

Z 152 933 613

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to **JAMES RAYMOND**

Street & Number **PO BOX 1445**

Post Office, State, & ZIP Code **KERRVILLE, TX**

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

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

TOTAL Postage & Fees \$

Postmark or Date

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**JAMES RAYMOND  
PO BOX 1445  
KERRVILLE, TX**

4a. Article Number

**2152 933 613**

4b. Service Type

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

7. Date of Delivery

**1-16-01**  
8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**JOE ELLEDGE  
PO BOX 111  
FARMINGTON, NM 87499**

4a. Article Number

**2152 933 600**

4b. Service Type

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

7. Date of Delivery

**1-17-01**  
8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 152 933 625

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to **FOUR CAPITAL, LLC**

Street & Number **CROMODRIVE, SUITE 199**

Post Office, State, & ZIP Code **EL PASO, TX 79912**

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

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

TOTAL Postage & Fees \$

Postmark or Date

NO RECEIPT RECEIVED  
ELECTION  
WAS RECEIVED  
FOR COUGAR  
CAPITAL LLC

US Postal Service No Insurance Coverage Provided. Do not use for International Mail. (See reverse)	
Sent <b>NOSECO CORPORATION</b>	
Street & Number <b>7400 LAKESIDE DRIVE</b>	
City, State, & ZIP Code <b>RENO, NV 89511</b>	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 152 933 610

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <b>NOSECO CORPORATION 7400 LAKESIDE DRIVE RENO, NV 89511</b>		4a. Article Number <b>7152 933 610</b>	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <b>1-16-1</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X M. H. [Signature]</b>			

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you very much

US Postal Service No Insurance Coverage Provided. Do not use for International Mail. (See reverse)	
Sent <b>NEUMANN FAMILY TRUST</b>	
Street & Number <b>C/O PETER C. NEUMAN</b>	
City, State, & ZIP Code <b>P.O. BOX 1170</b>	
Post Office, State, & ZIP Code <b>RENO NV 89504</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 152 933 607

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <b>NEUMANN FAMILY TRUST C/O PETER C. NEUMAN P.O. BOX 1170 RENO, NV 89504</b>		4a. Article Number <b>7152 933 607</b>	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <b>NOV 11 1994</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X [Signature]</b>			

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

Is your RETURN ADDRESS completed on the reverse side?

7000 0520 0022 9542 6099

Is your RETURN ADDRESS completed on the reverse side?

7000 0520 0022 9542 6075

Is your RETURN ADDRESS completed on the reverse side?

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**DUGAN PRODUCTION CORP.**  
Street, Apt. No.; or PO Box No. **PO BOX 420**  
**FARMINGTON, NM 87499-420**  
City, State, ZIP+4

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

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

3. Article Addressed to:  
  
**DUGAN PRODUCTION CORP.**  
**PO BOX 420**  
**FARMINGTON, NM 87499-420**

5. Received By: (Print Name)  
**WILLIAM E. SHERLOCK**  
6. Signature: (Addressee or Agent)  
*William E. Sherlock*

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**JOHANSEN ENERGY PARTNERSHIP**  
Street, Apt. No.; or PO Box No. **PO BOX 1773**  
**WHITEFISH, MT 59937**  
City, State, ZIP+4

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

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

3. Article Addressed to:  
  
**JOHANSEN ENERGY PARTNERSHIP**  
**PO BOX 1773**  
**WHITEFISH, MT 59937**

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

4a. Article Number <b>700005200022 9542 6099</b>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
7. Date of Delivery <b>1/19/01</b>	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided  
Do not use for Return Receipt for Merchandise

ENERGEN RESOURCES CORPORATION  
Sent to  
605 21<sup>ST</sup> ST. N  
BIRMINGHAM, AL 35203

Post Office, State, & ZIP Code

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

Z 152 933 609

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

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

3. Article Addressed to:  
  
ENERGEN RESOURCES CORPORATION  
605 21<sup>ST</sup> ST. N  
BIRMINGHAM, AL 35203

4a. Article Number  
2 152 933 609  
4b. Service Type  
☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☒ Return Receipt for Merchandise ☐ COD  
7. Date of Delivery  
1-17-01

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

1509 2456 2200 0250 0002 0000

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

Recipient's Address (Completed by mailer)  
MESA GRANDE RESOURCES, INC.  
1200 PHILLTOWER  
TULSA, OK 74103  
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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

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

3. Article Addressed to:  
  
MESA GRANDE RESOURCES, INC.  
1200 PHILLTOWER  
TULSA, OK 74103

4a. Article Number  
7060 0540 0022 9542 6051  
4b. Service Type  
☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☒ Return Receipt for Merchandise ☐ COD  
7. Date of Delivery  
JAN 19 1995

5. Received By: (Print Name)  
E. PLEX (ATTN: PS)

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

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

Thank you for using Return Receipt Service.