt Fee (Endorsement Required) 0.00
Restricted Delivery Fee (Endorsement Required) 0.00
Total 1.30

Postmark: **WFC**
SEP 23 1999
USPS

Recipient: **CHARLES F SHENOHA**
2811 W SEIPP
CHICAGO, IL, 60652-3839

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:
CHARLES F SHENOHA
2811 W SEIPP
CHICAGO, IL, 60652-3839

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) BAX BAKER B. Date of Delivery 10/2/00
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

2. Article Number (Copy from service label) 7000 0600 0024 3129 6266

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

Postage 0.75
Certified Fee 0.30
Return Receipt Fee (Endorsement Required) 0.00
Restricted Delivery Fee (Endorsement Required) 0.00

Postmark: **WFC**
SEP 29 1999
FARMINGTON NM 87401

Recipient: **R O COMPANY**
PO BOX 838
FARMINGTON, NM, 87499-0838

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:
R O COMPANY
PO BOX 838
FARMINGTON, NM, 87499-0838

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) BAX BAKER B. Date of Delivery 10/2/00
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

2. Article Number (Copy from service label) 7000 0600 0024 3129 4587

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

Postage 0.75
Certified Fee 0.30
Return Receipt Fee (Endorsement Required) 0.00
Restricted Delivery Fee (Endorsement Required) 0.00

Postmark: **WFC**
SEP 23 1999
SANTA FE NM 87501

Recipient: **LANCE REEMTSMA**
1720 BLAKE ST
BERKELEY, CA, 94703

Postmark Here

7000 0600 0024 3129 6266

7000 0600 0024 3129 4587

7000 0600 0024 3129 6024

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

Article Sent To: **WFC 13.**

Postage: **SAFE NM 8/13/97**

Certified Fee: **3.00**

Return Receipt Fee (Endorsement Required):

Restricted Delivery Fee (Endorsement Required):

1. Article Addressed to:

PAUL T PURCELL FAMILY TRUST
FRANK LYAL PURCELL SR AND
FRANK L PURCELL JR SUCC COTRUSTEES
720 PAUL ST
ESCONDIDO, CA, 92027-3950

2. Article Number (Copy from service label): **7099 3220 0005 9420 1179**

PS Form 3800, July 1994

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.

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED BY: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): **JOE P. E.** B. Date of Delivery: **10-2-00**

C. Signature: **X Joe P. E.** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

OCT 2 2000

Domestic Return Receipt

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

Article Sent To: **WFC**

Postage: **SAFE NM 8/13/97**

Certified Fee: **3.00**

Return Receipt Fee (Endorsement Required):

Restricted Delivery Fee (Endorsement Required):

1. Article Addressed to:

PHILLIP H. ISLES, JR.
WHITE OAK CAPITAL
380 MADISON AVE., FLOOR 22
NEW YORK, NY 10017-2513

2. Article Number (Copy from service label): **7000 0600 0024 3129 5973**

PS Form 3811, July 1999

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.

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED BY: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): **Stacey Coed** B. Date of Delivery: **10/2/00**

C. Signature: **X Stacey Coed** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Domestic Return Receipt

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

Article Sent To: **WFC 13.**

Postage: **SAFE NM 8/13/97**

Certified Fee: **3.00**

Return Receipt Fee (Endorsement Required):

Restricted Delivery Fee (Endorsement Required):

1. Article Addressed to:

HENRY AND BENNIE JO SLEDGE
814 E MURRAY DR
FARMINGTON, NM, 87401-6652

2. Article Number (Copy from service label): **7000 0600 0024 3129 5560**

PS Form 3811, July 1999

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.

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED BY: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): **Stacey Coed** B. Date of Delivery: **10/2/00**

C. Signature: **X Stacey Coed** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Domestic Return Receipt

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

7000 0600 0024 3129 5270

WFC 13569

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

1

Re ENOS J STRAWN
 183 THIRD AVE FREDERICKA MANOR 726
St CHULA VISTA, CA, 91910
City

NOT DELIVERED -
 MAIL RETURNED

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

7000 0600 0024 3129 6000

WFC 13

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

Re MARY ELLEN SUMMERHOUSE
 8622 E 59TH ST
St KANSAS CITY, MO, 64129-2765
City

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 MARY ELLEN SUMMERHOUSE
 8622 E 59TH ST
 KANSAS CITY, MO, 64129-2765

2. Article Number (Copy from service label): **7000 0600 0024 3129 6000**

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
 C. Signature: *Mary Ellen Summerhouse*
☒ Agent
☐ Addressee

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

3. Service Type:
☒ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Stamp: **KANSAS CITY PARKWAY ST OCT 04 2008**

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)

7000 0600 0024 3129 7205

WFC 1

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

Re ROY L OWEN
 PO BOX 3830
St FARMINGTON, NM, 87499-3830
City

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
 C. Signature: *Roy L Owen*
☒ Agent
☐ Addressee

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

3. Service Type:
☒ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): **7000 0600 0024 3129 7205**

Stamp: **FARMINGTON NM USPS 2008**

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)

Postage \$ 13.56

Certified Fee 0.35

Return Receipt Fee (Endorsement Required) 0.35

Restricted Delivery Fee (Endorsement Required) 0.35

Total Postage & Fees 14.61

Recd
 Str
 City

P M ASSOCIATES
 1210 SOUTH PARKER ROAD #200
 DENVER, CO, 80231-2163

7000 0600 0024 3129 7243

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

Postage \$ 13.56

Certified Fee 0.35

Return Receipt Fee (Endorsement Required) 0.35

Restricted Delivery Fee (Endorsement Required) 0.35

Total Postage & Fees 14.61

Recd
 Str
 City

MAUDIE BELLE WRIGHT
 HARRY MURPHY ATTY-IN-FACT
 427 MIMOSA ST
 BLOUNTSTOWN, FL, 32424-2015

1. Article Addressed to:

MAUDIE BELLE WRIGHT
 HARRY MURPHY ATTY-IN-FACT
 427 MIMOSA ST
 BLOUNTSTOWN, FL, 32424-2015

2. Article Number (Copy from service label)

1000 0600 0024 3129 6291

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Harry G Murphy

B. Date of Delivery 10-14-00

C. Signature X Harry G Murphy

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

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

Postage \$ 13.56

Certified Fee 0.35

Return Receipt Fee (Endorsement Required) 0.35

Restricted Delivery Fee (Endorsement Required) 0.35

Total Postage & Fees 14.61

Recd
 Str
 City

JERRY D AND SUE H WINGET REV TR
 JERRY DALE AND SUE H WINGET TRSTES
 U/T DATED 4/7/1987
 1467 LEISURE WORLD
 MESA, AZ, 85206-2306

1. Article Addressed to:

JERRY D AND SUE H WINGET REV TR
 JERRY DALE AND SUE H WINGET TRSTES
 U/T DATED 4/7/1987
 1467 LEISURE WORLD
 MESA, AZ, 85206-2306

2. Article Number (Copy from service label)

1000 0600 0024 3129 5928

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) J WINGET

B. Date of Delivery 10/2/00

C. Signature X J Winget

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

7000 0600 0024 3129 5546

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

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

BRITTON SMITH
3333 EAST FLORIDA AVE #25
DENVER, CO, 80210-2541

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:

BRITTON SMITH
3333 EAST FLORIDA AVE #25
DENVER, CO, 80210-2541

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Britton Smith SEP 30 2000
C. Signature
X [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

2. Article Number (Copy from service label) 1000 0600 0024 3129 5546

7000 0600 0024 3129 5690

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

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

ALFRED EUGENE STARK
12 COUNTY RD #5467
NBU 3041A
FARMINGTON, NM, 87401

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:

ALFRED EUGENE STARK
12 COUNTY RD #5467
NBU 3041A
FARMINGTON, NM, 87401

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 ☐ 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) 1000 0600 0024 3129 5690

7099 3400 0007 7003 6780

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

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

JAMES R AND JEAN PAYNE
3023 RIO GRANDE BLVD NW
ALBUQUERQUE, NM, 87107-2975

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:

JAMES R AND JEAN PAYNE
3023 RIO GRANDE BLVD NW
ALBUQUERQUE, NM, 87107-2975

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 ☐ 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 6780

7000 0600 0024 3129 6086

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

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

Recd: CECELIA RANSOM LIVING TRUST
Street: 6006 US HWY 64
City, St: FARMINGTON, NM, 87401-1546

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:

CECELIA RANSOM LIVING TRUST
6006 US HWY 64
FARMINGTON, NM, 87401-1546

2. Article Number (Copy from PS Form 3811, July 1999)

WRITE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Doris Thompson 9/29

C. Signature
X Doris Thompson ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-11-1789

7000 0600 0024 3129 5379

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

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

Recd: EDWIN T AND MARY F SUNTER
Street: 15 MIDWAY
City, St: MILL VALLEY, CA, 94941-3438

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:

EDWIN T AND MARY F SUNTER
JOINT TENANTS
15 MIDWAY
MILL VALLEY, CA, 94941-3438

2. Article Number (Copy from PS Form 3811, July 1999)

WRITE THIS SECTION ON DELIVERY

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

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-11-1789

7000 0600 0024 3129 5720

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

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

Recd: CHARLES E HAWS
Street: C/O CAROLYN HEAD
City, St: 1212 S. MONTEREY #17
FARMINGTON, NM 87401-6682

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:

WRITE THIS SECTION ON DELIVERY

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

C. Signature

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

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-11-1789

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

7000 0600 0024 3129 5911

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

Recd
From
Street
City

WOOD OIL COMPANY
1419 E 15TH ST STE A
TULSA, OK, 74120-5807

1. Article Addressed to:

WOOD OIL COMPANY
1419 E 15TH ST STE A
TULSA, OK, 74120-5807

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

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
Susie Ward 10-3

C. Signature
X Susie Ward ☐ Agent ☐ Addressee

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

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

7000 0600 0024 3129 7250

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

Postmark Here

Recd
From
Street
City

JOHN H AND MARGARET Z PAINE
LANDMARK APARTMENTS NO 401
6303 INDIAN SCHOOL ROAD NE
ALBUQUERQUE, NM, 87110-5317

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

7000 0600 0024 3129 6277 NM

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

Recd
From
Street
City

JEAN L YUNGLCAS
7520 WILDEN DR
DES MOINES, IA, 50322-4142

1. Article Addressed to:

JEAN L YUNGLCAS
7520 WILDEN DR
DES MOINES, IA, 50322-4142

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

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
Jean Yunglcas 10-2-00

C. Signature
X Jean Yunglcas ☐ Agent ☐ Addressee

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

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

7000 0600 0024 3129 5904

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

Re: LINDA WOODALL
 96 GOODING LN
 FARMINGTON, NM, 87401-3270

SENDER'S 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:
 LINDA WOODALL
 96 GOODING LN
 FARMINGTON, NM, 87401-3270

2. Article Number (Copy from label): 1000 0600 0024 3129 5904

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-14-1798

RECEIVED BY SECTION

A. Received by (Please Print Clearly) Linda Woodall
 B. Date of Delivery 9/20/00
 C. Signature X Linda Woodall
☐ 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

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

7000 0600 0024 3129 5898

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

Re: PAULINE G. EVANS
 5557 HIGHWAY 64
 FARMINGTON, NM 87401

SENDER'S 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:
 PAULINE G. EVANS
 5557 HIGHWAY 64
 FARMINGTON, NM 87401

2. Article Number (Copy from label): 1000 0600 0024 3129 5898

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-14-1798

RECEIVED BY SECTION

A. Received by (Please Print Clearly) Rhonda Cagle
 B. Date of Delivery SEP 29 2000
 C. Signature X Rhonda Cagle
☐ 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

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

7000 0600 0024 3129 7366

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

Re: JANA LYNN MILLER JENSEN
 397 NE 37TH AVE
 HILLSBORO, OR 97124

Postmark Here

7000 0600 0024 3129 5485

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

WFC 13.569

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

Postmark Here

Rec
DOROTHY LOUGHNER
5672 WELCH COURT
ARVADA, CO 88004

7000 0600 0024 3129 7359

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

WFC 13.569

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

Postmark Here

SEP 4 8

WALTER LEWIS MILLER, JR.
702 E. GEYSER STREET
LIVINGSTON, MT 59047

NOT DELIVERED
MAIL RETURNED

7000 0600 0024 3129 7298

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

WFC 13.569

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

Postmark Here

Rec
BEULAH M. BARNES
1811 RAYMOND AVE., #6
RAMONA, CA 92065

NOT DELIVERED
MAIL RETURNED

7000 0600 0024 3129 5508

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recpt

Street: LUCILLE BULLOCK

City: 638 N. BROWN

State: VINITA, OK 74076

SENDER

- 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:

LUCILLE BULLOCK
 638 N. BROWN
 VINITA, OK 74076

ION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

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) 7000 0600 0024 3129 5508

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5478

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recpt

Street: SUZANNE RAUSCH

City: 6118 S. FLORENCE PLACE

State: TULSA, OK 74136

SENDER: COMPLETE THIS SIDE

- 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:

SUZANNE RAUSCH
 6118 S. FLORENCE PLACE
 TULSA, OK 74136

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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) 7000 0600 0024 3129 5478

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 7113

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

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recpt

Street: PETRO ATLAS CORPORATION

City: P.O. BOX 281089

State: LAKEWOOD, CO 80228-1089

SENDER

- 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:

PETRO ATLAS CORPORATION
 P.O. BOX 281089
 LAKEWOOD, CO 80228-1089

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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) 7000 0600 0024 3129 7113

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 9858

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
WFC 13-529	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Re	
St	
City	
JOHNSON FAMILY ROYALTY TRUST THEODORE A JOHNSON SUC TRUSTEE 1050 FLAMING GORGE RD CORONA, CA, 91720-3610	

7000 0600 0024 3130 0356

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
WFC 13		- 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) <u>Ana Montoya</u> B. Date of Delivery <u>10/4/00</u> C. Signature <u>X</u> <u>Ana Montoya</u> ☐ Agent ☐ Addressee ☒ Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	1. Article Addressed to: CAROL MARIE CHESNUT JOBE 1741 11TH ST MANHATTAN BEACH, CA, 90266-6209	2. Article Number (Copy from service label) 7000 0600 0024 3130 0356	3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999

Domestic Return Receipt

102506-00-M-1789

7000 0600 0024 3130 0325

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION	SECTION ON DELIVERY
WFC 13		- 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) <u>Job-Jenkel</u> B. Date of Delivery <u>10-10-00</u> C. Signature <u>X</u> <u>Eileen W Forsythe Jenkel</u> ☐ Agent ☐ Addressee ☒ Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	1. Article Addressed to: EILEEN W FORSYTHE JENKEL 14650 STONERIDGE DR SARATOGA, CA, 95070-5742	2. Article Number (Copy from service label) 7000 0600 0024 3130 0325	3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

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)

7000 0600 0024 3130 0226

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

GEORGE D JACKSON A MINOR
IRENE PHYLLIS VARANELLA GUARDIAN
DIRECT DEPOSIT ACCT #11008 01806
PO BOX 1173
GROVER CITY, CA, 93483-1173

NOT DELIVERED -
MAIL RETURNED

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

7000 0600 0024 3129 7090

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

STATE OF NEW MEXICO
STATE LAND OFFICE
SANTA FE, NM, 87501

SENDER

- 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:

STATE OF NEW MEXICO
STATE LAND OFFICE
SANTA FE, NM, 87501

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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

C. Signature
X *[Signature]*
D. Is delivery address different from item 1? ☐ Agent
☐ Addressee
If YES, enter delivery address below: ☐ Yes ☐ No

SEP 29 2000

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)

7000 0600 0024 3130 0189

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

JEAN HURD
1208 N ORCHARD
FARMINGTON, NM, 87401-6092

SENDER

- 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:

JEAN HURD
1208 N ORCHARD
FARMINGTON, NM, 87401-6092

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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

C. Signature
X *[Signature]*
D. Is delivery address different from item 1? ☐ Agent
☐ Addressee
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

7000 0600 0024 3130 0271

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

SENDER

THIS SECTION ON DELIVERY

- 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

OCT 4 2008

C. Signature X *[Signature]* ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Postage \$

Certified Fee

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

Total Postage & Fees \$

1. Article Addressed to:

ARTHUR A JAQUEZ LIVING TRUST
MICHAEL J JAQUEZ TRUSTEE
U/T/A DATED 06-26-1995
7003 COLE CREEK
HOUSTON, TX, 77092

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

ARTHUR A JAQUEZ LIVING TRUST
MICHAEL J JAQUEZ TRUSTEE
U/T/A DATED 06-26-1995
7003 COLE CREEK
HOUSTON, TX, 77092

2. Article Number (Copy from service label) 7000 0600 0024 3130 0271

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

7000 0600 0024 3129 9926

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

SENDER

THIS SECTION ON DELIVERY

- 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

C. Signature X *Elizabeth K. Kestner* ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Postage \$

Certified Fee

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

Total Postage & Fees \$

1. Article Addressed to:

KALVESTRAND FAMILY 1997 TRUST
3453 TORO WAY
REDDING, CA, 96002-9763

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

KALVESTRAND FAMILY 1997 TRUST
3453 TORO WAY
REDDING, CA, 96002-9763

2. Article Number (Copy from service label) 7000 0600 0024 3129 9926

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

7000 0600 0024 3129 9919

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

SENDER

THIS SECTION ON DELIVERY

- 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

C. Signature X *[Signature]* ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Postage \$

Certified Fee

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

Total Postage & Fees \$

1. Article Addressed to:

WELDON C JOLANDER TRUST
PO BOX 2773
LITTLETON, CO, 80161-2773

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

WELDON C JOLANDER TRUST
PO BOX 2773
LITTLETON, CO, 80161-2773

2. Article Number (Copy from service label) 7000 0600 0024 3129 9919

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-14-1789

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

7000 0600 0024 3130 0318

WFC 13.569

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

Recd
 WILLIAM V JEAN
 3816 106TH STREET #36
 URBANDALE, IA, 50322-2036

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

7000 0600 0024 3129 9995

13.569 WFC

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

JUDITH S KENNEDY
 10105 E VIA LINDA #103-389
 SCOTTSDALE, AZ, 85258-5311

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

7000 0600 0024 3129 9872

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BETTY T JOHNSTON MARITAL TRUST 2425 FOUNTAINVIEW #310 HOUSTON, TX, 77057-4811		A. Received by (Please Print Clearly) GENT MARITAL TRUST B. Date of Delivery 10/1/99	
2. Article Number (Copy from service label) 7000 0600 0024 3129 9872		C. Signature <i>[Signature]</i> D. Is delivery address different from item 1? ☐ 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 ☒ No	

BETTY T JOHNSTON MARITAL TRUS
 2425 FOUNTAINVIEW #310
 HOUSTON, TX, 77057-4811

7000 0600 0024 3129 8028

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

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

Rec
Polly MOSELEY ROYCE
PO BOX 869
RAUCHO SANTA FE, CA, 92067-0869

SENDER

- 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:

POLLY MOSELEY ROYCE
PO BOX 869
RAUCHO SANTA FE, CA, 92067-0869

2. Article Number (Copy from service label)

1000 0600 0024 3129 8028

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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

C. Signature

X

☐ 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

7000 0600 0024 3129 8295

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

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

JAMIE HARRELL AIF
JERI OVERSON
11056 ACADEMY RIDGE RD, NE
ALBUQUERQUE, NM 87111

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:

JAMIE HARRELL AIF
JERI OVERSON
11056 ACADEMY RIDGE RD, NE
ALBUQUERQUE, NM 87111

2. Article Number (Copy from service label)

1000 0600 0024 3129 8295

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

J HARRELL

B. Date of Delivery

10-2-00

C. Signature

X

☐ 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

7000 0600 0024 3129 8110

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

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

COUNTY OF SAN JUAN
BOARD OF COUNTY COMMISSIONERS
100 S OLIVER DR
AZTEC, NM, 87410-2400

SENDER

- 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:

COUNTY OF SAN JUAN
BOARD OF COUNTY COMMISSIONERS
100 S OLIVER DR
AZTEC, NM, 87410-2400

2. Article Number (Copy from service label)

1000 0600 0024 3129 8110

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

John R Johnston

B. Date of Delivery

7/29/00

C. Signature

X

☐ 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

7000 0600 0024 3129 8233

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

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:

WILLIAM DENNIS SCHMIDT
2413 HOBOKEN CREEK RD
GREENWOOD, CA, 95635

2. Article Number (Copy from service label)
7000 0600 0024 3129 8233

THIS SECTION FOR DELIVERY

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

C. Signature: _____ ☐ Agent
X ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102505-00-14-1789

7000 0600 0024 3129 8271

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

SEP 2 2000

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

Postmark Here _____

FRANCES ROD
5839 S HARLEM AVE APT 217
CHICAGO, IL, 60638

7000 0600 0024 3129 8042

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

SEP 2 2000

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

Postmark Here _____

BARBRA HEFNER ROSE
PO BOX 2171
FARMINGTON, NM, 87499-2171

7000 0600 0024 3129 9865

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

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

JUDY LOUISE JOHNSON
 6163 S PIKE DR
 LARKSPUR, CO, 80118-9724

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:

JUDY LOUISE JOHNSON
 6163 S PIKE DR
 LARKSPUR, CO, 80118-9724

2. Article Number (Copy from service label)

PS Form 3811, July 1999

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

7000 0600 0024 3129 9865

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 5713

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

Postage \$ WFC 13.869

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

To
 Rec WILLIAM P STANLEY
 TSTE IN BANKRUPTCY FOR
 Ship WEST AMERICAN CORPORATION
 PO BOX 1441
 City ALBUQUERQUE, NM, 87103-1441

Postmark
 Here

NOT DELIVERED—
 MAIL RETURNED

7000 0600 0024 3129 5331

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

Postage \$ WFC 13.

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

To
 Rec BOYAD M AND BETH M TANNER
 Ship 4172 SATINWOOD DR
 LAS VEGAS, NV, 89147-4903

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:

BOYAD M AND BETH M TANNER
 4172 SATINWOOD DR
 LAS VEGAS, NV, 89147-4903

2. Article Number (Copy from service label)

PS Form 3811, July 1999

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

7000 0600 0024 3129 5331

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0196

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

WPC 13-569

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

 MAE MARIE HURTGEN
 9641 JACKSON DR
 HILLSBORO, MO, 63050-5106

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:

 MAE MARIE HURTGEN
 9641 JACKSON DR
 HILLSBORO, MO, 63050-5106

2. Article Number (Copy from service label)

7000 0600 0024 3130 0196

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY
C. Signature

 X *Mae M. Hurtgen* ☐ 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

7000 0600 0024 3130 0219

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

WPC 13-569

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

 GARRY W AND LORI JACKSON
 JOINT TENANTS
 9 ROAD 5759 NBU 3006
 FARMINGTON, NM, 87401

SENDE

- 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:

 GARRY W AND LORI JACKSON
 JOINT TENANTS
 9 ROAD 5759 NBU 3006
 FARMINGTON, NM, 87401

2. Article Number (Copy from service label)

7000 0600 0024 3130 0219

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY
A. Received by (Please Print Clearly)

Garry Jackson 10-7-99

 X *Garry Jackson* ☐ 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

7000 0600 0024 3130 0240

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

WPC 13-569

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

 KRISTINA E JACKSON A MINOR
 BERTHA STUCKWISH JACKSON GUARDIAN
 323 MANOR HTS DR
 SEYMOUR, IN, 47274-2277

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:

 KRISTINA E JACKSON A MINOR
 BERTHA STUCKWISH JACKSON GUARDIAN
 323 MANOR HTS DR
 SEYMOUR, IN, 47274-2277

2. Article Number (Copy from service label)

7000 0600 0024 3130 0240

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY
A. Received by (Please Print Clearly)

Kristina E. Jackson 10-7-00

 X *Bertha S. Jackson* ☐ 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

7000 0600 0024 3129 8196

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

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

SANTA FE NM
SEP 28 2000
USPS - 87001

WILLARD AND BETTY SEIBEL
673 CR 982
IGNACIO, CO, 81137-9634

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:

WILLARD AND BETTY SEIBEL
673 CR 982
IGNACIO, CO, 81137-9634

2. Article Number (Copy from service label)

7000 0600 0024 3129 8196

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
10-3-00

C. Signature
X Ken Seibel ☐ 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

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

7000 0600 0024 3129 8073

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

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

SANTA FE NM
SEP 28 2000
USPS - 87001

Recipient's Name (Please Print Clearly) (to be complete)
Street, Apt. No., or PO Box No.
City, State, ZIP+4

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:

POST OFFICE OWNERS REMOVE

2. Article Number (Copy from service label)

7000 0600 0024 3129 8073

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
10/2/00

C. Signature
X Carol R. ☐ 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

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

7000 0600 0024 3129 8301

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

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

SANTA FE NM
SEP 28 2000
USPS - 87001

WILLIAM J. SUMMERHOUSE
8622 E. 59TH STREET
KANSAS CITY, MO 64129

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:

WILLIAM J. SUMMERHOUSE
8622 E. 59TH STREET
KANSAS CITY, MO 64129

2. Article Number (Copy from service label)

7000 0600 0024 3129 8301

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
OCT 04 2000

C. Signature
X William J. Summerhouse ☐ 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

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: 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:

ARTHUR E SENFF
C/O L OPAL SENFF
31 E HEALD ST
SHERIDAN, WY, 82801-5118

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

D. Is delivery address different from item 1? ☐ Agent ☐ Addressee

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

7000 0600 0024 3129 8318

ARTHUR E SENFF
C/O L OPAL SENFF
31 E HEALD ST
SHERIDAN, WY, 82801-5118

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

Postage \$ 13.50

Certified Fee SEP 2 8 2000

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

CAROLE A. JOHNSON, TRUSTEE
THE JOHNSON TRUST
251 BOLLA AVE
ALAMO, CA 94507

7000 0600 0024 3129 8202

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

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:

KATHRYN KEARL
AGNESS CASPARY ESTATE
501 FUGATE
HOUSTON, TX 77009

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

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

C. 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

7000 0600 0024 3129 6703

KATHRYN KEARL
AGNESS CASPARY ESTATE
501 FUGATE
HOUSTON, TX 77009

7000 0600 0024 3129 6703

7099 3400 0007 7003 6933

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

Article Sent To:

WFC 13

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

Name: SHERYL M HERZBERGER
 Street: 1700 MESA AVE
 City: COLORADO SPRINGS, CO, 80906-2920

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:

SHERYL M HERZBERGER
 1700 MESA AVE
 COLORADO SPRINGS, CO, 80906-2920

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

Jim Woodring 10-2-00

C. Signature

X Jim Woodring

☐ 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 6971

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

Article Sent To:

WFC 13

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

Name: RUSSELL RAY HILL
 Street: PO BOX 662
 City: FARMINGTON, NM, 87499-0662

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:

RUSSELL RAY HILL
 PO BOX 662
 FARMINGTON, NM, 87499-0662

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

RUSSELL RAY HILL 10-7-00

C. Signature

X Russell Ray Hill

☐ 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 6537

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

Article Sent To:

WFC 13.5

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

ELM RIDGE EXPLORATION COMPANY
 12225 GREENVILLE AVE STE 950
 DALLAS, TX, 75243

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:

ELM RIDGE EXPLORATION COMPANY
 12225 GREENVILLE AVE STE 950
 DALLAS, TX, 75243

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

X [Signature] OCT 02 2000

C. Signature

X [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

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

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

1. Article Addressed to:
KENNETH S AND ROSE L WASHBURN TR
1ST NATL BANK OF FARMINGTON TR
P O BOX 1588
TULSA, OK, 74101-1588

2. Article Number (Copy from *1000 0600 0024 3129 5041*)

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
Judy Goad *OCT - 2 2000*

C. Signature
Judy Goad ☐ Agent ☐ Addressee

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

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)

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

1. Article Addressed to:
SHERI J WEISS
A/W BRUNO & AUVON GIOVININI
P O BOX 52
BLOOMFIELD, NM, 87413-0052

2. Article Number (Copy from *1000 0600 0024 3129 5027*)

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
Bruno Giovinnini *9/30/00*

C. Signature
Bruno Giovinnini ☐ Agent ☐ Addressee

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

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)

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

1. Article Addressed to:
JACK D THORNTON ESTATE
PO BOX 8734
MIDLAND, TX, 79708-1734

2. Article Number (Copy from *1000 0600 0024 3129 4679*)

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
J D Thornton *10/10/00*

C. Signature
J D Thornton ☐ Agent ☐ Addressee

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

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)

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

JACK DENNIS THORNTON ESTATE TRUST
NO. 1 RIDGEMAR COURT
MIDLAND, TX 79707

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:

JACK DENNIS THORNTON ESTATE TRUST
NO. 1 RIDGEMAR COURT
MIDLAND, TX 79707

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **MRS JACK D THORNTON** B. Date of Delivery **10-3-00**
C. Signature **X Mrs Jack D Thornton** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
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

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

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

CAROLYN A ALLRED SEIDL
4239 N LIMBERLOST PL
TUCSON, AZ, 85705-1625

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:

CAROLYN A ALLRED SEIDL
4239 N LIMBERLOST PL
TUCSON, AZ, 85705-1625

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Carolyn A Allred Seidl** B. Date of Delivery **SEP 28 2000**
C. Signature **X Carolyn A Allred Seidl** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
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

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

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

STATE OF NEW MEXICO
COMMISSIONER OF PUBLIC LANDS
GAS DEPARTMENT
SANTA FE, NM, 87501

SE

- 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:

STATE OF NEW MEXICO
COMMISSIONER OF PUBLIC LANDS
GAS DEPARTMENT
SANTA FE, NM, 87501

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **STATE OF NEW MEXICO** B. Date of Delivery **SEP 29 2000**
C. Signature **X [Signature]** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
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

0000 0070 0024 3130 0523

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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:

KATHRYN V. SCHENCK TRUST
P.O. BOX 1563
AZTEC, NM 87401

2. Article Number (Copy from service label)

RECEIVER, COMPLETE THIS SECTION ON DELIVERY

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

Kathryn Schenck 7/6/99
[Signature]
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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3130 0523

0000 0600 0024 3129 4655

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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:

NANCY P TONKIN REVOCABLE TRUST
NANCY P TONKIN TRUSTEE
1524 PARK AVE S W
ALBUQUERQUE, NM, 87104-1024

2. Article Number (Copy from service label)

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

C. Signature ☐ Agent
X [Signature] ☐ 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 4655

0000 3400 0007 7003 6940

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

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:

HICKS JENKINS KROEGER
C/O J R KROEGER
1051 C R 230
DURANGO, CO, 81301-8558

2. Article Number (Copy from service label)

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

J.R. Kroeger 10-2-20
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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6940

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

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

IRENE PALMER
1084 N MOYLE DR
ALPINE, UT, 84004-1206

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:

IRENE PALMER
1084 N MOYLE DR
ALPINE, UT, 84004-1206

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) John P. Palmer

B. Date of Delivery

C. Signature

X John P. Palmer

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

OCT 10 2000

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)

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

Recd
Street ROBERT G STALLINGS
141 MONTEREY
City VACAVILLE, CA, 95687-3420

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:

ROBERT G STALLINGS
141 MONTEREY
VACAVILLE, CA, 95687-3420

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Robert G Stallings

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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)

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

Recd
Street JIM L. SHARP
1020 FOXWOOD LANE
City WYLIE, TX 75098

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:

JIM L. SHARP
1020 FOXWOOD LANE
WYLIE, TX 75098

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery 10-2-00

C. Signature

X Jim Sharp

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 7335

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ROBERT M. WILLIAMS
 408 EAST ALTO
 HOBBS, NM 88240

2. Article Number (Copy from service label): 7000 0600 0024 3129 7335

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): [Signature]
 B. Date of Delivery: 10/16/99

C. Signature: [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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 7328

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

CLAIRE D. BERRYMAN
 P.O. BOX 427
 BUTTE, MT 59703

2. Article Number (Copy from service label): 7000 0600 0024 3129 7328

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): OCT 2 2000
 B. Date of Delivery: 10/2/99

C. Signature: [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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 7052

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

JOHN WESCH NEEDHAM
 3005 COUNTRY RD
 GRAND JUNCTION, CO, 81504-5541

2. Article Number (Copy from service label): 7000 0600 0024 3129 7052

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): [Signature]
 B. Date of Delivery: 10/2

C. Signature: [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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 7229

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.569

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark Here

Recd
 WILLIAM W OWENS
 66 RIVERVIEW DR
 OAK RIDGE, TN, 37830-7285

7000 0600 0024 3129 7144

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.569

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Re
 SYLVIA NOEHREN
 8173 ILEX ST
 FONTANA, CA, 92335-2923

7000 0600 0024 3129 7069

U.S. Postal Service
CERTIFIED MAIL REC
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER

1. Article Addressed to:

DANIEL M NELSON
 PO BOX 1498
 FARMINGTON, NM, 87499-1498

2. Article Number (Copy from service label)

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered Mail ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Received by (Please Print Clearly) *Annette Simertfield* B. Date of Delivery

C. Signature *Annette Simertfield* Agent ☐ Addressee ☐

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

FARMINGTON NM 87401

DANIEL M NELSON
 PO BOX 1498
 FARMINGTON, NM, 87499-1498

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3129 7311

1. Article Addressed to:
FRANCIS H. SENFF
37 KNODE ROAD
SHERIDAN, WV 82801

2. Article Number (Copy from service label)
1000 0600 0024 3129 7311

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-44-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3129 6321

1. Article Addressed to:
ROBERT EARL WOODS
RT 16 BOX 730
LEBANON, MO, 65536

2. Article Number (Copy from service label)
WFC 13.569

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-44-1789

NOT DELIVERED
MAIL RETURNED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3129 6055

1. Article Addressed to:
WANEISE READ
1631 PINEVALE
JACKSON, MS, 39211-6421

2. Article Number (Copy from service label)
1000 0600 0024 3129 6055

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-44-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

7000 0600 0024 3129 7175

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

To: OTIC INC
206 - 15TH ST SW
ALBUQUERQUE, NM, 87104-1102

SEN

1. Article Addressed to:
OTIC INC
206 - 15TH ST SW
ALBUQUERQUE, NM, 87104-1102

2. Article Number (Copy from service label)
7000 0600 0024 3129 7175

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

HIS SECTION ON DELIVERY (Please Print Clearly)

B. Date of Delivery
OCT 2 2000

C. Signature
X Judy Goad

D. Is delivery address different from item? ☐ 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

7000 0600 0024 3129 7021

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

To: MARY ELIZABETH E NADI TRUST
BANK OF OKLAHOMA TRUSTEE
P O BOX 1588
TULSA, OK, 74101-1588

SENDER

1. Article Addressed to:
MARY ELIZABETH E NADI TRUST
BANK OF OKLAHOMA TRUSTEE
P O BOX 1588
TULSA, OK, 74101-1588

2. Article Number (Copy from service label)
7000 0600 0024 3129 7021

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

HIS SECTION ON DELIVERY (Please Print Clearly)

B. Date of Delivery
OCT 2 2000

C. Signature
X Judy Goad

D. Is delivery address different from item? ☐ 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3130 0233

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

To: HELEN VIRGINIA JACKSON
PO BOX 1652
WICKENBURG, AZ, 85358-1652

Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage)

7000 0600 0024 3129 7236

WJEC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
KENNETH E. HAUG
MILETON H. KRASNE ESTATE
1200 HUMBOLDT STREET, APT. 905
DENVER, CO 80218-2461

2. Article Number (Copy from service label)
1000 0600 0024 3129 7236

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *James Bussell* B. Date of Delivery *1/17/99*

C. Signature *X James Bussell* ☐ 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage)

7000 0600 0024 3129 7038

WJEC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
SUSAN ELLA NAFUS
5220 SHOOTING STAR RD
POLLOCK PINES, CA, 95726-9001

2. Article Number (Copy from service label)
1000 0600 0024 3129 7038

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Susan Nafus* B. Date of Delivery *1/17/99*

C. Signature *X Susan Nafus* ☐ 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage)

7000 0600 0024 3129 7151

WJEC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
NORTH CENTRAL OIL CORPORATION
PO BOX 200201
HOUSTON, TX, 77216-0201

2. Article Number (Copy from service label)
1000 0600 0024 3129 7151

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *BGT 022000* B. Date of Delivery *1/17/99*

C. Signature *X BGT 022000* ☐ 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

7000 0600 0024 3129 7267

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

- 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.

Postage \$ 0.00

Certified Fee \$ 0.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

SOUTHLAND ROYALTY CO.
801 CHERRY STREET
FORT WORTH, TX 76102

1. Article Addressed to:

SOUTHLAND ROYALTY CO.
801 CHERRY STREET
FORT WORTH, TX 76102

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Chris Bowie B. Date of Delivery 10/3

C. Signature X Chris Bowie ☐ 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) 7000 0600 0024 3129 7267

7000 0600 0024 3129 6284

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

- 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.

Postage \$ 0.00

Certified Fee \$ 0.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 0.00

JO ANN Z XAIZ
8159 S ADAMS ST
MIDVALE, UT, 84047-7446

1. Article Addressed to:

JO ANN Z XAIZ
8159 S ADAMS ST
MIDVALE, UT, 84047-7446

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jo Ann Xaiz B. Date of Delivery 10-2

C. Signature X Jo Ann Xaiz ☐ 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) 7000 0600 0024 3129 6284

7000 0600 0024 3129 6284

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ 0.00

Certified Fee \$ 0.00

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 0.00

HENRY A OBERFELD
10130 MANCHESTER RD
KIRKWOOD, MO, 63122-1547

NOT DELIVERED
MAIL RETURNED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3130 0301

WFC 13. 869

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

A
 S JANA LYNN MILLER JENSEN
 397 NE 37TH AVENUE
 C HILLSBORO, OR 97124

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3130 0172

WFC 13. 869

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

A
 S FOREST RICHARD HUNTINGTON
 PO BOX 2257
 C FARMINGTON, NM, 87499-2257

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

FOREST RICHARD HUNTINGTON
 PO BOX 2257
 FARMINGTON, NM, 87499-2257

2. Article Number (Copy from service label) **7000 0600 0024 3130 0172**

COMPLETE THE SECTION ON DELIVERY

A. Received by (Please Print Clearly) **X J. Huntington** B. Date of Delivery

C. 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3130 0295

WFC 13. 869

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

A
 S MARGUERITE D AND LUCIANO M JAQUEZ
 JOINT TENANTS
 205 JEMEZ AVE
 C AZTEC, NM, 87410-2118

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

MARGUERITE D AND LUCIANO M JAQUEZ
 JOINT TENANTS
 205 JEMEZ AVE
 AZTEC, NM, 87410-2118

2. Article Number (Copy from service label) **7000 0600 0024 3130 0295**

COMPLETE THE SECTION ON DELIVERY

A. Received by (Please Print Clearly) **X Marguerite Jaquez** B. Date of Delivery

C. 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3130 0035

WFC 13.569

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Re: NATHAN AND JEAN KESSLER
 1 SANDRINGHAM RD
 PIEDMONT, CA, 94611-3612

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 9773

WFC 1

Postage	\$
Certified Fee	28.00
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Re: STATE OF NEW MEXICO
 P.O. BOX 1148
 SANTA FE, NM 87504-1148

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:
 STATE OF NEW MEXICO
 P.O. BOX 1148
 SANTA FE, NM 87504-1148

2. Article Number (Copy from service label): 7000 0600 0024 3129 9773

RECEIVER: SECTION ON DELIVERY

A. Received by (Please Print Clearly):
 C. Signature: *[Signature]*
☒ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type:
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP 29 2000

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)

7000 0600 0024 3129 9940

WFC 1

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Re: GEORGE T KARTCHNER
 306 N SCHWARTZ
 FARMINGTON, NM, 87401-5549

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:
 GEORGE T KARTCHNER
 306 N SCHWARTZ
 FARMINGTON, NM, 87401-5549

2. Article Number (Copy from service label): 7000 0600 0024 3129 9940

RECEIVER: SECTION ON DELIVERY

A. Received by (Please Print Clearly):
 C. Signature: *[Signature]*
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type:
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3130 0011

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance)

WFC 13.5

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

MAX D KENNEMER TRUSTEE
 PO BOX 1343
 BLOOMFIELD, NM, 87413-1343

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:

MAX D KENNEMER TRUSTEE
 PO BOX 1343
 BLOOMFIELD, NM, 87413-1343

2. Article Number (Copy from service label)

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *Max D. Kenemer*

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3130 0011

7000 0600 0024 3130 0042

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance)

WFC 13

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

HAZEL O KILLIAN LIVING TRUST
 805 MANQUAM RD
 BLOOMFIELD, NM, 87413-9618

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:

HAZEL O KILLIAN LIVING TRUST
 805 MANQUAM RD
 BLOOMFIELD, NM, 87413-9618

2. Article Number (Copy from service label)

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *Hazel Killian*

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3130 0042

7000 0600 0024 3129 9667

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance)

WFC 1

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

JAMES M AND FRANCES CRAWFORD
 NO 3 RD 5290 NBU NO 3027B
 FARMINGTON, NM, 87401-1536

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:

JAMES M AND FRANCES CRAWFORD
 NO 3 RD 5290 NBU NO 3027B
 FARMINGTON, NM, 87401-1536

2. Article Number (Copy from service label)

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *J. Crawford*

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 9667

7000 0600 0024 3130 0028

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Rec
 S/A
 City

THOMAS F AND EVELYN KERBY
 5471 US 64
 FARMINGTON, NM, 87401

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:

THOMAS F AND EVELYN KERBY
 5471 US 64
 FARMINGTON, NM, 87401

2. Article Number (Copy from service label)

7000 0600 0024 3130 0028

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 THOMAS F. KERBY 10/2/00
- 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

7000 0600 0024 3129 9957

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Rec
 S/A
 City

JOHN L KELLENAERS
 #8 RD 5433
 FARMINGTON, NM, 87401-1401

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:

JOHN L KELLENAERS
 #8 RD 5433
 FARMINGTON, NM, 87401-1401

2. Article Number (Copy from service label)

7000 0600 0024 3129 9957

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 KIMETTE KELLENAERS
- 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 5721

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Rec
 S/A
 City

MARTHA JEAN BOGUE
 411 EDWARD ST
 WINTERS, CA, 95694-1804

SENDER: CC

- 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:

MARTHA JEAN BOGUE
 411 EDWARD ST
 WINTERS, CA, 95694-1804

2. Article Number (Copy from service label)

7099 3400 0007 7003 5721

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 JACK W. BOGUE 10-7-00
- 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

2/

7000 0600 0024 3129 5133

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

Postage: \$
Certified Fee:
Return Receipt Fee (Endorsement Required):
Restricted Delivery Fee (Endorsement Required):
Total Postage & Fees: \$

FRANK PALMER
1084 N MOYLE DR
ALPINE, UT, 84004-1206

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:

FRANK PALMER
1084 N MOYLE DR
ALPINE, UT, 84004-1206

2. Article Number (Copy from service label) 7000 0600 0024 3129 5133

SECTION ON DELIVERY

A. Received by (Please Print Clearly) John Palmer B. Date of Delivery OCT 10 2000

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6062

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

Postage: \$
Certified Fee:
Return Receipt Fee (Endorsement Required):
Restricted Delivery Fee (Endorsement Required):
Total Postage & Fees: \$

CLAUD W RAYBOURN
16260 MONACHE CT
APPLE VALLEY, CA, 92307-1465

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:

CLAUD W RAYBOURN
16260 MONACHE CT
APPLE VALLEY, CA, 92307-1465

2. Article Number (Copy from service label) 7000 0600 0024 3129 6062

SECTION ON DELIVERY

A. Received by (Please Print Clearly) Claud W Raybourn B. Date of Delivery [Signature]

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9933

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

Postage: \$
Certified Fee:
Return Receipt Fee (Endorsement Required):
Restricted Delivery Fee (Endorsement Required):
Total Postage & Fees: \$

ELFIDA KARTCHNER
306 N SCHWARTZ AVE
FARMINGTON, NM, 87401-5549

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:

ELFIDA KARTCHNER
306 N SCHWARTZ AVE
FARMINGTON, NM, 87401-5549

2. Article Number (Copy from service label) 7000 0600 0024 3129 9933

SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery [Signature]

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

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 In: WFC 13.369

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

AULDIE K BLANKENSHIP
RT 1 BOX 369
ROCK, WV, 24747-9734

7099 3400 0007 7003 5783

NOT DELIVERED -
MAIL RETURNED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent In: WFC 13.5

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

COMBUSTION ENGINEERING INC
501 MERRITT 7
P O BOX 5308
NORWALK, CT, 06856-5308

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

2. Article Number (Copy from service label) 7000 0600 0024 3129 9469

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) G. H. [Signature] B. Date of Delivery 10/13/00
C. Signature [Signature] ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent In: WFC 13.

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

DAVID MILLER BERRY
1689 W ELLERY
FRESNO, CA, 93711-1931

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

2. Article Number (Copy from service label) 7099 3400 0007 7003 6032

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) D. E. [Signature] B. Date of Delivery 10/13/00
C. Signature [Signature] ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

7000 0600 0024 3129 6642

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

POLLY MOSELEY ROYCE
P.O. BOX 369
RANCHO SANTA FE, CA 92067-0869

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
POLLY MOSELEY ROYCE
P.O. BOX 369
RANCHO SANTA FE, CA 92067-0869

2. Article Number (Copy from service label)
7000 0600 0024 3129 6642

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

7000 0600 0024 3129 8530

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

NORMA C MATTHEWS
700 E 8TH ST APT 311
KANSAS CITY, MO, 64106-1632

SEN

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
NORMA C MATTHEWS
700 E 8TH ST APT 311
KANSAS CITY, MO, 64106-1632

2. Article Number (Copy from service label)
7000 0600 0024 3129 8530

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Cover)

7000 0600 0024 3130 0066

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

RUTH L KINZER
13040 BATEMAN CT
WOODBIDGE, VA, 22192-4902

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
RUTH L KINZER
13040 BATEMAN CT
WOODBIDGE, VA, 22192-4902

2. Article Number (Copy from service label)
7000 0600 0024 3130 0066

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 8738

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

- SENDI**
- 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.

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:

100300

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postage \$ *WFC 13.8*

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

BARBARA BRYAN LEYENDECKER
2718 ABERDEEN CT
FT COLLINS, CO, 80525-2201

1. Article Addressed to:

BARBARA BRYAN LEYENDECKER
2718 ABERDEEN CT
FT COLLINS, CO, 80525-2201

2. Article Number (Copy from service label)

7000 0600 0024 3129 8738

7000 0600 0024 3129 8721

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

- SENDI**
- 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.

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:

LARRY R. LEIGHTON

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postage \$ *WFC 13.8*

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

LARRY R. LEIGHTON
PO BOX ZZ
CORTEZ, CO, 81321-1530

1. Article Addressed to:

LARRY R. LEIGHTON
PO BOX ZZ
CORTEZ, CO, 81321-1530

2. Article Number (Copy from service label)

7000 0600 0024 3129 8721

7000 0600 0024 3129 8769

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

- 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.

HIS 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

Postage \$ *WFC 13.8*

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

GILBERT A LOBATO
PO BOX 503
BLANCO, NM, 87412-0503

1. Article Addressed to:

GILBERT A LOBATO
PO BOX 503
BLANCO, NM, 87412-0503

2. Article Number (Copy from service label)

7000 0600 0024 3129 8769

7000 0600 0024 3129 8554

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage)

Postage: WFC 13.5

Certified Fee: 1.00

Return Receipt Fee (Endorsement Required): 0.00

Restricted Delivery Fee (Endorsement Required): 0.00

Total Postage & Fees: 14.50

To: ADELINE L MCCARTY
3252 36TH AVE
COLUMBUS, NE, 68601-1434

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:

ADELINE L MCCARTY
3252 36TH AVE
COLUMBUS, NE, 68601-1434

2. Article Number (Copy from service label)

7000 0600 0024 3129 8554

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly): B. Date of Delivery

X Sharon M. [Signature]
[Address]

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

7000 0600 0024 3129 8752

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage)

Postage: WFC 13.50

Certified Fee: 1.00

Return Receipt Fee (Endorsement Required): 0.00

Restricted Delivery Fee (Endorsement Required): 0.00

Total Postage & Fees: 14.50

To: LINDA JEANNE LUNDELL LINDSEY
PO BOX 631565
NACOGDOCHES, TX, 75963-1565

SENDER

- 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:

LINDA JEANNE LUNDELL LINDSEY
PO BOX 631565
NACOGDOCHES, TX, 75963-1565

2. Article Number (Copy from service label)

7000 0600 0024 3129 8752

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly): B. Date of Delivery

C. Signature
X Angela Lindsey [Signature]
[Address]

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

7000 0600 0024 3129 8509

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage)

Postage: WFC 13.50

Certified Fee: 1.00

Return Receipt Fee (Endorsement Required): 0.00

Restricted Delivery Fee (Endorsement Required): 0.00

Total Postage & Fees: 14.50

To: CELIA J MARTINEZ
6519 ASTAIR NW
ALBUQUERQUE, NM, 87120-4402

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:

CELIA J MARTINEZ
6519 ASTAIR NW
ALBUQUERQUE, NM, 87120-4402

2. Article Number (Copy from service label)

7000 0600 0024 3129 8509

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly): B. Date of Delivery

C. Signature
X Celia J Martinez [Signature]
[Address]

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

7000 0600 0024 3129 6307

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

SE

- 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:

MAX AND SHARON WOOLERY TRUSTEES
 U/A DATED 5-5-94
 635 ROAD 2900
 AZTEC, NM, 87410-9738

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
Max Woolery	10-2-94
C. Signature	☐ Agent ☐ Addressee
X My Woolery	☐ Yes ☐ No
D. Is delivery address different from item 1?	
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	

7000 0600 0024 3129 7106

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

SE

- 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:

SYLVIA F. LITTLE, TRUSTEE
 P.O. BOX 1258
 FARMINGTON, NM 87499

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
Cher. Wh. Fry	10-2-94
C. Signature	☐ Agent ☐ Addressee
X Cher. Wh. Fry	☐ Yes ☐ No
D. Is delivery address different from item 1?	
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	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

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:

PHILIP R. POWELL
 4121 CEDAR VALLEY RD
 PONCA CITY, OK, 74604-6236

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
Phil Powell	10-2-00
C. Signature	☐ Agent ☐ Addressee
X Phil Powell	☐ Yes ☐ No
D. Is delivery address different from item 1?	
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	

7000 0600 0024 3129 6079

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Cover)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total \$

Re: SUZANNE RAUSCH
S: PMB 234
C: 8988 L S SHERIDAN
CITY: TULSA, OK, 74133-5035

WFC 13

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:

SUZANNE RAUSCH
PMB 234
8988 L S SHERIDAN
TULSA, OK, 74133-5035

2. Article Number (Copy from service label)

THE SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1000 0600 0024 3129 6079

7000 0600 0024 3129 6185

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Cover)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total \$

Re: H K RIDDLE
S: PO BOX 13326
C: ALBUQUERQUE, NM, 87192-3326

WFC 13

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:

H K RIDDLE
PO BOX 13326
ALBUQUERQUE, NM, 87192-3326

2. Article Number (Copy from service label)

THE SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1000 0600 0024 3129 6185

7000 0600 0024 3129 5980

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Cover)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total \$

Re: WILLIAMS PRODUCTION COMPANY
S: P O BOX 3102 MAIL STATION 37-3
C: TULSA, OK, 74101-3102

WFC 13

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:

WILLIAMS PRODUCTION COMPANY
P O BOX 3102 MAIL STATION 37-3
TULSA, OK, 74101-3102

2. Article Number (Copy from service label)

THE SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1000 0600 0024 3129 5980

7099 3400 0007 7003 5974

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
Article Sent To WFC 13.		- 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	
Postage \$		1. Article Addressed to: OLIVER BENSON 640 E BOYD NORMAN, OK, 73071-5004		C. Signature X Megan Benson ☐ Agent ☐ Addressee	
Certified Fee		2. Article Number (Copy from service label)		D. Is delivery address different from item 1? ☐ Yes ☐ No	
Return Receipt Fee (Endorsement Required)		PS Form 3811, July 1999		Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes	
Restricted Delivery Fee (Endorsement Required)		Domestic Return Receipt		102595-99-M-1789	

7099 3400 0007 7003 5981

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
Article Sent To WFC 13.		- 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	
Postage \$		1. Article Addressed to: WALTER BENSON 4816 NW 31ST ST OKLAHOMA CITY, OK, 73122-1218		C. Signature X Walter Benson ☐ Agent ☐ Addressee	
Certified Fee		2. Article Number (Copy from service label)		D. Is delivery address different from item 1? ☐ Yes ☐ No	
Return Receipt Fee (Endorsement Required)		PS Form 3811, July 1999		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes	
Restricted Delivery Fee (Endorsement Required)		Domestic Return Receipt		102595-99-M-1789	

7000 0600 0024 3129 9308

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		SECTION ON DELIVERY	
Article Sent To WFC 13.		- 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	
Postage \$		1. Article Addressed to: CAROL FITTING CHESNUT 7537 DRY PINES CIRCLE LAS VEGAS, NV, 89129-5932		C. Signature X Carolyn Chesnut ☐ Agent ☐ Addressee	
Certified Fee		2. Article Number (Copy from service label)		D. Is delivery address different from item 1? ☐ Yes ☐ No	
Return Receipt Fee (Endorsement Required)		PS Form 3811, July 1999		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes	
Restricted Delivery Fee (Endorsement Required)		Domestic Return Receipt		102595-99-M-1789	

7000 0600 0024 3129 9131

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

CALVIN R AND BETTY JO COY
97 ROAD 3100
AZTEC, NM, 87410-9529

SENDER:

- 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:

CALVIN R AND BETTY JO COY
97 ROAD 3100
AZTEC, NM, 87410-9529

2. Article Number (Copy from service label)

7000 0600 0024 3129 9131

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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)

7000 0600 0024 3129 9124

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

ARTHUR BILL COY
111 BELLEVUE AVE
OREGON CITY, OR, 97045

SENDER:

- 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:

ARTHUR BILL COY
111 BELLEVUE AVE
OREGON CITY, OR, 97045

2. Article Number (Copy from service label)

7000 0600 0024 3129 9124

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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)

7000 0100 0024 3129 9391

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

FRANK L AND MARY JEAN CITO
206 - 15TH STREET S W
ALBUQUERQUE, NM, 87104-1102

SENDER:

- 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:

FRANK L AND MARY JEAN CITO
206 - 15TH STREET S W
ALBUQUERQUE, NM, 87104-1102

2. Article Number (Copy from service label)

7000 0100 0024 3129 9391

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

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)

7000 0600 0024 3129 9384

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

WFC 13.

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

 VIVAN CHURCHILL TRUST
 VIVAN CHURCHILL TRUSTEE
 PO BOX 4092
 SANTA FE, NM, 87502

SENDER: _____

- 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:

 VIVAN CHURCHILL TRUST
 VIVAN CHURCHILL TRUSTEE
 PO BOX 4092
 SANTA FE, NM, 87502

2. Article Number (Copy from service label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) Jace Churchill B. Date of Delivery 10-2-00C. Signature [Signature] ☐ Agent ☒ AddresseeD. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

0002 2 - 100

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 9384

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 9315

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.5769

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

 STEPHANIE MICHELLE CHESNUT
 4740 166TH ST
 LAWDALE, CA, 90260-2827

7000 0600 0024 3129 9346

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

WFC 13.5

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

 DELBERT A CHRISTENSEN AND
 RUTH ANN CHRISTENSEN/JOINT TENANTS
 C/O WESTERN BANK ACCT 13105091
 PO BOX 1047
 AZTEC, NM, 87410

SENDER: COME

- 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:

 DELBERT A CHRISTENSEN AND
 RUTH ANN CHRISTENSEN/JOINT TENANTS
 C/O WESTERN BANK ACCT 13105091
 PO BOX 1047
 AZTEC, NM, 87410

2. Article Number (Copy from service label)

PS Form 3811, July 1999

ACTION ON DELIVERY

A. Received by (Please Print Clearly) Ruth Ann Christensen B. Date of Delivery 9-30-00C. Signature [Signature] ☐ Agent ☒ AddresseeD. 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

7000 0600 0024 3129 9346

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 9902

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage)		SENDER	SECTION ON DELIVERY
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ J ROBERT JONES 1205 W PECAN MIDLAND, TX, 79705-6515		1. Article Addressed to: J ROBERT JONES 1205 W PECAN MIDLAND, TX, 79705-6515 2. Article Number (Copy from service label)	A. Received by (Please Print Clearly) <u>J. R. Jones</u> B. Date of Delivery <u>7/30</u> C. Signature <u>[Signature]</u> ☐ 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
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789			

7000 0600 0024 3129 9766

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ RAYMOND E AND RUBY I CUNNINGHAM PO BOX 474 BLOOMFIELD, NM, 87413-0474	

NOT DELIVERED -
MAIL RETURNED

7000 0600 0024 3129 4365

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage)		SENDER COMPLETE THIS SECTION	SECTION ON DELIVERY
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) CHERIE N HAND 6970 POCO BUENO CIR SPARKS, NV, 89436-7467		1. Article Addressed to: CHERIE N HAND 6970 POCO BUENO CIR SPARKS, NV, 89436-7467 2. Article Number (Copy from service label)	A. Received by (Please Print Clearly) <u>Theresa</u> B. Date of Delivery C. Signature <u>[Signature]</u> ☐ 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
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789			

7000 0600 0024 3129 4358

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

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.

RECEIVED BY: COMPLETE THIS SECTION

A. Received by (Please Print Clearly) **Oct 02 2000**
B. Date of Delivery
C. Signature **[Signature]**
☒ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

1. Article Addressed to:
**HANNETT STEELE PARTNERS
NATIONSBANK AGENT
PO BOX 840738
DALLAS, TX, 75284-0738**

2. Article Number (Copy from service label) **7000 0600 0024 3129 4358**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

HANNETT STEELE PARTNERS
NATIONSBANK AGENT
PO BOX 840738
DALLAS, TX, 75284-0738

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 6490

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

Article Sent To: **WFC 13.569**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Postmark Here

To: **ROBERT ALTON DUSTIN
20 MAPLE DR
DURANGO, CO, 81301-4458**

7099 3400 0007 7003 7015

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

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.

RECEIVED BY: COMPLETE THIS SECTION

A. Received by (Please Print Clearly) **F.E. Dotter**
B. Date of Delivery **10-3-00**
C. Signature **[Signature]**
☒ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

1. Article Addressed to:
**BETTY LOU DOTTER
4917 CUMMINS DRIVE
FORT WORTH, TX 76118**

2. Article Number (Copy from service label) **7099 3400 0007 7003 7015**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

**BETTY LOU DOTTER
4917 CUMMINS DRIVE
FORT WORTH, TX 76118**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 5950

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Cover)

Article Number: WFC 13

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

GENE AND AUDRIE C BENNETT
1241 LAGUNA
FARMINGTON, NM, 87401-7071

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:

GENE AND AUDRIE C BENNETT
1241 LAGUNA
FARMINGTON, NM, 87401-7071

2. Article Number (Copy from service label)

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature GENE BENNETT ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1099 3400 0007 7003 5950

7000 0600 0024 3129 4716

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Cover)

Article Number: WFC 13

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Receipt

Street: LLOYD B AND MILDRED B TAYLOR
REVOCABLE TRUST
J A PALMER TRUSTEE
City, Sta: 500 W BROADWAY
FARMINGTON, NM, 87401-5977

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:

LLOYD B AND MILDRED B TAYLOR
REVOCABLE TRUST
J A PALMER TRUSTEE
500 W BROADWAY
FARMINGTON, NM, 87401-5977

2. Article Number (Copy from service label)

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Bill Musick ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 4716

7000 0600 0024 3129 6482

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Cover)

Article Number: WFC

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

TAMANCO OIL CORPORATION
P.O. BOX 13326
ALBUQUERQUE, NM 87192

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:

TAMANCO OIL CORPORATION
P.O. BOX 13326
ALBUQUERQUE, NM 87192

2. Article Number (Copy from service label)

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Anna Roth ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6482

7099 3400 0007 7003 6209

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)	

 LEE ROY AND PATSY J BAYSINGER
 PO BOX 156
 KIRTLAND, NM, 87417-0156

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:

 LEE ROY AND PATSY J BAYSINGER
 PO BOX 156
 KIRTLAND, NM, 87417-0156

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Patsy Baysinger

☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

☐ Yes
☐ No

If YES, enter delivery address below:

3. Service Type

- ☒
- Certified Mail
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes
☐ No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6124

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)	

 LINDA JACKSON BARKER
 10060 HILLTOP DR
 SAINT LOUIS, MO, 63128-1512

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:

 LINDA JACKSON BARKER
 10060 HILLTOP DR
 SAINT LOUIS, MO, 63128-1512

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

Linda Barker

10/9

C. Signature

X Linda Barker

☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

☐ Yes
☐ No

If YES, enter delivery address below:

3. Service Type

- ☒
- Certified Mail
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes
☐ No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6949

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)	

 W A MONCRIEF JR
 MONCRIEF BLDG
 109 EAST 9TH STREET
 FORT WORTH, TX, 76102-6403

SENDER

- 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:

 W A MONCRIEF JR
 MONCRIEF BLDG
 109 EAST 9TH STREET
 FORT WORTH, TX, 76102-6403

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

J. W. Barker

OCT 02 2000

C. Signature

X J. W. Barker

☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

☐ Yes
☐ No

If YES, enter delivery address below:

3. Service Type

- ☒
- Certified Mail
-
- ☐
- Registered
-
- ☐
- Insured Mail
-
- ☐
- Express Mail
-
- ☒
- Return Receipt for Merchandise
-
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes
☐ No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8684

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage)

WFC 13

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

**BETTY D GRACEY PERS REP
FRANK W. WHITENACK ESTATE
10107 ELMHURST NW
ALBUQUERQUE, NM 87114**

1. Article Addressed to:
BETTY D GRACEY PERS REP
FRANK W. WHITENACK ESTATE
10107 ELMHURST NW
ALBUQUERQUE, NM 87114

2. Article Number (Copy from service label) 7000 0600 0024 3129 8684

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

2. Restricted Delivery? (Extra Fee) ☐ 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 ☒ No

5. Signature X *[Signature]* ☐ Agent ☐ Addressee

6. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

7000 0600 0024 3129 8905

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage)

WFC 13

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

**R D MCMAHAN
5950 STONES THROW
HOUSTON, TX, 77057-1444**

1. Article Addressed to:
R D MCMAHAN
5950 STONES THROW
HOUSTON, TX, 77057-1444

2. Article Number (Copy from service label) 7000 0600 0024 3129 8905

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

2. Restricted Delivery? (Extra Fee) ☐ 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 ☒ No

5. Signature X *[Signature]* ☐ Agent ☐ Addressee

6. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

7000 0600 0024 3129 5423

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage)

WFC 13

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

**OTIS AND OPAL HAWS
#9 ROAD 5759
FARMINGTON, NM 87401**

1. Article Addressed to:
OTIS AND OPAL HAWS
#9 ROAD 5759
FARMINGTON, NM 87401

2. Article Number (Copy from service label) 7000 0600 0024 3129 5423

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

2. Restricted Delivery? (Extra Fee) ☐ 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 ☒ No

5. Signature X *[Signature]* ☐ Agent ☐ Addressee

6. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☒ No

7000 0600 0024 3129 8417

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ 4.13

Certified Fee 0.30

Return Receipt Fee (Endorsement Required) 0.30

Restricted Delivery Fee (Endorsement Required) 0.30

Total Charges & Fees \$ 5.03

ROBERT AND MADELYN LEIGHTON
205 W. KENNEY AVE.
GRAND JUNCTION, CO 81505

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:

ROBERT AND MADELYN LEIGHTON
205 W. KENNEY AVE.
GRAND JUNCTION, CO 81505

2. Article Number (Copy from service label)

1000 0600 0024 3129 8417

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

10-2-00

C. Signature Madelyn Leighton ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

4. Restricted Delivery? (Extra Fee) ☐ 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 ☒ No

7000 0600 0024 3129 8400

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ 4.13

Certified Fee 0.30

Return Receipt Fee (Endorsement Required) 0.30

Restricted Delivery Fee (Endorsement Required) 0.30

Total Charges & Fees \$ 5.03

PATTI KAY SCHMIDT
9729 CHANNEL ROAD, H-129
LAKESIDE, CA 92040

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:

PATTI KAY SCHMIDT
9729 CHANNEL ROAD, H-129
LAKESIDE, CA 92040

2. Article Number (Copy from service label)

1000 0600 0024 3129 8400

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

10/2/00

C. Signature Patti Kay Schmidt ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

4. Restricted Delivery? (Extra Fee) ☐ 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 ☒ No

7099 3400 0007 7003 5608

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ 4.13

Certified Fee 0.30

Return Receipt Fee (Endorsement Required) 0.30

Restricted Delivery Fee (Endorsement Required) 0.30

Total Charges & Fees \$ 5.03

ETHEL L BRYNIE
1300 BRYNIE LN
FARMINGTON, NM, 87401-8127

SENDER:

- 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:

ETHEL L BRYNIE
1300 BRYNIE LN
FARMINGTON, NM, 87401-8127

2. Article Number (Copy from service label)

7099 3400 0007 7003 5608

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Ethel L Brynie

C. Signature Ethel L Brynie ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

4. Restricted Delivery? (Extra Fee) ☐ 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 ☒ No

7000 0600 0024 3129 5683

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

WFC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

ALFRED EUGENE STARK AND
ALBERTA MAE STARK
#12 ROAD 5467
FARMINGTON, NM, 87401-1420

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:

ALFRED EUGENE STARK AND
ALBERTA MAE STARK
#12 ROAD 5467
FARMINGTON, NM, 87401-1420

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

THESECTIONS ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature
X *Alfred E Stark*
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

7000 0600 0024 3129 4709

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

WFC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

MIRIAM M TAYLOR
4360 CARDON DR
FARMINGTON, NM, 87401-9282

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:

MIRIAM M TAYLOR
4360 CARDON DR
FARMINGTON, NM, 87401-9282

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

THESECTIONS ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
REBECCA T. RUIZ 10-3
- C. Signature
X *Rebecca Ruiz*
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

7000 0600 0024 3129 8387

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

WFC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

PAUL CALLOWAY
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

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:

PAUL CALLOWAY
13865 THUNDERBIRD BLVD.
SUN CITY, AZ 85351

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

THESECTIONS ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
LORETTA CALLOWAY 4-30-88
- C. Signature
X *Loretta Calloway*
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

7000 0600 0024 3129 6741

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, Not for International)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

GARY W. HARVEY
H.W. SMITH ESTATE
300 SW 21ST STREET
SEMINOLE, TX 79350-3820

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:

GARY W. HARVEY
H.W. SMITH ESTATE
300 SW 21ST STREET
SEMINOLE, TX 79350-3820

2. Article Number (Copy from service label)
1000 0600 0024 3129 6741

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6834

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, Not for International)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

PETROLEUM SYNERGY GROUP INC
ATTN RICHARD C M WILSON
1801 BROADWAY STE 800
DENVER, CO, 80202-3836

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:

PETROLEUM SYNERGY GROUP INC
ATTN RICHARD C M WILSON
1801 BROADWAY STE 800
DENVER, CO, 80202-3836

2. Article Number (Copy from service label)
1099 3400 0007 7003 6834

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6727

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, Not for International)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

ROSALIND REDFERN
P.O. BOX 2127
MIDLAND, TX 79702

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:

ROSALIND REDFERN
P.O. BOX 2127
MIDLAND, TX 79702

2. Article Number (Copy from service label)
1000 0600 0024 3129 6727

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

JIM L. SHARP
1020 FOXWOOD LANE
WYLIE, TX 75098

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:
JIM L. SHARP
1020 FOXWOOD LANE
WYLIE, TX 75098

2. Article Number (Copy from service label)
7000 0600 0024 3129 6710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
10-2-00

C. Signature
X *[Signature]*
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

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)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

ROBERT E. BEAMON, III
C/O STEVE ZAPALAC - 1ST NATIONAL BANK
P.O. BOX 128
BELLEVILLE, TX 77418

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:
ROBERT E. BEAMON, III
C/O STEVE ZAPALAC - 1ST NATIONAL BANK
P.O. BOX 128
BELLEVILLE, TX 77418

2. Article Number (Copy from service label)
7000 0600 0024 3129 6734

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery
10-2-00

C. Signature
X *[Signature]*
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

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)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

FITTING-CHESTNUT FAMILY
LIMITED PARTNERSHIP
P.O. BOX 782
MIDLAND, TX 79702

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:
FITTING-CHESTNUT FAMILY
LIMITED PARTNERSHIP
P.O. BOX 782
MIDLAND, TX 79702

2. Article Number (Copy from service label)
7000 0600 0024 3129 8370

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery

C. Signature
X *[Signature]*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

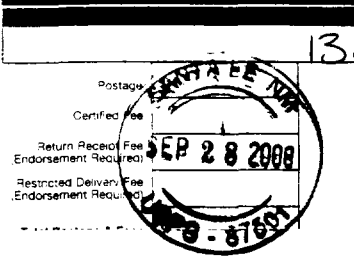
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 8189

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)



ROGERS GIBBARD TRUST
ORVILLE C ROGERS, SUSAN EVELAND AND
ELAINE GIBBARD ALLMAN TRUSTEES
3630 RIVER OAKS CT
TYLER, TX, 75707-1658

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:

ROGERS GIBBARD TRUST
ORVILLE C ROGERS, SUSAN EVELAND AND
ELAINE GIBBARD ALLMAN TRUSTEES
3630 RIVER OAKS CT
TYLER, TX, 75707-1658

2. Article Number (Copy from service label)
7000 0600 0024 3129 8189

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
OCT 10 2000

C. Signature
X Susan Eveland Agent
Addressee

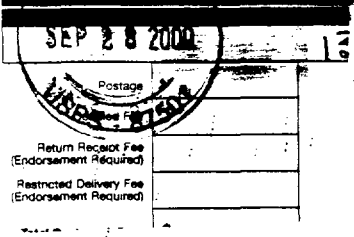
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 8158

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)



DONALD C AND VALERIE D ROQUEMORE
JOINT TENANTS
105 MEADOW VIEW DR
FARMINGTON, NM, 87401-7850

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:

DONALD C AND VALERIE D ROQUEMORE
JOINT TENANTS
105 MEADOW VIEW DR
FARMINGTON, NM, 87401-7850

2. Article Number (Copy from service label)
7000 0600 0024 3129 8158

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
SEP 29 2000

C. Signature
X Donald Roque Agent
Addressee

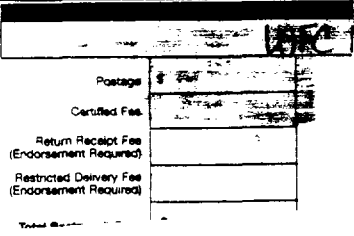
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 6611

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)



AMOCO PRODUCTION COMPANY
(FLAC 331342)
P.O. BOX 277897
ATLANTA, GA 30384-7897

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:

AMOCO PRODUCTION COMPANY
(FLAC 331342)
P.O. BOX 277897
ATLANTA, GA 30384-7897

2. Article Number (Copy from service label)
7000 0600 0024 3129 6611

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X 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

7000 0600 0024 3129 5393

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

WFC 13569

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Article Number

1. Article Addressed to:
 MARY JOE TORGERSON
 4254 VALVERDE SE
 ALBUQUERQUE, NM 87108

NOT DELIVERED
 MAIL RETURNED

7099 3400 0007 7003 6810

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

WFC 13

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Article Number

1. Article Addressed to:
 CHARLES E PETERSON
 4411 ARCTIC
 FARMINGTON, NM, 87402-1702

2. Article Number (Copy from service label)
 7099 3400 0007 7003 6810

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) Daine Peterson
 B. Date of Delivery 9-29-00
 C. Signature X Daine Peterson
☐ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1799

7099 3400 0007 7003 6179

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

WFC 13

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Article Number

1. Article Addressed to:
 KELLY H BAXTER
 PO BOX 1649
 AUSTIN, TX, 78767-1649

2. Article Number (Copy from service label)
 7099 3400 0007 7003 6179

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 2/28/01
 C. Signature X Kelly H Baxter
☐ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1799

7000 0600 0024 3129 5263

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.369

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees

Postmark
Here

Recd
 WILLIAM S TYRRELL
 333 TEXAS ST STE 1120
 SHREVEPORT, LA, 71101-5303

7000 0600 0024 3129 4617

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.369

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees

Recd
 HOWARD N AND ZELMA TYCKSEN
 JOINT TENANTS
 1309 HINES RD
 FARMINGTON, NM, 87401-8171

- 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:

HOWARD N AND ZELMA TYCKSEN
 JOINT TENANTS
 1309 HINES RD
 FARMINGTON, NM, 87401-8171

2. Article Number (Copy from service label)

7000 0600 0024 3129 4617

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS SECTION ON DELIVERY

by (Please Print Clearly)

B. Date of Delivery

C. Signature
 X *Zelma Tycksen*
☐ Agent
☒ Addressee
 D. Is delivery address different from item 1? ☐ Yes
☒ No
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 6970

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.369

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees

Recd
 PAUL MORENO JR
 #11 ROAD 5485
 FARMINGTON, NM, 87401-1408

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:

PAUL MORENO JR
 #11 ROAD 5485
 FARMINGTON, NM, 87401-1408

2. Article Number (Copy from service label)

7000 0600 0024 3129 6970

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature
 X *Paul Moreno*
☐ Agent
☒ Addressee
 D. Is delivery address different from item 1? ☐ Yes
☒ No
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7000 0600 0024 3129 6987

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

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:

MAUDE M MORGAN
 1323 CABIN BRANCH RD
 ROCK, WV. 24747-9359

2. Article Number (Copy from service label)

PS Form 3811, July 1999

SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **10300**
- B. Date of Delivery
- C. Signature
 X *Maude Morgan* ☐ 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

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 6896

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

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:

ROBIN C AND KATHY A PRICE
 #41 ROAD 5290
 BLOOMFIELD, NM, 87413-9751

2. Article Number (Copy from service label)

PS Form 3811, July 1999

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **ROBIN C AND KATHY A PRICE**
- B. Date of Delivery **10/2**
- C. Signature
 X *Robin C Price* ☐ 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

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 5745

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

KYLE KENNETH BERRY
 8 EDGEWATER COVE
 MAUMELL, AR, 72113-6300

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 5171

WPC 13-569

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark here

Recip:
 Street: JANIS VANIMAN
 319 SPRING VALLEY CT
 City: HUNTSVILLE, AL, 35802-1613
 PS Form

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0007 7003 5837

WPC 13

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

J VERNON BLOOMFIELD
 TYSON L TANNER PER REP
 901 N ORCHARD
 FARMINGTON, NM, 87401-6099

SENDER:

■ 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 VERNON BLOOMFIELD
 TYSON L TANNER PER REP
 901 N ORCHARD
 FARMINGTON, NM, 87401-6099

2. Article Number (Copy from service label)

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 X Estelle Bloomfield 7-28-00

C. Signature
 X Estelle Bloomfield

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

7099 3400 0007 7003 5837

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)

7000 0600 0024 3129 9438

WPC

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

RICHARD H COATS
 PO BOX 2412
 MIDLAND, TX, 79702-2412

SENDER:

■ 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:
 RICHARD H COATS
 PO BOX 2412
 MIDLAND, TX, 79702-2412

2. Article Number (Copy from service label)

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 R H Coats 10-3-00

C. Signature
 R H Coats

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

7000 0600 0024 3129 9438

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6796

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

SENDER

- 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:

LORAYN MILLER
4035 DAYTON RD
LAFAYETTE, IN, 47905

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☒ 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

7000 0600 0024 3129 6796

7099 3400 0007 7003 5776

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

WFC B. 5169

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

ROSE E BISHOP
2328 DEAN ST
EUREKA, CA, 95501-3209

7000 0600 0024 3129 8936

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

SENDER

- 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:

MEKUSUKEY OIL COMPANY INC
ATTN DUKE R LIGON
PO BOX 816
WEWOKA, OK, 74884-0816

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ 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

7000 0600 0024 3129 8936

7000 0600 0024 3129 9445

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 13

Postage \$
Certified Fee
Return Receipt Fee
Endorsement Required
Restricted Delivery Fee
Endorsement Required
Total Postage & Fees \$

LESTER F COLBY TR
E H COLBY
C/O BARNETT BK TRUST COMPANY NA
ONE EAST BROWARD BOULEVARD 4TH FL
FT LAUDERDALE, FL, 33301-1804

SENDER

1. Article Addressed to:
LESTER F COLBY TR
E H COLBY
C/O BARNETT BK TRUST COMPANY NA
ONE EAST BROWARD BOULEVARD 4TH FLOOR
FT LAUDERDALE, FL, 33301-1804

2. Article Number (Copy from service label) 7000 0600 0024 3129 9445

SECTION ON DELIVERY

A. Received by (Please Print Clearly)
C. Signature
D. Is delivery address different from item 1? If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee)

7000 0600 0024 3129 9179

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 1

Postage \$
Certified Fee
Return Receipt Fee
Endorsement Required
Restricted Delivery Fee
Endorsement Required
Total Postage & Fees \$

ESTES LAVAR COY
4347 SE ROSWELL
MILWAUKIE, OR, 97222-5065

SENDER

1. Article Addressed to:
ESTES LAVAR COY
4347 SE ROSWELL
MILWAUKIE, OR, 97222-5065

2. Article Number (Copy from service label) 7000 0600 0024 3129 9179

SECTION ON DELIVERY

A. Received by (Please Print Clearly)
C. Signature
D. Is delivery address different from item 1? If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee)

7000 0600 0024 3129 9117

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 13

Postage \$
Certified Fee
Return Receipt Fee
Endorsement Required
Restricted Delivery Fee
Endorsement Required
Total Postage & Fees \$

MARY L COSTA
2623 PALADIN
ANAHEIM, CA, 92806-5018

SENDER

1. Article Addressed to:
MARY L COSTA
2623 PALADIN
ANAHEIM, CA, 92806-5018

2. Article Number (Copy from service label) 7000 0600 0024 3129 9117

SECTION ON DELIVERY

A. Received by (Please Print Clearly)
C. Signature
D. Is delivery address different from item 1? If YES, enter delivery address below:
3. Service Type
4. Restricted Delivery? (Extra Fee)

7000 0600 0024 3129 9155

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

SENDER: WFC 13

■ 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:

DAVID LAVOR COY
712 SOUTH 19 AVENUE
YUMA, AZ, 85364

2. Article Number (Copy from service label): 7000 0600 0024 3129 9155

SECTION ON DELIVERY

A. Received by (Please Print Clearly): David Lavor Coy B. Date of Delivery: 10-12-99

C. Signature: X David Lavor Coy ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1785

7000 0600 0024 3129 9537

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

SENDER: WFC 1

■ 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 C CORDES
RR 3 BOX 1150
RAPID CITY, SD, 57701

2. Article Number (Copy from service label): 7000 0600 0024 3129 9537

SECTION ON DELIVERY

A. Received by (Please Print Clearly): Thelma Cordes B. Date of Delivery: 10/3/00

C. Signature: X Thelma Cordes ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1785

7000 0600 0024 3129 9544

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

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:

THELMA F CORDES
14672 COUNTRY RD
RAPID CITY, SD, 57701-9501

2. Article Number (Copy from service label): 7000 0600 0024 3129 9544

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Thelma Cordes B. Date of Delivery: 10-3-00

C. Signature: X Thelma Cordes ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1785

7000 0600 0024 3130 0004

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 1

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

KATHERINE KELLER
410 FIRST ST
HUMANSVILLE, MO, 65674-8692

SENDER

■ 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:

KATHERINE KELLER
410 FIRST ST
HUMANSVILLE, MO, 65674-8692

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Katherine G. Keller* B. Date of Delivery *10-2-99*
C. Signature *x Katherine G. Keller* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9070

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

CRAIG CORNELL
43 RINCON LOOP RD
TIJERAS, NM, 87059-7401

SENDER

■ 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:

CRAIG CORNELL
43 RINCON LOOP RD
TIJERAS, NM, 87059-7401

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Koei McGee* B. Date of Delivery *9/29/99*
C. Signature *x Koei McGee* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9094

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

JILL E CORNELL
4937 KATHRYN CIR SE
ALBUQUERQUE, NM, 87108

SENDER: COMPLETE THIS SIDE

■ 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:

JILL E CORNELL
4937 KATHRYN CIR SE
ALBUQUERQUE, NM, 87108

2. Article Number (Copy from service label)

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Jill Cornell* B. Date of Delivery *10/2/00*
C. Signature *x J. Cornell* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 5844

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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.		SECTION ON DELIVERY A. Received by (Please Print Clearly) _____ B. Date of Delivery _____ C. Signature _____ ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
Article Sent To: WFC 13. Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		1. Article Addressed to: BARBARA JEAN BOAN PO BOX 2257 FARMINGTON, NM, 87499-2257		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
BARBARA JEAN BOAN PO BOX 2257 FARMINGTON, NM, 87499-2257		2. Article Number (Copy from service label) 7099 3400 0007 7003 5844		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7099 3400 0007 7003 5851

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) G. Busler B. Date of Delivery 1 2000 C. Signature G. Busler ☒ Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
Article Sent To: WFC 13. Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		1. Article Addressed to: REDFERN & HERD P.O. BOX 2127 MIDLAND, TX 79702		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
REDFERN & HERD P.O. BOX 2127 MIDLAND, TX 79702		2. Article Number (Copy from service label) 7099 3400 0007 7003 5851		PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

7099 3400 0007 7003 5820

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		Article Sent To: WFC 13.569 Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____		Postmark Here	
BLOOMFIELD ROYALTY CORP NETTED PRAETORIAN BLDG DALLAS, TX, 75201-4708					

NOT DELIVERED
MAIL RETURNED

7000 0600 0024 3129 9421

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

EMMA V CLOW
220 N E 7TH
HERMISTON, OR, 97838-1908

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
EMMA V CLOW
220 N E 7TH
HERMISTON, OR, 97838-1908

2. Article Number (Copy from service label) 7000 0600 0024 3129 9421

SECTION ON DELIVERY

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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9292

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 1

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

JAMES M CRAWFORD
NO 3 ROAD 5290 NBU NO 3027-B
FARMINGTON, NM, 87401-1536

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
JAMES M CRAWFORD
NO 3 ROAD 5290 NBU NO 3027-B
FARMINGTON, NM, 87401-1536

2. Article Number (Copy from service label) 7000 0600 0024 3129 9292

SECTION ON DELIVERY

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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9568

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 1

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

CHRISTOPHER G CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM, 87110-1121

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
CHRISTOPHER G CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM, 87110-1121

2. Article Number (Copy from service label) 7000 0600 0024 3129 9568

SECTION ON DELIVERY

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
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 5668

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

Article Sent To: WFC 13.567

Postage: \$
 Certified Fee:
 Return Receipt Fee (Endorsement Required):
 Restricted Delivery Fee (Endorsement Required):

Postmark Here

BETTY E BOCEK
 PO BOX 30
 WYARNO, WY. 82445-0030

7000 0600 0024 3129 9551

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):

TOBY CORDES ESTATE
 C/O JOYCE L CORDES
 141 SAINT FRANCIS STREET #2
 RAPID CITY, SD, 57701-5571

SECTION ON DELIVERY

A. Received by (Please Print Clearly):
 B. Date of Delivery: 10-2-66

C. Signature: Joyce L. Cordes
☒ 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): 7000 0600 0024 3129 9551

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1785

7000 0600 0024 3129 9278

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):

HULAN E AND DIXIE CRAWFORD
 JOINT TENANTS
 PO BOX 6674
 FARMINGTON, NM, 87499-6674

SECTION ON DELIVERY

A. Received by (Please Print Clearly):
 B. Date of Delivery: 10-2-66

C. Signature: Hulan E Crawford
☒ 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): 7000 0600 0024 3129 9278

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1785

7000 0600 0024 3130 0264

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance)**

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:

RAYMOND E JACKSON
PO BOX 5262
LONG BEACH, CA, 90805-0262

2. Article Number (Copy from service label) 7000 0600 0024 3130 0264

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Raymond E Jackson B. Date of Delivery 10-3-00

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

7000 0600 0024 3130 0349

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance)**

SENDER

■ 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:

EULALIE F JEROME
3270 MACDONALD ST
NAPA, CA, 94558-3122

2. Article Number (Copy from service label) 7000 0600 0024 3130 0349

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 10/12

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

7000 0600 0024 3130 0332

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance)**

SENDER

■ 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 A PALMER
1217 E 16TH ST
FARMINGTON, NM, 87401-4247

2. Article Number (Copy from service label) 7099 3220 0005 9420 0332

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 9-29

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

7000 0600 0024 3130 0257

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

WFC

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

RALPH G JACKSON
 PO BOX 45
 GUALALA, CA. 95445-0045

SEND

1. Article Addressed to:
 RALPH G JACKSON
 PO BOX 45
 GUALALA, CA. 95445-0045

2. Article Number (Copy from service label) **7000 0600 0024 3130 0257**

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3130 0202

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

WFC 13

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

BERTHA STUCKWISH JACKSON
 323 MANOR HTS DR
 SEYMOUR, IN. 47274-2277

SEND

1. Article Addressed to:
 BERTHA STUCKWISH JACKSON
 323 MANOR HTS DR
 SEYMOUR, IN. 47274-2277

2. Article Number (Copy from service label) **7000 0600 0024 3130 0202**

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *BERTHA S. JACKSON* B. Date of Delivery *10-2-00*
 C. Signature *Bert S. Jackson* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9988

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

WFC

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

FLORENCE L KELLER
 3137 SPRUCE CIR S
 ST GEORGE, UT. 84770-8448

SEND

1. Article Addressed to:
 FLORENCE L KELLER
 3137 SPRUCE CIR S
 ST GEORGE, UT. 84770-8448

2. Article Number (Copy from service label) **7000 0600 0024 3129 9988**

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *FLORENCE L KELLER* B. Date of Delivery *10/2/02*
 C. Signature *Florence L Keller* ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9964

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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:

HELEN JOAN OWENS BEEM
P.O. BOX 651
NEWCASTLE, WY 82701-0651

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Helen Beem* ☐ 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) *7000 0600 0024 3129 9964*

7099 3400 0007 7003 6506

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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:

ROCKIE EUGENE DUSTIN
977 N 100 W
FARMINGTON, UT, 84025-3710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Carliee Dustin* ☐ 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 6506*

7099 3400 0007 7003 6520

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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:

DJELKINS
PO BOX 1326
AZTEC, NM, 87410-1326

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Gwen Elkins* ☐ 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 6520*

7000 0600 0024 3129 9841

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

HELEN A DAVIS
110 OLD HWY 70 LP
GLENWOOD, AR, 71943-9114

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:

HELEN A DAVIS
110 OLD HWY 70 LP
GLENWOOD, AR, 71943-9114

2. Article Number (Copy from service label) 7000 0600 0024 3129 9841

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X Helen Davis 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 No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 6728

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)

JACK DUNNING
PO BOX 151
AZTEC, NM, 87410-0151

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:

JACK DUNNING
PO BOX 151
AZTEC, NM, 87410-0151

2. Article Number (Copy from service label) 7099 3400 0007 7003 6728

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
J. Dunning 9-30-00

C. Signature X J. Dunning 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 No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9797

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

MADelyn LEIGHTON DALY
205 W KENNEDY AVE
GRAND JUNCTION, CO, 81505-7138

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:

MADelyn LEIGHTON DALY
205 W KENNEDY AVE
GRAND JUNCTION, CO, 81505-7138

2. Article Number (Copy from service label) 7000 0600 0024 3129 9797

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
10-2

C. Signature X Madelyn Daly 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 No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 8325

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

 PACIFIC GARDEN MISSION
 646 STATE STREET
 CHICAGO, IL 68605

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:

 PACIFIC GARDEN MISSION
 646 STATE STREET
 CHICAGO, IL 68605

2. Article Number (Copy from service label)

7000 0600 0024 3129 8325

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1788

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
M. L. S. S.	10-6-00
C. Signature	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	☐ Yes ☐ No

3. Service Type	☐ Express Mail
☒ Certified Mail	☒ Return Receipt for Merchandise
☐ Registered	☐ C.O.D.
☐ Insured Mail	

4. Restricted Delivery? (Extra Fee)

☐ Yes

7000 0600 0024 3129 8349

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

 LESLIE SHEPARD
 919 1/2 N. 25TH STREET
 BILLINGS, MT 59101

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:

 LESLIE SHEPARD
 919 1/2 N. 25TH STREET
 BILLINGS, MT 59101

2. Article Number (Copy from service label)

7000 0600 0024 3129 8349

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Leslie Shepard	
C. Signature	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	☐ Yes ☐ No

3. Service Type	☐ Express Mail
☒ Certified Mail	☒ Return Receipt for Merchandise
☐ Registered	☐ C.O.D.
☐ Insured Mail	

4. Restricted Delivery? (Extra Fee)

☐ Yes

7000 0600 0024 3129 4372

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

 DONALD R HAMILTON
 1718 SHERMAN AVE
 CANON CITY, CO, 81212-4385

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:

 DONALD R HAMILTON
 1718 SHERMAN AVE
 CANON CITY, CO, 81212-4385

2. Article Number (Copy from service label)

7000 0600 0024 3129 4372

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
	10/2/00
C. Signature	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	☐ Yes ☐ No

3. Service Type	☐ Express Mail
☒ Certified Mail	☒ Return Receipt for Merchandise
☐ Registered	☐ C.O.D.
☐ Insured Mail	

4. Restricted Delivery? (Extra Fee)

☐ Yes

7000 0600 0024 3129 4303

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

1. HATELY LIVING TRUST
 EUGENE YVONNE HATELY TRUSTEES
 26019 EXMOOR DR
 MOUNT PLYMOUTH, FL, 32775-8707

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 this card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HATELY LIVING TRUST
 EUGENE YVONNE HATELY TRUSTEES
 26019 EXMOOR DR
 MOUNT PLYMOUTH, FL, 32776-8707

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 10-02

C. Signature
 X Eugene R. Hately 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 No

2. Article Number (Copy from service label) 7000 0600 0024 3129 4303

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 4193

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

1. LAWRENCE RAYMOND COY
 810 VICTORIA DRIVE
 VANCOUVER, BC, CA, B5L 4E7

NOT DELIVERED -
 MAIL RETURNED

7000 0600 0024 3129 9698

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

1. MARIE D CRAWFORD
 1212 CORA ST
 WYANDOTTE, MI, 48192-3312

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:
 MARIE D CRAWFORD
 1212 CORA ST
 WYANDOTTE, MI, 48192-3312

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Marie Crawford 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 No

2. Article Number (Copy from service label) 7000 0600 0024 3129 9698

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3130 0097

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage)

Postage \$ 1.50

Certified Fee \$ 0.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 1.80

KLINE TRUST
 MORTIMER A KLINE JR TRUSTEE
 11777 SAN VICENTE BLVD STE 520
 LOS ANGELES, CA. 90049-5050

SENDER

- 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:

KLINE TRUST
 MORTIMER A KLINE JR TRUSTEE
 11777 SAN VICENTE BLVD STE 520
 LOS ANGELES, CA, 90049-5050

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0024 3130 0097

7000 0600 0024 3129 8714

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage)

Postage \$ 1.50

Certified Fee \$ 0.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 1.80

GREGG M LEIGHTON
 PO BOX ZZ
 CORTEZ, CO, 81321-1530

SENDER

- 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:

GREGG M LEIGHTON
 PO BOX ZZ
 CORTEZ, CO, 81321-1530

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0024 3129 8714

7000 0600 0024 3129 4648

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage)

Postage \$ 1.50

Certified Fee \$ 0.30

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 1.80

MARY JOE TORGERSON
 2922 FORAKER PL NW
 ALBUQUERQUE, NM, 87107-1218

SENDER

- 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 JOE TORGERSON
 2922 FORAKER PL NW
 ALBUQUERQUE, NM, 87107-1218

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ YesIf 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

7000 0600 0024 3129 4648

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 8783

WFC 13.569

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

A. DOROTHY LOUGHNER
 S. 3636 OSCEOLA ST
 C. DENVER, CO, 80212-1961

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 8776

WFC 13

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

A. LOUISE Y LOCKE
 S. LLOYD D LOCKE GUARDIAN
 C. PO BOX 1926
 RIFLE, CO, 81650-1926

SENDER: [REDACTED]

SECTION ON DELIVERY

1. Article Addressed to:
 LOUISE Y LOCKE
 LLOYD D LOCKE GUARDIAN
 PO BOX 1926
 RIFLE, CO, 81650-1926

2. Article Number (Copy from service label): 7000 0600 0024 3129 8776

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 10-3-00

C. Signature: X [Signature] ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

PS Form 3811, July 1998 Domestic Return Receipt 102595-99-44-1799

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3130 0158

WFC

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

A. ALIENE J LANSING
 S. 15325 PIUMA AVE
 C. NORWALK, CA, 90650-5347

SENDER: [REDACTED]

SECTION ON DELIVERY

1. Article Addressed to:
 ALIENE J LANSING
 15325 PIUMA AVE
 NORWALK, CA, 90650-5347

2. Article Number (Copy from service label): 7000 0600 0024 3130 0158

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 10-3-00

C. Signature: X [Signature] ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

PS Form 3811, July 1998 Domestic Return Receipt 102595-99-44-1799

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

7000 0600 0024 3129 8998

WPC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
JUNE E MACDONALD REVOCABLE TRUST
JUNE E MACDONALD TRUSTEE
U/A DATED 12-08-1988
760 E BOBBER DR APT 223J
VISTA, CA, 92084-3806

2. Article Number (Copy from service label)
7000 0600 0024 3129 8998

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Maisenbacher 10/2/00

C. Signature
Maisenbacher ☐ 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

7000 0600 0024 3129 4945

WPC 13.5

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
WESTERN UNICHEM
PO BOX 910248
DALLAS, TX, 75391-0248

2. Article Number (Copy from service label)
7000 0600 0024 3129 4945

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
D. SPRING 2000

C. Signature
x [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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 5034

WPC 13.569

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Postmark Here

1. Article Addressed to:
PARK WEAVER
1020 FORT NORTH CLUB TOWER
FORT WORTH, TX, 76102

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 \$

1. Article Addressed to:
JEFFREY PAXTON AND
MARY JO PAXTON COTRUSTEES
PO BOX 966
MANCOS, CO, 81328-0966

2. Article Number (Copy from service label) **7099 3400 0007 7003 6766**

PS Form 3811, July 1999

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
C. Signature **X Kate Paxton** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

Article Sent To: **WFC 13.3**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
M M H TRUST
ROBERT G HANAGAN TRUSTEE
PO BOX 1887
SANTA FE, NM, 87504-1887

2. Article Number (Copy from service label) **7000 0600 0024 3129 8981**

PS Form 3811, July 1999

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
C. Signature **X R G Hanagan** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

Article Sent To: **WFC 13.3**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
DIANE M MARTIN
16393 MELODY LN
GUERNEVILLE, CA, 95446-9255

2. Article Number (Copy from service label) **7000 0600 0024 3129 9049**

PS Form 3811, July 1999

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
C. Signature **X Brenda Martin** ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

7000 0600 0024 3129 4624

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WPC 13

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Recd
Street HOWARD N TYCKSEN
City 1309 HINES RD
FARMINGTON, NM, 87401-8171

1. Article Addressed to:
HOWARD N TYCKSEN
1309 HINES RD
FARMINGTON, NM, 87401-8171

2. Article Number (Copy from service label) 7000 0600 0024 3129 4624

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1799

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Zeina Tycksen B. Date of Delivery 09-29-01

C. Signature x Zeina Tycksen ☐ 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

7000 0600 0024 3129 8813

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WPC 13

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Recd
Street MARY P LANSING
City PO BOX 68
ST DAVID, AZ, 85630-0068

1. Article Addressed to:
MARY P LANSING
PO BOX 68
ST DAVID, AZ, 85630-0068

2. Article Number (Copy from service label) 7000 0600 0024 3129 8813

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1799

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARY P. LANSING B. Date of Delivery 10-2-00

C. Signature x Mary P. Lansing ☐ 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

7000 0600 0024 3129 4631

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WPC 13.569

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Recd
Street ROBERT TREICHEL
City 1217 DOUGLAS ST
City OMAHA, NE, 68102

Postmark Here

NOT DELIVERED -
MAIL RETURNED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

WFC 13.569

WILBUR SMITH MILLER ESTATE
 IVA ANN EBERT CRAWFORD GDN.
 305 SOUTH K STREET
 LIVINGSTON, MT 59047

NOT DELIVERED
 MAIL RETURNED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

WFC 13.569

LENORE LONG
 C/O MARTIN H LONG
 513 E 1ST AVE
 DENVER, CO, 80203-4104

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

SEND

5 SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

OSCAR J LANSING
 15325 PIUMA ST
 NORWALK, CA, 90650-5347

2. Article Number (Copy from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

7000 0600 0024 3129 8639

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 8622

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 13.

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

NINA O LANSING
PO BOX 68
ST DAVID, AZ, 85630-0068

SENDER:

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:

NINA O LANSING
PO BOX 68
ST DAVID, AZ, 85630-0068

2. Article Number (Copy from service label) **7000 0600 0024 3129 8622**

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **MARY J. LANSING** B. Date of Delivery **10-2-00**

C. Signature **X Mary J. Lansing** ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9223

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC 1

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

VERNON RICHARD COY
900 W 6 ST
BLOOMINGTON, IN, 47404

SENDER:

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:

VERNON RICHARD COY
900 W 6 ST
BLOOMINGTON, IN, 47404

2. Article Number (Copy from service label) **7000 0600 0024 3129 9223**

SECTION ON DELIVERY

A. Received by (Please Print Clearly) **D300** B. Date of Delivery

C. Signature **X Vernon R. Coy** ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 4273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

EARNEST C HAWS
12 ROAD 5759 NBU 3006
FARMINGTON, NM, 87401-9535

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:

EARNEST C HAWS
12 ROAD 5759 NBU 3006
FARMINGTON, NM, 87401-9535

2. Article Number (Copy from service label) **7000 0600 0024 3129 4273**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **EARNEST C. HAWS** B. Date of Delivery **9/29/00**

C. Signature **X Earnest C. Haws** ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 9704

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recd
 Street CROSS TIMBERS OIL COMPANY
 City C/O KEN ANDREWS AND COMPANY
 PO BOX 840287
 DALLAS, TX, 75284

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:

CROSS TIMBERS OIL COMPANY
 C/O KEN ANDREWS AND COMPANY
 PO BOX 840287
 DALLAS, TX, 75284

2. Article Number (Copy from service label) 7000 0600 0024 3129 9704

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) OCT 02 2000

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

7000 0600 0024 3129 9711

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recd
 Street CROSS TIMBERS OIL COMPANY
 City PO BOX 840287
 DALLAS, TX, 75284-0287

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:

CROSS TIMBERS OIL COMPANY
 PO BOX 840287
 DALLAS, TX, 75284-0287

2. Article Number (Copy from service label) 7000 0600 0024 3129 9711

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) OCT 02 2000

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

7000 0600 0024 3129 5492

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Recd
 Street BETTY LOU DOTTER
 City 4917 CUMINS DRIVE
 FT WORTH, TX 76180

SENDER

■ 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:

BETTY LOU DOTTER
 4917 CUMINS DRIVE
 FT WORTH, TX 76180

2. Article Number (Copy from service label) 7000 0600 0024 3129 5492

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B.E. Dotter

B. Date of Delivery 10-3-00

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

7000 0600 0024 3129 9377

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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:

DORIS CHURCHILL
10204 LAKE MEADOW LN
ESCONDIDO, CA, 92026-6653

2. Article Number (Copy from service label) **7000 0600 0024 3129 9377**

PS Form 3811, July 1999

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature **x Doris Churchill** ☐ 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

7000 0600 0024 3129 9360

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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:

CHURCH OF CHRIST TRUSTEES
C/O GEORGE POWELL
1509 LAGUNA
FARMINGTON, NM, 87401-7018

2. Article Number (Copy from service label) **7000 0600 0024 3129 9360**

PS Form 3811, July 1999

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **George Powell** B. Date of Delivery _____

C. Signature **x George Powell** ☐ 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

7000 0600 0024 3129 5515

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

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:

ADALINE L. MCCARTY
3 FAWLEY LANE
BELLA VISTA, AR 72714

2. Article Number (Copy from service label) **7000 0600 0024 3129 5515**

PS Form 3811, July 1999

RECEIVER: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **2 OCT**

C. Signature **x Adeline McCarty** ☐ 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

5160 0165 3130 0024 0600 7000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

JOHN E DAWKINS
 PO BOX 1430
 BERNALILLO, NM, 87004-1430

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:

JOHN E DAWKINS
 PO BOX 1430
 BERNALILLO, NM, 87004-1430

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X John E Dawkins

☐ 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

7000 0600 0024 3130 0165

Domestic Return Receipt

102595-99-44-1789

5140 5140 3129 0024 0600 7000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

JACK G WALLER
 3972 BARKANCH PKWY #J450
 IRVINE, CA, 92714-8238

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:

JACK G WALLER
 3972 BARKANCH PKWY #J450
 IRVINE, CA, 92714-8238

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Scott Loomis

☒ 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

7000 0600 0024 3129 5140

Domestic Return Receipt

102595-99-44-1789

4419 4419 3129 0024 0600 7000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

KAREN SUE HADDEN
 25200 E QUEEN
 CATOOSA, OK, 74015-5940

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:

KAREN SUE HADDEN
 25200 E QUEEN
 CATOOSA, OK, 74015-5940

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Jack A Hadden

☐ 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

7000 0600 0024 3129 4419

Domestic Return Receipt

102595-99-44-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent to: **WFC 13.569**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

JO ANN WALL HOLMES
 PO BOX 243
 FOX ISLAND, WA, 98333-0243

7099 3400 0007 7003 7008

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent to: **WFC 13**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

STELLA G LUSK
 300 E ELIZABETH
 FENTON, MI, 48430-2326

1. Article Addressed to:

2. Article Number (Copy from service label) **7000 0600 0024 3129 8806**

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 **10-03-00**
 C. Signature **x Helma Lewis** ☐ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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 13.569**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

HELEN W ZIMMERMAN
 824 GARFIELD ST APT A
 LOVELAND, CO, 80537-4787

7000 0600 0024 3129 7380

NOT DELIVERED -
 MAIL RETURNED

7000 0600 0024 3129 4662

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Recip:
Street ALLEN M TONKIN JR
City 412 SAN PASQUALE SW
State ALBUQUERQUE, NM, 87104-1135

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:

ALLEN M TONKIN JR
412 SAN PASQUALE SW
ALBUQUERQUE, NM, 87104-1135

A. Received by (Please Print Clearly) B. Date of Delivery
Allen TONKIN 9-29-98
C. Signature
X [Signature]
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) 7000 0600 0024 3129 4662
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6901

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Recip:
Street MINERALS MANAGEMENT SERVICE
City ROYALTY MANAGEMENT PROGRAM
State PO BOX 5810 TA
City DENVER, CO, 80217-5810

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:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810 TA
DENVER, CO, 80217-5810

A. Received by (Please Print Clearly) B. Date of Delivery
Benita Ventures, Inc. OCT - 4 2000
C. Signature
X [Signature]
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) 7000 0600 0024 3129 6901
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 6802

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

Postage \$.55
Certified Fee 1.40
Return Receipt Fee (Endorsement Required) 1.25
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 3.20

Recip:
Street MAVIS L MILLER
City 189 DOGWOOD DR
State JONESBORO, LA, 71251-5347

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:

MAVIS L MILLER
189 DOGWOOD DR
JONESBORO, LA, 71251-5347

A. Received by (Please Print Clearly) B. Date of Delivery
MAVIS, MILLER 10/2/00
C. Signature
X [Signature]
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) 7000 0600 0024 3129 6802
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 4983

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee 1.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 1.00

Re: KATHERINE MCDONALD WENIG
540 245TH ST
MOUNT PLEASANT, IA, 52641-8117

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KATHERINE MCDONALD WENIG
540 245TH ST
MOUNT PLEASANT, IA, 52641-8117

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X Kathy Wenig 10-3-00

C. Signature

X Kathy Wenig ☐ Agent☒ AddresseeD. Is delivery address different from item 1? ☐ YesIf 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 8653

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee 1.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 1.00

Re: ROGER D AND MARTHA L LASATER
JOINT TENANTS
36 RD 5193
BLOOMFIELD, NM, 87413

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROGER D AND MARTHA L LASATER
JOINT TENANTS
36 RD 5193
BLOOMFIELD, NM, 87413

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X Roger Lasater 7-25-00

C. Signature

X Roger Lasater ☐ Agent☒ AddresseeD. Is delivery address different from item 1? ☐ YesIf 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

7000 0600 0024 3129 6932

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee 1.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 1.00

Re: BEVERLY J MOLEN
695 SOUTH UTAH AVE
DAVENPORT, IA, 52804

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEVERLY J MOLEN
695 SOUTH UTAH AVE
DAVENPORT, IA, 52804

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X Beverly Molen 10-2-2000

C. Signature

X Beverly Molen ☐ Agent☒ AddresseeD. Is delivery address different from item 1? ☐ YesIf 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

7000 0600 0024 3129 8707

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
GLENN R LEIGHTON
801 ARBOR ST
CORTEZ, CO, 81321-2603

2. Article Number (Copy from service label)
7000 0600 0024 3129 8707

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

7099 3400 0007 7003 6674

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total P

1. Article Addressed to:
REBECCA S DONALD
325 LAKEVIEW DR
RUNAWAY BAY, TX, 76026-9686

2. Article Number (Copy from service label)
7099 3400 0007 7003 6674

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-M-1789

SENDER: COMPLETE THIS SECTION

3. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
4. Print your name and address on the reverse so that we can return the card to you.
5. Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage)

7000 0600 0024 3129 6918

WFC

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

1. Article Addressed to:
ANNIE SIEGEL
P.O. BOX 1702
OKANOGAN, WA 98840

2. Article Number (Copy from service label)
7000 0600 0024 3129 6918

PS Form 3811, July 1999 Domestic Return Receipt 102505-99-M-1789

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

ROBERT UMBACH ESTATE
RONALD J BROTZMAN PER REP
2336 CANYON BLVD STE 200
BOULDER, CO, 80302

1. Article Addressed to:
ROBERT UMBACH ESTATE
RONALD J BROTZMAN PER REP
2336 CANYON BLVD STE 200
BOULDER, CO, 80302

2. Article Number (Copy from service label) 7000 0600 0024 3129 5249

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 D. Is delivery address different from item 1? If YES, enter delivery address below:
E. Service Type
F. Restricted Delivery? (Extra Fee)

OCT 02 2000

USPS - 80302

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

NICOLE HUYE UNDERWOOD REV T
CAROLINE SUE SNIDER, TRUSTEE
P O BOX 2588
AMARILLO, TX, 79105-2588

1. Article Addressed to:
NICOLE HUYE UNDERWOOD REV TRUST
CAROLINE SUE SNIDER, TRUSTEE
P O BOX 2588
AMARILLO, TX, 79105-2588

2. Article Number (Copy from service label) 7000 0600 0024 3129 5232

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 D. Is delivery address different from item 1? If YES, enter delivery address below:
E. Service Type
F. Restricted Delivery? (Extra Fee)

OCT - 5 2000

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

UNION OIL COMPANY OF CALIFORNIA
ATTN REVENUE ACCOUNTING
PO BOX 841055
DALLAS, TX, 75284-1055

1. Article Addressed to:
UNION OIL COMPANY OF CALIFORNIA
ATTN REVENUE ACCOUNTING
PO BOX 841055
DALLAS, TX, 75284-1055

2. Article Number (Copy from service label) 7000 0600 0024 3129 5225

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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:
E. Service Type
F. Restricted Delivery? (Extra Fee)

OCT 02 2000

7000 0600 0024 3130 0585

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) <u>Anita J. Fitting</u> B. Date of Delivery <u>10-2-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
Postage \$		1. Article Addressed to:		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
Certified Fee		FEEMAN RODNEY FITTING 3537 MITCHELL LANE BESSEMER, AL, 35023-3744		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Return Receipt Fee (Endorsement Required)		2. Article Number (Copy from service label)		7000 0600 0024 3130 0585	
Restricted Delivery Fee (Endorsement Required)		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3130 0400

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) <u>Carmelita Gallegos</u> B. Date of Delivery <u>10-1-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
Postage \$		1. Article Addressed to:		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
Certified Fee		CARMELITA GALLEGOS PO BOX 1673 ARBOLES, CO, 81121-1673		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Return Receipt Fee (Endorsement Required)		2. Article Number (Copy from service label)		7000 0600 0024 3130 0400	
Restricted Delivery Fee (Endorsement Required)		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7000 0600 0024 3130 0455

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only. No Insurance Coverage)		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.		COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) <u>[Signature]</u> B. Date of Delivery <u>10-3-00</u> C. Signature <u>[Signature]</u> ☐ Agent ☒ Addressee D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
Postage \$		1. Article Addressed to:		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
Certified Fee		GLENN R GENTLE LIVING TR GEORGE DIDLAKE AND WILLIE HORTON CO TRUSTEES U/A/D 02-20-1997 635 VIA SANTA CRUZ VISTA, CA, 92083-6336		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Return Receipt Fee (Endorsement Required)		2. Article Number (Copy from service label)		7000 0600 0024 3130 0455	
Restricted Delivery Fee (Endorsement Required)		PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	

7099 3400 0007 7003 6995

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 \$

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:

ROBERT HITZELBERGER
 2200 ROSS AVE STE 3838
 DALLAS, TX, 75201-2752

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 10-2-00

C. Signature
 X *[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 6995

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6871

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

WFC 13.569

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required) \$

Restricted Delivery Fee (Endorsement Required) \$

Total Postage & Fees \$

Recd
 Street WILBUR SMITH MILLER
 ALICE-ANNE E BOUCHEE GUARDIAN
 City 408 SOUTH 10TH
 LIVINGSTON, MT, 59047

Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

7000 0600 0024 3129 5218

WFC

Postage \$

Certified Fee \$

Return Receipt Fee (Endorsement Required) \$

Restricted Delivery Fee (Endorsement Required) \$

Total Postage & Fees \$

Recd
 Street UNION OIL COMPANY OF CALIF
 ATTN REVENUE ACCOUNTING
 City PO BOX 841055
 DALLAS, TX, 75284-1055

1. Article Addressed to:

UNION OIL COMPANY OF CALIFORNIA
 ATTN REVENUE ACCOUNTING
 PO BOX 841055
 DALLAS, TX, 75284-1055

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

by (Please Print Clearly) OCT 02 2000

C. Signature
 X *[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

7000 0600 0024 3129 5218

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 8578

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

WFC 13

 Postage \$
 Certified Fee
 Return Receipt Fee
 Endorsement Required
 Restricted Delivery Fee
 Endorsement Required
 Total \$

 Rec
 ANITA MCDONALD
 1301 SUNNY HILL CT
 BETTENDORF, IA, 52722-2315

SENDER

- 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:

 ANITA MCDONALD
 1301 SUNNY HILL CT
 BETTENDORF, IA, 52722-2315

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

SECTION ON DELIVERY

 A. Received by (Please Print Clearly) B. Date of Delivery
 Anita McDonald 10-02-00
 C. Signature
 Anita McDonald
 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

7000 0600 0024 3129 8578

7000 0600 0024 3130 0448

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

WFC

 Postage \$
 Certified Fee
 Return Receipt Fee
 Endorsement Required
 Restricted Delivery Fee
 Endorsement Required
 Total \$

 Rec
 CHARLES W GEE
 335 MEADOWOOD DR
 ORLAND, CA, 95963-2304

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:

 CHARLES W GEE
 335 MEADOWOOD DR
 ORLAND, CA, 95963-2304

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

 A. Received by (Please Print Clearly) B. Date of Delivery
 Charles W Gee 10/5/00
 C. Signature
 Charles W Gee
 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

7000 0600 0024 3130 0448

7000 0600 0024 3129 7014

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

W

 Postage \$
 Certified Fee
 Return Receipt Fee
 Endorsement Required
 Restricted Delivery Fee
 Endorsement Required
 Total \$

 Rec
 BARBARA J MOSELEY
 7412 RIO GRANDE BLVD N W
 ALBUQUERQUE, NM, 87107-6432

- 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:

 BARBARA J MOSELEY
 7412 RIO GRANDE BLVD N W
 ALBUQUERQUE, NM, 87107-6432

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

 A. Received by (Please Print Clearly) B. Date of Delivery
 Barbara J Moseley 10/2/00
 C. Signature
 Barbara J Moseley
 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

7000 0600 0024 3129 7014

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To: **WFC 13.569**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

HARRY BERGER ESTATE
C/O NORMAN BERGER
702 112TH AVE E #24
PUYALLUP, WA, 98374

7099 3400 0007 7003 5998

NOT DELIVERED:
MAIL RETURNED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To: **WFC 1**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

JAY BERGER
PO BOX 44453
TACOMA, WA, 98444

1. Article Addressed to:
JAY BERGER
PO BOX 44453
TACOMA, WA, 98444

2. Article Number (Copy from service label) **7099 3400 0007 7003 6001**

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) **Jim Stanzelle** B. Date of Delivery **10-2-00**
C. Signature **[Signature]** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

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

BRENDA BERRY
24 FIFTH AVE #907
NEW YORK, NY, 10011-8819

1. Article Addressed to:
BRENDA BERRY
24 FIFTH AVE #907
NEW YORK, NY, 10011-8819

2. Article Number (Copy from service label) **7099 3400 0007 7003 6025**

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) **Brenda Berry** B. Date of Delivery **10-12-00**
C. Signature **[Signature]** ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 9636

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

WFC 13

Postage	\$	1.10
Certified Fee		1.10
Return Receipt Fee (Endorsement Required)		1.10
Restricted Delivery Fee (Endorsement Required)		1.10
Total Postage & Fees	\$	4.40

SANDRA MOSELEY CHAPMAN TRUST
 WELLS FARGO BK COLORADO NA TRUS
 PO BOX 5825
 DENVER, CO. 80217-5825

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:

SANDRA MOSELEY CHAPMAN TRUST
 WELLS FARGO BK COLORADO NA TRUS
 PO BOX 5825
 DENVER, CO. 80217-5825

2. Article Number (Copy from service label)

7000 0600 0024 3129 9636

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-11-1789

OPTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☒ YES, enter delivery address below: ☐ No	☐ 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	

7000 0600 0024 3129 9643

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage)

WFC 13

Postage	\$	1.10
Certified Fee		1.10
Return Receipt Fee (Endorsement Required)		1.10
Restricted Delivery Fee (Endorsement Required)		1.10
Total Postage & Fees	\$	4.40

CHASE OIL CORPORATION
 PO BOX 1767
 ARTESIA, NM, 88211-1767

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:

CHASE OIL CORPORATION
 PO BOX 1767
 ARTESIA, NM, 88211-1767

2. Article Number (Copy from service label)

7000 0600 0024 3129 9643

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-11-1789

OPTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☒ YES, enter delivery address below: ☐ No	☐ 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	

7000 0600 0024 3129 9650

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

WFC 13.569

Postage	\$	1.10
Certified Fee		1.10
Return Receipt Fee (Endorsement Required)		1.10
Restricted Delivery Fee (Endorsement Required)		1.10
Total Postage & Fees	\$	4.40

HAROLD S CHATTERSON
 CLARK TOWERS, 266
 3531 EL CONLON AVE
 LAS VEGAS, NV. 89102-5838

Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

WFC 13.869

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

LARRY A AMSDEN
30 MEUN NG RD
BAAN SUAN KAMNANPATONG KATU
PHUKET, TH, 83150

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

WFC 13.869

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

TONY R CARBONE
4032 N VASSAULT
TACOMA, WA, 98407-1106

SENDER: C

COMPLETE THIS SECTION ON DELIVERY

- 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:

TONY R CARBONE
4032 N VASSAULT
TACOMA, WA, 98407-1106

2. Article Number (Copy from service label)

7000 0600 0024 3129 9599

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

X TONY R CARBONE

C. 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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

WFC 13.869

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

AMOCO PRODUCTION COMPANY
TAX PARTNERSHIP
ATTN: CONTROLLER WESTERN GAS BU
501 WESTLAKE BLVD
HOUSTON, TX, 77079

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:

AMOCO PRODUCTION COMPANY
TAX PARTNERSHIP
ATTN: CONTROLLER WESTERN GAS BU
501 WESTLAKE BLVD
HOUSTON, TX, 77079

2. Article Number (Copy from service label)

7099 3400 0007 7003 6315

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X TONY R CARBONE

C. 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

7000 0600 0024 3129 9605

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only, No Insurance Coverage)

Article Sent To: **WFC 13.5**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

AGNES CASPARY ESTATE
KATHRYN KEARL EXECUTOR
501 FUGATE
HOUSTON, TX, 77009-5119

SENDER: COMPLETE

- 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:

AGNES CASPARY ESTATE
KATHRYN KEARL EXECUTOR
501 FUGATE
HOUSTON, TX, 77009-5119

2. Article Number (Copy from service label)

PS Form 3811, July 1998

Domestic Return Receipt

102595-99-14-1789

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

7000 0600 0024 3129 9605

7099 3400 0007 7003 6353

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only, No Insurance Coverage)

Article Sent To: **WFC 12**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

CHARLES AMSDEN
PO BOX 4671
YATAHEY, NM, 87375-4671

SENDER: COMPLETE

- 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:

CHARLES AMSDEN
PO BOX 4671
YATAHEY, NM, 87375-4671

2. Article Number (Copy from service label)

PS Form 3811, July 1998

Domestic Return Receipt

102595-99-14-1789

DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Charles Amodeo
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

7099 3400 0007 7003 6353

7099 3400 0007 7003 5875

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only, No Insurance Coverage)

Article Sent To: **WFC 13.8**

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

NOVA K CALDWELL
PO BOX 44
ESCALANTE, UT, 84726

SENDER: COMPLETE

- 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:

NOVA K CALDWELL
PO BOX 44
ESCALANTE, UT, 84726

2. Article Number (Copy from service label)

PS Form 3811, July 1998

Domestic Return Receipt

102595-99-14-1789

DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
JAMES F. CALDWELL 10-3-00
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

7099 3400 0007 7003 5875

7099 3400 0007 7003 5547

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

 ALVIN F BUXTON
 PO BOX 8
 CEDAR HILL, MO, 63016-0008

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:

 ALVIN F BUXTON
 PO BOX 8
 CEDAR HILL, MO, 63016-0008

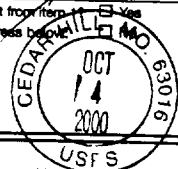
2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent
☐ Addressee

 D. Is delivery address different from item 1? ☐ Yes
 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 5912

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

 JOSE L CANDELARIA
 PO BOX 1754
 ARBOLES, CO, 81121-1754

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:

 JOSE L CANDELARIA
 PO BOX 1754
 ARBOLES, CO, 81121-1754

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

C. 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 5615

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

 GEORGE H BRUCE ESTATE
 GEORGE C BRUCE EXECUTOR
 500 NATIONSBANK FINANCIAL CENTER
 100 N BROADWAY
 WICHITA, KS, 67202-2205

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:

 GEORGE H BRUCE ESTATE
 GEORGE C BRUCE EXECUTOR
 500 NATIONSBANK FINANCIAL CENTER
 100 N BROADWAY
 WICHITA, KS, 67202-2205

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

C. 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0007 7003 5592

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

Article Number: _____

Postage: \$ _____
 Certified Fee: \$ _____
 Return Receipt Fee (Endorsement Required): \$ _____
 Restricted Delivery Fee (Endorsement Required): \$ _____
 Total Postage & Fees: \$ _____

BURLINGTON RESOURCES OIL AND GAS
 PO BOX 840656
 DALLAS, TX, 75284-0656

SENDER: C

■ 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:
 BURLINGTON RESOURCES OIL AND GAS
 PO BOX 840656
 DALLAS, TX, 75284-0656

ION ON DELIVERY

A. Received by (Please Print Clearly): _____ B. Date of Delivery: 8/2/2008

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

2. Article Number (Copy from service label) 7099 3400 0007 7003 5592

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 5578

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

Article Number: _____

Postage: \$ _____
 Certified Fee: \$ _____
 Return Receipt Fee (Endorsement Required): \$ _____
 Restricted Delivery Fee (Endorsement Required): \$ _____
 Total Postage & Fees: \$ _____

WANDA LEE BURRELL
 C/O WILMA J BROWN
 112 W COMANCHE
 FARMINGTON, NM, 87401-6231

SENDER: C

■ 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:
 WANDA LEE BURRELL
 C/O WILMA J BROWN
 112 W COMANCHE
 FARMINGTON, NM, 87401-6231

ION 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

2. Article Number (Copy from service label) 7099 3400 0007 7003 5578

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 5530

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

Article Number: _____

Postage: \$ _____
 Certified Fee: \$ _____
 Return Receipt Fee (Endorsement Required): \$ _____
 Restricted Delivery Fee (Endorsement Required): \$ _____
 Total Postage & Fees: \$ _____

JACK CHATTERSON SR
 319 EAST VAN WAGENEN STREET
 HENDERSON, NV, 89015-7375

SENDER: C

■ 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:
 JACK CHATTERSON SR
 319 EAST VAN WAGENEN STREET
 HENDERSON, NV, 89015-7375

ION ON DELIVERY

A. Received by (Please Print Clearly): Jack Chatterson B. Date of Delivery: 8/2/2008

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

2. Article Number (Copy from service label) 7099 3400 0007 7003 5530

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)

7000 0600 0024 3129 5102

WFC 1

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

IRENE PALMER
C/O J A PALMER
500 WEST BROADWAY
FARMINGTON, NM, 87401-5986

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:

IRENE PALMER
C/O J A PALMER
500 WEST BROADWAY
FARMINGTON, NM, 87401-5986

2. Article Number (Copy from service label) 7000 0600 0024 3129 5102

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Bill Musick 9-29-00

C. Signature
X Bill Musick ☐ 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

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)

7099 3400 0007 7003 6957

WFC 13.9

Article Sent To:
Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Name: GARY WAYNE HILL
Street: 420 59TH ST SW
City: ALBUQUERQUE, NM, 87121-2403

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:

GARY WAYNE HILL
420 59TH ST SW
ALBUQUERQUE, NM, 87121-2403

2. Article Number (Copy from service label) 7099 3400 0007 7003 6957

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
GARY HILL 9-29-00

C. Signature
X Gary Hill ☐ 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

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)

7099 3400 0007 7003 6223

WFC 13.9

Article Sent To:
Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

HELEN JOAN OWENS BEAM
P O BOX 651
NEWCASTLE, WY, 82701-0651

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:

HELEN JOAN OWENS BEAM
P O BOX 651
NEWCASTLE, WY, 82701-0651

2. Article Number (Copy from service label) 7099 3400 0007 7003 6223

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
HELEN BEAM OCT-2-2000

C. Signature
X Helen Beam ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 6230

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

 R E BEAMON III
 2603 AUGUSTA STE 1050
 HOUSTON, TX, 77057-5640

SENDER:

- 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 E BEAMON III
 2603 AUGUSTA STE 1050
 HOUSTON, TX, 77057-5640

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

A. Received by (Please Print Clearly)

M. Weber

B. Date of Delivery

C. Signature

X on Weber

☐ 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

7099 3400 0007 7003 6216

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

 PATSY J BAYSINGER
 PO BOX 156
 KIRTLAND, NM, 87417-0156

SENDER:

- 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:

 PATSY J BAYSINGER
 PO BOX 156
 KIRTLAND, NM, 87417-0156

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

A. Received by (Please Print Clearly)

PATSY BAYSINGER 4-30-00

C. Signature

X Patsy Baysinger

☐ 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

7099 3400 0007 7003 5943

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

 AUDRIE C BENNETT
 1241 LAGUNA
 FARMINGTON, NM, 87401-7071

SENDER:

- 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:

 AUDRIE C BENNETT
 1241 LAGUNA
 FARMINGTON, NM, 87401-7071

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-44-1789

A. Received by (Please Print Clearly)

AUDRIE BENNETT

C. Signature

X Audrie Bennett

☐ 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

7000 0600 0024 3129 4952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WFC**

Postage \$ **1.87**

Certified Fee \$ **0.50**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **2.37**

1. Article Addressed to:
RUTH FITTING WESTER FAMILY LTD
A TX LTD PARTNERSHIP
12304 EDWARDS HOLLOW RUN
AUSTIN, TX, 78739-7621

2. Article Number (Copy from service label) **0600 0024 3129 4952**

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) **Ruth Fitting Wester** B. Date of Delivery **10-3-00**

C. Signature **[Signature]** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 6797

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WFC**

Postage \$ **1.87**

Certified Fee \$ **0.50**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **2.37**

1. Article Addressed to:
DAVID C AND KAREN A PEARSON
1600 BURTON DR
CAMBRIA, CA, 93428-5844

2. Article Number (Copy from service label) **7099 3400 0007 7003 6797**

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) **[Signature]** B. Date of Delivery **10-6-00**

C. Signature **[Signature]** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 4914

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: **WFC**

Postage \$ **1.87**

Certified Fee \$ **0.50**

Return Receipt Fee (Endorsement Required) \$ **0.00**

Restricted Delivery Fee (Endorsement Required) \$ **0.00**

Total Postage & Fees \$ **2.37**

1. Article Addressed to:
DONALD ERCCELL WHITENACK
18245 E ARCHER
CATOOSA, OK, 74015-2830

2. Article Number (Copy from service label) **0600 0600 0024 3129 4914**

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) **Don Whitenack** B. Date of Delivery **10/7/00**

C. Signature **X DON WHITENACK** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Rec: DAVID LEE WHITENACK
Str: PO BOX 126
City: PRYOR, OK, 74362-0126

COMPLETE THIS SECTION

1. Article Addressed to:
DAVID LEE WHITENACK
PO BOX 126
PRYOR, OK, 74362-0126

2. Article Number (Copy from service label): 7000 0600 0024 3129 4921

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
C. Signature: *Taren J. Whitena*
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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Rec: JOHN V WESCH
Str: PO BOX 3098
City: CARLSBAD, NM, 88221-3098

COMPLETE THIS SECTION

1. Article Addressed to:
JOHN V WESCH
PO BOX 3098
CARLSBAD, NM, 88221-3098

2. Article Number (Copy from service label): 7000 0600 0024 3129 4976

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
C. Signature: *John V Wesch*
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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Rec: IONA JANE WHEAT
Str: PO BOX 191
City: HUNTSVILLE, AR, 72740-0191

COMPLETE THIS SECTION

1. Article Addressed to:
IONA JANE WHEAT
PO BOX 191
HUNTSVILLE, AR, 72740-0191

2. Article Number (Copy from service label): 7000 0600 0024 3129 4938

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly):
C. Signature: *Bonnie Wheat*
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

7000 0600 0024 3129 9452

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: WFC 13

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DAWN E COLUCCI
PO BOX 140145
BROOKLYN, NY, 11214-0145

SENDER: COMPLETE

SECTION ON DELIVERY

1. Article Addressed to:
DAWN E COLUCCI
PO BOX 140145
BROOKLYN, NY, 11214-0145

2. Article Number (Copy from service label) 7000 0600 0024 3129 9452

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3400 0007 7003 6094

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: WFC 13

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

THERESA M ATWOOD
11329 MERCURY DR
APACHE JECT, AZ, 85220-4321

SENDER: COMPLETE

SECTION ON DELIVERY

1. Article Addressed to:
THERESA M ATWOOD
11329 MERCURY DR
APACHE JECT, AZ, 85220-4321

2. Article Number (Copy from service label) 7099 3400 0007 7003 6094

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9420 0332

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Article Sent To: WFC 13

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

J A PALMER
1217 E 16TH ST
FARMINGTON, NM, 87401-4247

SENDER: COMPLETE

SECTION ON DELIVERY

1. Article Addressed to:
JANA LYNN MILLER JENSEN
908 PAISLEY DR
BELGRADE, MT, 59714

2. Article Number (Copy from service label) 7000 0600 0024 3130 0332

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)

7000 0600 0024 3129 5195

Postage \$ WPC

Certified Fee WPC

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Rec
St GARY AND JODY VANDEVER
JOINT TENANTS
PO BOX 242
AZTEC, NM, 87410-0242

1. Article Addressed to:
GARY AND JODY VANDEVER
JOINT TENANTS
PO BOX 242
AZTEC, NM, 87410-0242

2. Article Number (Copy from service form)

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) Gary Vandever B. Date of Delivery 10-2-00

C. Signature Gary Vandever
☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1000 0600 0024 3129 5195

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 4907

Postage \$ WPC 13.569

Certified Fee WPC

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Rec
St NANNIE GRACE MILLER
RT. 3 BOX 306
Princeton, WV 24740

1. Article Addressed to:
NANNIE GRACE MILLER
RT. 3 BOX 306
PRINCETON, WV 24740

2. Article Number (Copy from service form)

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) Nannie Grace Miller B. Date of Delivery 10-2-00

C. Signature Nannie Grace Miller
☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1000 0600 0024 3129 4907

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 3129 4891

Postage \$ WPC

Certified Fee WPC

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Rec
St VIRGINIA WHITMIRE TRUST
FIRST NATIONAL BANK TRUSTEE
PO BOX 1460
IOWA CITY, IA, 52244-1460

1. Article Addressed to:
VIRGINIA WHITMIRE TRUST
FIRST NATIONAL BANK TRUSTEE
PO BOX 1460
IOWA CITY, IA, 52244-1460

2. Article Number (Copy from service form)

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) Don Williams B. Date of Delivery 10-2-00

C. Signature Don Williams
☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

1000 0600 0024 3129 4891

7000 0600 0024 3129 4846

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Recd:
 Slogan
 Size
 City

ELLA LOUISE POLIZZOTTO
 1387 BEATTIE CT
 SAN JOSE, CA, 95120-3806

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:

 ELLA LOUISE POLIZZOTTO
 1387 BEATTIE CT
 SAN JOSE, CA, 95120-3806

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Paul J. Polizzotto 10-3-00

C. Signature

x Paul J. Polizzotto

D. Is delivery address different from item 1? ☐ Yes ☐ NoIf 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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 6239

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Recd:
 Slogan
 Size
 City

JAMES L AND MARY D REID TRUST
 138 SCENIC DR
 CONCORD, CA, 94518-2039

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:

 JAMES L AND MARY D REID TRUST
 138 SCENIC DR
 CONCORD, CA, 94518-2039

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

x Mary D Reid 10/2/00

C. Signature

x Mary D Reid

D. Is delivery address different from item 1? ☐ Yes ☐ NoIf 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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 7182

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage)

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total \$

Recd:
 Slogan
 Size
 City

MARK E OWEN
 324 CARLISLE S E
 ALBUQUERQUE, NM, 87106-1410

SENDER

- 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:

 MARK E OWEN
 324 CARLISLE S E
 ALBUQUERQUE, NM, 87106-1410

2. Article Number (Copy from service label)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

x J. Hamm 9/30/00

C. Signature

x J. Hamm

D. Is delivery address different from item 1? ☐ Yes ☐ NoIf 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

Domestic Return Receipt

102595-99-M-1789

7000 0600 0024 3129 7137

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

 Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

 LAURA ARRINGTON NIGLIAZZO
 2113 WOODHILL RD
 EDMOND, OK, 73003-2931

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:

 LAURA ARRINGTON NIGLIAZZO
 2113 WOODHILL RD
 EDMOND, OK, 73003-2931

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102505-99-14-1708

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

 C. Signature
 X *LAURA NIGLIAZZO*
☐ 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

1000 0600 0024 3129 7137

7000 0600 0024 3129 5706

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

 Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

 ALBERTA M STARK
 12 COUNTY ROAD 5467
 NBU 3041-A
 FARMINGTON, NM, 87401-1420

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:

 ALBERTA M STARK
 12 COUNTY ROAD 5467
 NBU 3041-A
 FARMINGTON, NM, 87401-1420

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102505-99-14-1708

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

 C. Signature
 X *Alberta Stark*
☐ 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

1000 0600 0024 3129 5706

7000 0600 0024 3129 5324

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

 Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

 H M AND MIRIAM M TAYLOR
 4360 CARDON DR
 FARMINGTON, NM, 87401-9282
Postmark
Here

WFC 13-569

7000 0600 0024 3129 5065

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

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:

PATRICIA RICE
 8921 51ST ST W
 TACOMA, WA, 98467-1703

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Patricia A. Rice B. Date of Delivery 10-2-00

C. Signature Patricia A. Rice ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 4839

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

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:

CAROLYN POLSTON
 5828 E 103RD ST
 TULSA, OK, 74137-7073

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Carolyn Polston B. Date of Delivery 10-2-00

C. Signature Carolyn Polston ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 5058

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

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:

ROBERT ORVAL RICKETTS
 720 FOREST PL
 FARMINGTON, NM, 87401-4242

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Erma B. Ricketts B. Date of Delivery 10-2-00

C. Signature Erma B. Ricketts ☐ 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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-44-1789

7000 0600 0024 3129 5997

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee WFC

Return Receipt Fee (Endorsement Required) WFC

Restricted Delivery Fee (Endorsement Required) WFC

Total Postage & Fees \$ WFC

Article Sent to:
JOSEPH AND TONI WILKINS
3125 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2813

1. Article Addressed to:
JOSEPH AND TONI WILKINS
3125 BLOOMFIELD HWY
FARMINGTON, NM, 87401-2813

2. Article Number (Copy from service label) 7000 0600 0024 3129 5997

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) J. WILKINS B. Date of Delivery 09-29-00

C. Signature [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
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

7000 0600 0024 3129 5317

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee WFC

Return Receipt Fee (Endorsement Required) WFC

Restricted Delivery Fee (Endorsement Required) WFC

Total Postage & Fees \$ WFC

Article Sent to:
JACK C STEWART
ROOM 1116
107 NORTH MARKET
WICHITA, KS, 67202-1812

1. Article Addressed to:
JACK C STEWART
ROOM 1116
107 NORTH MARKET
WICHITA, KS, 67202-1812

2. Article Number (Copy from service label) 7000 0600 0024 3129 5317

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JACK C STEWART B. Date of Delivery 10/3/00

C. Signature [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
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

7099 3400 0007 7003 5967

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)

Postage \$ WFC

Certified Fee WFC

Return Receipt Fee (Endorsement Required) WFC

Restricted Delivery Fee (Endorsement Required) WFC

Total Postage & Fees \$ WFC

Article Sent to:
DONALD BENSON
15607 VALLEY VIEW RD
SHAWNEE, OK, 74801-7500

1. Article Addressed to:
DONALD BENSON
15607 VALLEY VIEW RD
SHAWNEE, OK, 74801-7500

2. Article Number (Copy from service label) 7099 3400 0007 7003 5967

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-14-1789

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DO BENSON B. Date of Delivery 10-2-00

C. Signature [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
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

7099 3400 0007 7003 6723

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

Article Sent to
WFC 13.569

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Postmark Here

7099 3400 0007 7003 6723

Var
 Sire
 Ch

HAROLD F PAYNE JR
 PO BOX 1142
 BAYFIELD, CO, 81122-1142

7000 0600 0024 3129 4723

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

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:
 HELEN L HUNT
 5482 SAN PABLO DAM RD
 EL SOBRANTE, CA, 94803-3468

2. Article Number (Copy from service label)
1000 0600 0024 3129 4723

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
HELEN L HUNT

B. Date of Delivery
10-4-00

C. Signature
[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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0024 3129 4341

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

WFC 13.569

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total

Postmark Here

LOUIS M HANNUM
 7109 ROSEBAY ST
 LONG BEACH, CA, 90808-4361

NOT DELIVERED:
 MAIL RETURNED

CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS

POST OFFICE BOX 2268
SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 5874

RETURN RECEIPT
REQUESTED

MARY C. RODENMORE
P.O. BOX 3511
FARMINGTON, NM 87499

Handwritten: No Order

SEP 2 2008
1st W/1008
2nd W/1008
3rd W/1008

CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



0600 0024 3129 5454

RETURN RECEIPT
REQUESTED



VIDA BLANKENSHIP
RURAL ROUTE 1
BOISESVAIN, VA 24606

1ST NO. 10-10
2. D.H.C.
RETURN

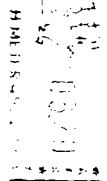
CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL



7000 0600 0024 3129 6529



OCT 07 2000

1ST NOTICE
2ND NOTICE
RETURN

FORWARDING ORDER EXPIRED

LOUISE LOCKE
COLLOYD D. LOCKE
113 WEST 3RD

RETURN RECEIPT REQUESTED

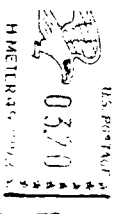
CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL



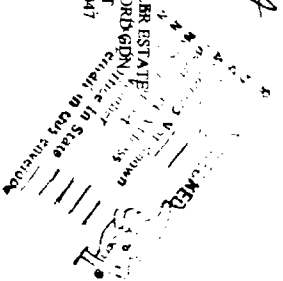
R 3900 0600 0024 3129 5650



RETURN RECEIPT
REQUESTED

1ST NOTICE OCT 11 2000
2ND NOTICE
RETURN

WILLIAM SMITH MILLER ESTATE
IVA A. EBBERT RAYFORD
305 SOUTH K. STREET
LIVINGSTON, MT 59047



CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 7007

1ST CLASS

10-2

RETURN RECEIPT
REQUESTED

ATTEMPTED - NOT KNOWN

JOE MORROW AND
MANON MORROW
HWY 64
FARMINGTON, NM, 87401

NDAA

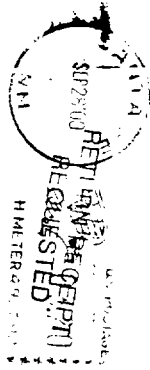
CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 6543



For Delivery Address

1ST CLASS 10-12

LARRY AMSDEN
30 MEUN NGEN RD.
BAAN SUAN KAMNAN
PATONG KATU
PUKET, NA 83139

CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 6680



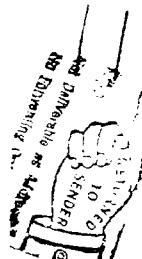
HME-EN-37

NAME

1st Notice

2nd Notice

Return



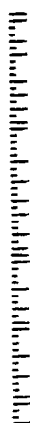
RONALD RADEACKAR
P.O. BOX 1048
WASHINGTON, MO 63090-8048

1ST NOTICE DEC 11 2008

2ND NOTICE

RETURN

87504/2208



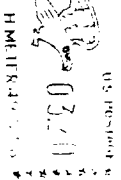
CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN,

LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 5447



RETURN RECEIPT
REQUESTED



REASON CHECKED
Undelivered ☐ Return
Addressed Not Known ☐
Incorrect Address ☐
No such street ☐
No such office in city ☐
Do not return in this office ☐

PAULINE HARRISON
RURAL ROUTE 1
BOISESVAIN, VA 24606

1ST NOTICE 10-17

2ND NOTICE

RETURN

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

1ST OFFICE _____ RECEIVED
2ND OFFICE _____
FORWARDED _____

PAUL C. CALLOWAY
ROUTE 4, BOX 9700
SHOW LOW, AZ 85901

☒ Mail Delivered As Addressed
☐ Unable To Forward
☐ Invalid Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted Not Known
☐ No Such Street ☐ Unknown
☐ Vacant ☐ Inhabitable
☐ No Mail Response
☐ Box Closed-No Order
☐ Returned For Better Address
 Postage Due _____

No. 8
 Date 10-2
 City 10-2

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL

7099 3400 0007 7003 5820

RECEIVED
FEB 11 1964
AM

US POSTAGE
0570
METRO

RETURN RECEIPT
REQUESTED

1ST NOTICE OCT 11 2000
2ND NOTICE _____
RETURN _____

78201-1700A/2200

**BLOOMFIELD ROYALTY CORP NETTED
PRAETORIAN BDDG
DALLAS, TX, 75201-4708**

11/11/11

CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



7000 0600 0024 3129 6864



1ST NOTICE **OCT 11 2000**
2ND NOTICE _____
RETURN _____

RETURN RECEIPT
REQUESTED

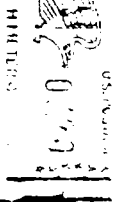
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

WALTER LEWIS MILLER JR. A MINOR
305 SOUTH K ST
LIVINGSTON, MT. 59047

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL



RETURN RECEIPT
REQUESTED

FORWARDING ORDER EXPIRED
MOVED LEFT NO ADDRESS
ATTEMPTED - NOT KNOWN
VACANT
REFUSED
NO MAIL RECEIPT

ROUTED TO ADDRESSEE
INITIALS _____
DATE _____
MARJORIE A MARTIN
1845 GREEN STREET APT 304
SAN FRANCISCO, CA 94123-4953

OCT 11 2000

10/2/00

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

7000 0600 0024 3129 4310

RETURN RECEIPT
REQUESTED

OCT 15 2008

CERTIFIED MAIL

UNKNOWN AT 87103

C.R. SCOTT
PO BOX 713
ALBUQUERQUE, NM, 87103-0713

CERTIFIED MAIL

7000 0600 0024 3129 4310

11 METERS

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

7000 0600 0024 3129 4310

7000 0600 0024 3129 4310

U.S. MAIL
0320
METERS

RECEIPT
REQUESTED

NOTICE
NOTICE
FROM

BURRELL H. CRAWFORD
303 McDONALD ROAD
FARMINGTON, NM 87401

CERTIFIED MAIL

CAMPBELL, CARR, BERGE & SHERIDAN

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208



3400 0007 7003 5691



RETURN RECEIPT
REQUESTED

- ☒ No Disposition As Addressed
- ☐ Incomplete Address
- ☐ Addressed To Forward
- ☐ Addressed Left No Address
- ☐ Undelivered - Not Known
- ☐ No Such Street - Not Known
- ☐ No one - Single
- ☐ No Mail Recipients
- ☐ Box Closed - No Other
- ☐ Returned For Better Address
- ☐ Postage Due
- GRANTS, NM 87020

LOIS JEAN BRICKER
208 N SMITH
GRANTS, NM, 87020-4001

JNEZ I SENEFF
FRANCIS H SENEFF REV TRUST
240 FROST ROAD
SHERIDAN, WY 82801



RETURN RECEIPT
REQUESTED

0002 1 1 1301

NOTED
SECTION ONE
SECTION TWO

CERTIFIED MAIL



2559 62TE 4200 0090 0002

CAMPBELL, CARR, BERGE & SHERIDAN

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL



7099 3400 0007 7003 6292



RETURN RECEIPT
REQUESTED



NDAA

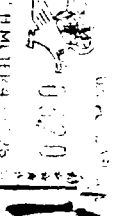
BILL D AND SELMA ALLMAN
JOINT TENANTS W/IO/S
5980 US 64
BLOOMFIELD, NM, 87413-9778

1ST NOTICE **OCT 07 2008**
2ND NOTICE _____
RETURN _____

CERTIFIED MAIL

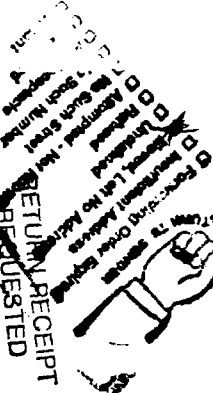


7099 3400 0007 7003 5660



CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208



NOV 07 2008
VAA 609-2208

1st Notice _____
2nd Notice _____
Return _____

GARLAND BROWN
310 GEORGIA ST
BROOKHAVEN, MS

CERTIFIED MAIL



7099 3400 0007 7003 6070

CAMPBELL, CARR, BERGE & SHERIDAN,

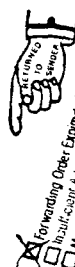
LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE

NOTICE



☒ Forwarding Order Expired
☐ Insufficient Address
☐ Moved, Left No Address
☐ Undelivered
☐ Address Not Known
☐ No Such Street
☐ No Such House No.
☐ Return to Office

RETURN RECEIPT
REQUESTED

ASPHALT PAVING INC
613 MERINO KRAAL
FARMINGTON, NM, 87401-3913

CERTIFIED MAIL



7000 0600 0024 3130 8177

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

WILLIAM ALLEN AND EMILIE E FOSTER
JOINT TENANTS
877 KIMROCK DR
GALLUP, NM, 87301-4639

4-30-80

AC

CERTIFIED MAIL



CAMPBELL, CARR, BERGE & SHERIDAN

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

7000 0600 0024 3129 5393

191 10.2

RETURN RECEIPT
REQUESTED

FOR

MARY JOE TORGESON
VALVERDE SE
ALBUQUERQUE, NM 87108

400

CERTIFIED MAIL



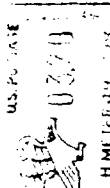
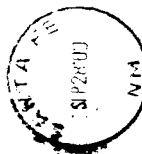
CAMPBELL, CARR, BERGE & SHERIDAN

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

7000 0600 0024 3129 5393



RETURN RECEIPT RETURN TO SENDER
CERTIFIED MAIL NOT AVAILABLE
REQUESTED TO FOREIGN COUNTRIES

30 SEP 2000 SEP 2000

18T NOTICE

LAWRENCE RAYMOND COY
810 VICTORIA DRIVE
VANCOUVER, BC, CA, B5L 4E7

CERTIFIED MAIL



7000 0600 0024 3130 0059

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT
REQUESTED

1ST NOTICE OCT 11 2000
2ND NOTICE
RETURN

MLNA
WILBUR SMITH MILLER ESTATE
IVA ANN EBERT CRAWFORD GDN
305 SOUTH K STREET
LIVINGSTON, MT 59047

CERTIFIED MAIL

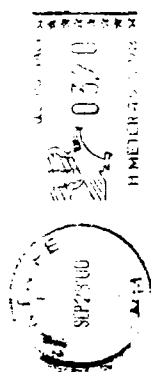


7000 0600 0024 3129 4631

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT
REQUESTED

OCT 11 2000
1ST NOTICE
2ND NOTICE



NO SUCH
NUMBER
5

ROBERT TREICHEL
1217 DOUGLAS ST
OMAHA, NE, 68102

CERTIFIED MAIL



7000 0600 0024 3129 4343

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

RETURNED TO SENDER
RECEIVED
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

LOUIS M HANNUM
7109 ROSEDALE ST
LONG BEACH, CA, 90808-4361

1ST NOTICE OCT 15 2000

2ND NOTICE

RETURN

7000 0600 0024 3129 4343

CERTIFIED MAIL



7000 0600 0024 3129 4808

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

OCT 6 2000

1ST NOTICE

2ND NOTICE

RETURN

RETURN RECEIPT
REQUESTED

LUCILLE HINSHAW POWELL
PO BOX 871

POWER71 746021034 1999 05 10/03/00
FORWARD TIME EXP RTN TO SEND
POWELL
4121 CEDAR VALLEY RD
PONCA CITY OK 74604-6236

RETURN TO SENDER

OCT 2 2000

CERTIFIED MAIL



7000 0600 0024 3129 7380 NM

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE
10/4
TURN

RETURN RECEIPT
REQUESTED

HELEN W. ZIMMERMAN
824 GARFIELD ST APT A
LOVELAND, CO, 80537-4787

- ☐ Return to sender
- ☒ Return to addressee
- ☐ Return to post office
- ☐ Return to sender
- ☐ Return to sender
- ☐ Return to sender

80537-42830432208

CERTIFIED MAIL



7099 3400 0007 7003 5998

CAMPBELL, CARR, BERGE & SHERIDAN,
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

NO SUCH
ADDRESS

RETURN RECEIPT
REQUESTED

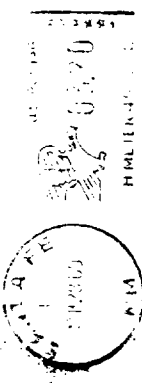
OCT 11 2000

1ST NOTICE
TURN

HARRY BERGER ESTATE
C/O NORMAN BERGER
702 112TH AVE #24
PUYALLUP, WA, 98148

NO SUCH
ADDRESS

FORFEIT
CARR, BERGE & SHERIDAN
FIRST
SANTA FE
RETURN



CERTIFIED MAIL



CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

7000 0600 0024 3129 6840

RETURN RECEIPT REQUESTED
☒ MOVED TO NEW ADDRESS
☐ NOT DELIVERED
☐ UNDELIVERED
☐ NO SUCH STATE
☐ INSUFFICIENT
☐ NO MAIL PERMIT
☐ BOX FULL
☐ OTHER

TAM B MILLER, DECED.
PO BOX 24
HERNDON, WV, 24726-0024

1ST NOTICE 10-12
2ND NOTICE

CERTIFIED MAIL



CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

7000 0600 0024 3129 6772

RETURN TO SENDER
REASON RETURNED
Address, business
Insufficient address
No such street
No such office in state
Not returnable in this country

RETURN RECEIPT REQUESTED

FORWARDING ORDER EXPIRED

OCT 11 2000
1ST NOTICE
2ND NOTICE
RETURN

LEONARD MILLER
PO BOX 244
CRAB ORCHARD, WV, 25827-0744

CERTIFIED MAIL



7099 3400 0007 7003 6443

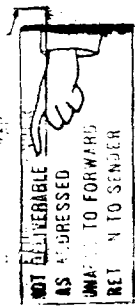
CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE OCT 11 2000
2ND NOTICE
RETURN REQUESTED



JUDY L. DILLON
10854 N 40TH AVE #3088
CHANDLER, AZ 85304-3794

10854 N 40TH AVE #3088
CHANDLER, AZ 85304-3794

CERTIFIED MAIL



0600 0600 0024 3129 4754

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

10-N

- ☐ Forwarding Order Requested
- ☐ Insured (over \$500)
- ☐ Registered Mail
- ☐ Signature Required
- ☐ Restricted Delivery
- ☐ Return Receipt
- ☐ No Such Street
- ☐ No Such Zip Code
- ☐ Invalid Zip Code
- ☐ Unclaimed
- ☐ Refused
- ☐ Attempted, Not Delivered

RETURN RECEIPT
RECORDED

EARMIE HERSCHEL HUGHES ESTATE
CHARLOTTE HUGHES PERSONAL REP
5559 US HWY 64
FARMINGTON, NM, 87401-1578

CERTIFIED MAIL



7000 0600 0024 3129 4344

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

ELIZABETH L PURDY
708 N TWEED ST #R-10
WINFIELD, KS, 67156-1500

RETURN RECEIPT
REQUESTED
RETURN TO SENDER
RETURN TO ORDER

1ST CLASS OCT 07 2000

CERTIFIED MAIL



7000 0600 0024 3129 5270

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

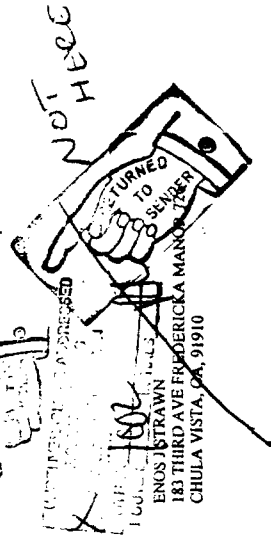
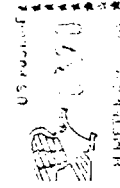
POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT
REQUESTED

OCT 11 2000

1ST CLASS



1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

CERTIFIED MAIL



7000 0600 0024 3129 5713

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

UNKNOWN AT 87103

WILLIAM P. STANLEY
TRSTE IN BANKRUPTCY FOR
WEST AMERICAN CORPORATION
PO BOX 1441
CINCINNATI, OH 45201-1441

CERTIFIED MAIL



7000 0600 0024 3129 6381

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT
REQUESTED



ROBERT EARL WOODS
RT 16 BOX 730
LEBANON, MO, 65536

1ST NOTICE OCT 07 2008
2ND NOTICE _____
RETURN _____



CERTIFIED MAIL



7000 0600 0024 3129 7168

CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

DECEASED
DECEASED
TURN RECEIPT REQUESTED

HENRY A OBERFELD
10130 MANCHESTER RD
KIRK WOOD, MO. 63122-1547

CERTIFIED MAIL



7099 3400 0007 7003 5783

CAMPBELL, CARR, BERGE & SHERIDAN
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

RETURN RECEIPT REQUESTED

AULDIE K BLANKENSHIP
RT 1 BOX 369
ROCK, WV, 24747-9734

1ST NOTICE 10-12
2ND NOTICE
RETURN

Deceased

CAMPBELL, CARR, BERCE & SHERIDAN, P.A.
LAWYERS
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

10/2

1ST CLASS
RETURN RECEIPT
REQUESTED

CERTIFIED MAIL



7000 0500 0024 3129 9755 NM



NOT DELIVERABLE
AS ADDRESSEE
UNABLE TO FORWARD
RAYMOND E AND
PO BOX 474 CUNNINGHAM
BLOOMFIELD, NM, 87413-0474

