● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will prito and the date of delivery</u> . For additional fees the following for fees and check box(es) for additional service(s) request 1.	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Est. of Edward Land Moward & Connie P. Howard G Connie P. Moward 613 Fair Lane Tyler, TX 75701	4. Article Number B////////////////////////////////////
5. Signature - Address X 6. Signature - Agent XMMAUCMARTIN 7. Date of Delivery 2 E- & S	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811 Mar 1000 + 1100	E. Other Constraints (Constraints) (Constraints)

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the revucard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque 1. □ Show to whom delivered, date, and addressee's a (Extra charge)	erse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to:	4. Article Number -492 -869 - 877
Kindermac Partners	Type of Service:
650 S. Cherry Street	Begistered Insured
Suite 1225	
Denver, CO 80222	Express Mail Return Receipt
,	Always obtain signature of addressee
. 3	or agent and DATE DELIVERED.
5. Signature – Address X	8. Addressee's Address ONLY-fr requested and fee parts
6. Signature - Agent	
× Miles Stater	63 33
7. Date of Delivery	1045 B
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-21	-AR5 DOMESTIC RETURN BECEIDT

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1.	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Walker Energy P. O. Box 2409 Denver, CO 80201	4. Article Number 4. Article Number 4. Article Number 7. Article Number 7. Article Number 9. Article Nu
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery //- P · P P	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN PECEIPT

■ 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a (Extra charge)	arse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster
3. Article Addressed to: James B. Fullerton P. O. Box 2368 Denver, CO 80201	4. Article Number 4. Article Number 4. Article Number 7. Article Number 7. Article Number 7. Article Number 9. Alwaya obtain signature of addressee 7. Alwaya obtain signature of addressee 7. Article Number 9. Alwaya obtain signature of addressee 9. Alwaya obtain signature
5. Signature - Address X 6. Signature - Agent X 7. Date of Delivery //- 8 - 8 P	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Mar. 1988 + U.S.G.P.O. 407	i setsenega se tra provincia de la companya de la c

● SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will pu</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. □ Show to whom delivered, date, and addressee's add (Extra charge)	se side. Failure to do this will prevent this ovide you the name of the person delivered services are available. Consult postmaster ed.
3. Article Addressed to: Hunt Walker 621 17th Street Suite 811 P. O. Box 2409 Denver, CO 80201	4. Article Number         -4. Article Number         -4. Article Number         -4. Article Number         Type of Service:         Registered         Insured         Occording         Cordination         Cordination         Registered         Insured         Cordination         Cordination         Return Receipt for Merchandise         Always obtain signature of addressee         or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery //- & - & &	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	-865 DOMESTIC RETUR

card from being returned to you. <u>The return receipt fee y</u> to and the date of delivery. For additional fees the follo for fees and check box(es) for additional service(s) re 1. Show to whom delivered, date, and addressee ( <i>Extra charge</i> )	quested.
3. Article Addressed to:	4. Article Number P-492 -868 - 88
John Kevin Barton 39 <b>255</b> E. Cedar, <del>#5 or #4</del> Denver, CO 80209 <del>74</del>	Type of Service:         Registered       Insured         Certified       COD         Express Mail       Return Reformerch
Konn Barton	Always obtain signature of address or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X	8. Addressee's Address (ONL) requested and fee paid)
6. Signature Agent X	
7. Date of Delivery	

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to:	4. Article Number 1-492-868-845
Jeffrey Evan Barton Estate Andrew W. Barton, P.R. 2345 S. Delaware Denver, CO 80223	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address 6. Signature - Address X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
RE Ener 3811 Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIP

for fees and check box(es) for additional service(s) 1. Show to whom delivered, date, and address (Extra charge)	ee's address. 2. C Restricted Delive (Extra charge)
3 Article Addressed to:	4. Article Number
Department of the	1-492-868-8
Interior	Type of Service:
Minerals Management	, Registered Insured
Service	Certified COD
	Express Mail Return R
P. O. Box 5640	Always obtain signature of addres
Denver, CO 80217	Sof agen and DATE DELIVERED.
5. Signature – Address	8. Addie see's Address (ONI
X /	6. As approved and fee paid)
6. Signature – Agent	× 8 P
× Colour InmA	ELTON /8/
7. Date of Delivery	The second secon
7. Date of Denvery 11. 8. 88	

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the re- card from being returned to you. The return receipt feawil to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ	verse side. Failure to do this will prevent this provide you the name of the person delivered
1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. C Restricted Delivery (Extra charge)
3. Article Addressed to: E. Patrick Barton, Jr. 340 Gaylord Street Denver, CO 80206	4. Article Number 4. Article Number 4. Article Number 5. Service: 5. Registered 6. Con 6. Certified 6. Con 6. Con 7. Registered 6. Con 7. Registered 7. Register
5. Signature Address X & Address 6. Signature - Agent X 7. Date of Delivery	8. Addresseo's Address (ONLY if requested and fee paid)

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required. 1. □ Show to whom delivered, date, and addressee's (Extra charge)	verse side. Failure to do this will prevent this I provide you the name of the person delivered ing services are available. Consult postmaster ested.
3. Article Addressed to: Andrew W. Barton 2345 S. Delaware Denver, CO 80223	4. Article Number - 492 - 868 - 887 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
~	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X Julium J. Xontacco 6. Signature - Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
······································	2-865 DOMESTIC RETURN RECEIPT

to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reque 1.	asted.
3. Article Addressed to:	4. Article Number 1-492-868-85
Albert J. Blair Jr. Ruth Ann Blair P. O. Box 35426 Tulsa, OK 74153	Type of Service:         Registered         Certified         Condition         Express Mail
	Always obtain signature of address or agent and <u>DATE DELIVERED</u> .
5. Signature – Address A	8. Addressee's Address (ONL) requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery 11-10-78	

and from being returned to you. <u>The return receipt fee w</u> o and the date of delivery. For additional fees the follow or fees and check box(es) for additional service(s) req . Show to whom delivered, date, and addressee's (Extra charge)	uested.
3. Article Addressed to:	4. Article Number 1-492-868-901
Letty Carolyn Howard	Type of Septice:
2410 E. 72nd Street	Registered Insured
Tulsa, OK 74136	Cortified COD Express Mail Return Receipt for Merchandise
Sitter C. Howard	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5.' Signature - Address	8. Addressee's Address (ONLY if
x + 1	requested and fee paid)
6. Signature – Agent	-1 '
X	
7. Date of Delivery	

services are desired, and complete items rse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster ited. dress. 2. Restricted Delivery (Extra charge)
4. Article Number 4. Article Number 4. Article Number 5. Article Nu
8. Addressee's Address (ONLY if requested and fee paid)

<ul> <li>3. Article Addressed to:</li> <li>Frank Kell Cahoon</li> <li>P. O. Box 127</li> <li>Midland, TX 79702</li> <li>5. Sydnature - Agent</li> <li>7. Date of Delivery</li> <li>Article Number</li> <li>4. Article Number</li> <li>Type of Service:</li> <li>Registered</li> <li>Insured</li> <li>CoD</li> <li>Expressival</li> <li>Registered</li> <li>Insured</li> <li>CoD</li> <li>Expressival</li> <li>Addressee</li> <li>or agent and DATE DELIVERED.</li> <li>8. Addressee's Address (ONLY if requested and fee paid)</li> </ul>	SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will p</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. ☐ Show to whom delivered, date, and addressee's ad ( <i>Extra charge</i> )	rse side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
x // // // // // // // // // // // // //	Frank Kell Cahoon P. O. Box 127	Image: Apple of Service:         Image: Ap
NOV 4 1 THEOR	X///// /ACO 5. Signature – Agent X	

3 and 4. Put your address in the ''RETURN TO'' Space on the read from being returned to you. <u>The return receipt fee v</u> to and the date of delivery. For additional fees the follo for fees and check box(es) for additional service(s) red 1. □ Show to whom delivered, date, and addressee (Extra charge)	vill provide you the name of the person deliv wing services are available. Consult postm quested.
3. Article Addressed to: Armondo Vidal Garcia P. O. Box 364 Flora Vista, NM 87415	4. Article Number 4. Article Number 4. 492 - 868 - 83 Type of Service: Registered Insured Certified COD Express Mail Return Receip for Merchand Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X ///// Address 6. Signature - Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional services are desired, and complete item 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent th card from being returned to you. The return receipt fee will provide you the name of the person deliver to and the date of delivery. For additional fees the following services are available. Consult postmast for fees and check boxies for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. (Extra charge)	
3. Article Addressed to: Beverly Jenkins 155 Pukoa Street Kailuh, HI 96734	4. Article Number 4. Article Number 4. Article Number 4. Article Number 4. Article Number 5. Solution 5. Solution 5
5. Signature - Address X DUUL SCHENS 6. Signature - Agent X 7. Date of Delivery NOV 16 1988 PS Form 3811. Mar. 1988 + U.S.G.P.O. 1988-212	<ul> <li>B. Addressee's Address (ONLY if requested and fee paid)</li> </ul>

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. Show to whom delivered, date, and addressee's address.</li> <li>2. Restricted Delivery (Extra charge)</li> </ul>	
3. Article Addressed to: O liver Davis	4. Article Number -492-868-836
11201 Camero N.E.	Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
albüguerque, NM 87111	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X Junela Scen	8. Addressee's Address (ONLY if requested and fee paid)
6. Sighature – Agent	1
X 7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1088-212	-005

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster 101 IEES and Check DOX(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. (Extra charge)	
3. Article Addressed to: H. F. Boles P. O. Box 2021 Midland, TX 79702	4. Article Number 4. Article Number Type of Service: Algelistered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X M. H.7. Boles	
7. Date of Delivery NOV 10 1988	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	rse side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Myron S. Baranowski Margaret Baranowski 5917 N. 9th Street Arlington, VA 22205	4. Article Number 
5. Signature – Address X M Du month 6. Signature – Agent X 7. Date of Delivery PS Form 3811. Mar. 1988 * U.S.G.P.O. 1988-215	8. Addressee's Address (ONLY if requested and fee paid)

Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will o and the date of delivery. For additional fees the following or fees and check box(es) for additional service(s) reque . Show to whom delivered, date, and addressee's a <i>(Extra charge)</i>	provide you the name of the person delivered ng services are available. Consult postmaster asted.
Article Addressed to: Peggy Williamson McCullough Schacter 5925 Preston Road Dallas, TX 75205 Signature Address (	4. Article Number - 492 - 868 - 83 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if
Signature Address g 1 <u>and Williams a Wallooph Schar</u> Signature - Agent C 2. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will pr to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. ☐ Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster red
3. Article Addressed to:	4. Article Mumber
Estate of Anita H. Kramer c/o Allan D. Evans 1800 Mid-America Tower 20 North Broadway	Type of Sérvice:       Registered       Certified       CoD       Express Mell       Return Receipt for Merchandise
Oklahoma City, OK 73102	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 15 Mos 200	
7. Date of Delivery PS Form 3811, Mar. 1988 FUS GPO 1088-212	

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent thi rovide you the name of the person delivere services are available. Consult postmaste ted.
3. Article Addressed to:	4. Article Number P-492 - 868 - 902
Mae Bell Duncan Trust W. C. Duncan II, Trustee 1803 Victory Wichita Falls, TX 76301	Type of Service:         Registered       Insured         Express Mail       Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Lo Lluxcar	
7. Date of Delivery	

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. Show to whom delivered, date, and addressee's address.</li> <li>2. Restricted Delivery (Extra charge)</li> </ul>	
3. Article Addressed to:	4. Article Number 4-492-868-871
Howard E. Henderson 5809 N. 24th Place Phoenix, AZ 85016	Type of Service:         Registered       Insured         Certified       COD         Express Mail       Return Receipt for Merchandise
	Always obtain signature of addressee or agent and BATE DELIVERED.
S. Sterner - Address endlem	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent X	
7. Date of Delivery	]
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIP

Lula Jane Seydell	1. Article Number.
	F-492-868-933
c/o Morris Seydell P. O. Box 505 Wichita Falls, TX 79702	Type of Service:       Registered     Insured       Certified     COD       Express Mail     Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address 8 X	<ol> <li>Addressee's Address (ONLY if requested and fee paid)</li> </ol>
6. Signature - Agent X	
NOV 1 2 1988	

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO". Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a (Extra charge).	erse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to:	4. Article Number
Meridian Oil Inc. 3535 E. 30th Street P. O. Box 4289 Farmington, NM 87499-4289	Y-472       - 86         Type of Service:         Registered         Insured         Certified         Cond         Express Mail         Return Receipt for Merchandise         Always obtain signature of addressee
- 1	or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	
7. Date of Delivery $1/-10-2\phi$	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEIPT

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. Show to whom delivered, date, and addressee's address. (Extra charge)</li> </ul>	
Alco Oil Co. c/o The Oxford Oil Co.,	4. Article Number - 492 - 88 - 847
successor in interest to	Type of Service:
Alpine Oil Co.	Certified COD
P. O.Box 2909	Express Mail Return Receipt for Merchandise
Zanesville,	Always obtain signature of addressee
OH 43702-2909	or agent and DATE DELIVERED.
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X June. A. Mon. C. 100	
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1088_010	ees and the trace of the test

for fees and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a (Extra charge)	provide you the name of the person dell g services are available. Consult postm sted. ddress. 2.
3. Article Addressed to:	4. Article Number 1-492 - 868 - 91
Susan Elizabeth Schulze P. O. Box 2522	Type of Service:
Farmington, NM 87499	Certified COD Express Mail Return Recei
· · ·	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X Susan E, John 20	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery	

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. Show to whom delivered, date, and addressee's address. (Extra charge)</li> </ul>	
3. Article Addressed to: KEC Acquisitions Corp. 2100 Republic Bank Center 700 Louisiana Houston, TX 77002-2725	4. Article Number 4. Article Number 4. Article Number 5. Certified Insured 5. Certified COD 5. Certified Return Receipt 6. For Merchandise Always obtain signature of eddressee
5. Signature - Address X 6. Signature - Agent X 7. Date of Delivery 9 1988	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIP

for fees and check box(es) for additional service(s) n 1.	will provide you the name of the person de owing services are available. Consult post equested. e's address. 2.
3. Article Addressed to:	4. Article Number 1-492 -868 - 87
Imperial Oil Company	Type of Service:
6202 Washington Ave. Houston, TX 77007	Certified COD Express Mail for Merchan
_	Always obtain signature of addresse or agent and the here of a sector
5. Signature - Address XKuth Dukva	8. Addresse Address (30A) requested and Sectaid)
6. Signature - Agent	1988
x	

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 1 and 2 when additional services are desired, and complete items 1 and 2 when additional services are desired, and complete items 1 and 2 when additional services are desired, and complete this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered card from being returned to you. The return receipt fee will provide you the name of the person delivered to end the date of delivery. For additional fees the following services are available. Consult postmaster to end the date of delivery. For additional service(s) requested. for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number
Edgar Alfred Boring Evelyn Boring P. O. Box 829 Bayfield, CO 81122	P-992 - 868 - 715         Type of Service:         Registered         Insured         Certified       COD         Express Mail       Return Receipt for Merchandise         Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X Ellan a. Danna	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery NOV 1 9 1000	
2011 Mar 1988 * U.S.C.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT	

•

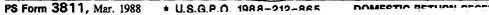
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. <ol> <li>By the date of delivery. For additional service(s) requested.</li> <li>By the date of delivered, date, and addressee's address.</li> <li>Cartra charge)</li> </ol>	
3. Article Addressed to: Professional Title Agency, Inc. 319 7th Street N.W. Albuquerque, NM 87110	4. Article Number 4. Article Number 4. Article Number Type of Service: Registered Insured Con Con Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X 6. Signature - Agent X L LULL 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
2211 Mar 1022 + 11 8 G P.O. 1988-21	2-865 DOMESTIC RETURN RECEIPT

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge)	
4. Article Number	
or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid)	

card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ 1. Show to whom delivered, date, and addressee's (Extra charge)	ested.
3. Article Addressed to: Wm. "Bill" Gallaway 3005 Northridge Drive Suite I Farmington, NM 87401 <u>MM Malacutor</u> 5. Signature - Address X	<ul> <li>4. Article Number</li> <li>4. Article Number</li> <li>4. Article Number</li> <li>4. Article Number</li> <li>7. Article Number</li> <li>8. Addressee's Address (ONLY if requested and fee paid)</li> </ul>
X 6. Signature - Agent X 7. Date of Delivery	

<ul> <li>SENDER: Complete items ↑ and 2 when additional 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the revert card from being returned to you. <u>The return receipt fee will p to and the date of delivery</u>. For additional fees the following for fees and check box(es) for additional service(s) request 1. □ Show to whom delivered. date. and addressee's ad William A. Riley</li> <li>Lorena A. Riley</li> <li>Lorena A. Riley (Lorena / is deceased, interest goes to William and Dawn 16241 Hawaii Lane Huntington Beach, CA 92649</li> </ul>	rese side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.         tervices are available. Consult postmaster ted.         (dress. 2. □ Restricted Delivery (Extra charge)         4. Article Number         0_492-868-924         Type of Service:         Certified         © Consult postmaster         Always obtain signature of addressee
×	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Son D. Riley 7. Date of Delivery	
<b>NAV 1 0 1988</b>	

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered and the data of delivered for the person delivered for fees and check box(es) for additional service(s) requested.</li> <li>1. □ Show to whom delivered, date, and addressee's address.</li> <li>2. □ Restricted Delivery (Extra charge)</li> </ul>	
3. Article Addressed to: Michael W. Murphy 200 N. Jefferson El Dorado, AK 71730	4. Article Number P-492-568-866 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Agent	8. Addressee's Address (ONLY if requested and fee paid)
X Margencer 7. Date of Delivery 11-10-88 C7 Anda	



<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. □ Show to whom delivered, date, and addressee's address. (Extra charge)</li> </ul>	
Article Addressed to: Marion Z. Simmons and	4. Article Number 1-492-868-857
Comerica Bank-Detroit as Co-Trustees of Charles D. Simmons Trust Comerica: 211 W. Fort St.	Type of Service:         Registered       Insured         Certified       COD         ress Mail       Return Receipt for Merchandise
Detroit, MI 48226	Always obtain signature of addresses or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X 7. Date of Delivery	
RS Form 3811. Mar. 1988 + U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIP

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge)		
Catherine Mary Florance Trust Mercantile Nat. Bank of Texas P. O. Box 225415 Dallas, TX 75265	4. Article Number 4. Article Number 4. 492 - 868 - 833 Type of Service: Registered Insured Cond Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X 6. Signature - Agent X A A Mark 7. Date of Delivery 1 0 1980	8. Addressee's Address (ONLY if requested and fee paid)	
	DOMESTIC RETURN RECEIPT	

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. □ Show to whom delivered, date, and addressee's address. (Extra charge)</li> </ul>		
3. Article Addressed to:	4. Article Number - 49	
Betty Jennings	Type of Service:	
93 Golden Hinde	Registered Insured	
San Rafael, CA 94903		
ban Raraci, ch jrios	Express Mail Return Receipt	
Setter A Ennemia	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X		
Date of Delivery		
0044 M- 1000 + 11 CGPO 1988-212	-865 DOMESTIC RETURN RECEIPT	

Put your address in the "RETURN TO" Space on the re card from being returned to you. The return receipt fee wi to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ 1. Show to whom delivered, date, and addressee's (Extra charge)	ill provide you the name of the person deliving services are available. Consult postmuested.
3. Article Addressed to:	4. Article Number - 492 - 868 - 868 Type of Service:
Ben Donegan 3202 Candelaria Rd. NE Albuquerque, NM <del>87110</del>	Registered Insured Certified COD Express Mail Return Receip for Merchand
	Always obtain signature of andressee or agent and AAT sector and ressee
5. Signature – Address X 6. Signature – Adent/	8. Addresses Address (DAID) if request churges (DAID) if
× Stine Ul	

to and the date of <u>delivery</u> . For additional fees the following for fees and check box(es) for additional service(s) requested to the following for fees and check box(es) for additional service(s) requested to the following for	ested.
3. Article Addressed to:	4. Article Number - 492 -868 -881
Jose Blas Garcia Box 10381 Albuquerque, NM 87184	Type of Service: Registered Insured Certified COD Express Mail Return Receipt
mbuquerque, MM 8/184	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X J. S. Charles (Construction) 7. Date of Delivery	2 20

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery</u> . For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. (Extra charge)		
Article Addressed to: Michael C. Donegan 3513 Georgia NE Albuquerque, NM 87110	4. Article Number - 492 -868 - 862 Type of Service: Registered Insured Ccertified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.	
Signature Address I Address Signature - Agent Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)	
Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	865 DOMESTIC R	

SENDER: Complete items 1 and 2 when additional services are deaired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number	
Harold Adkins	1-472-068-110	
Linda Muriel Adkins 7221 W. 13th Kennewick, WA 99336	Type of Service:         Registered         Insured         Certified         Cond         Express Mail	
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature - Address	8. Addressee's Address (ONLY if	
5. Signature - Address Allkins	requested and fee paid)	
6. Signature – Agent	7	
X		
7. Date of Delivery		
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-REE DOMESTIC PETION PE	

● SENDER: Complete items 1 and 2 when additional services are desired, and complete ite 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent to card from being returned to you. <u>The return receipt fee will provide you the name of the person deliver</u> to and the date of delivery. For additional fees the following services are available. Consult postmat for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) (Extra charge)	
M. H. McGrail Estate I.D. #856087411 The Portales Natl. Bank Personal Representative P. O. Drawer 888 Portales, NM 88130 5. Signature - Address	4. Anticle Number 
5. Signature - Address X / / E 6. Signature - Agent X / / Utus Ulliante 7. Date of Deliverne 3	8. Addrossoo's Addross (UNLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. (Extra charge)		
3. Article Addressed to:	4. Article Number - (192 - 868 - 830	
Milton B. Davis Marvetta R. Davis 2828 Mesilla N.E. Albuquerque, NM 87110	Type of Service:         Registered       Insured         Cortified       COD         Express Mail       Return Receipt for Merchandise         Always obtain signature of addressee	
	or agent and DATE DELIVERED.	
5. Signature - Address X Mith & Du	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature – Agént	1	
X		
7. Date of Delivery	1.	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC 375755		

ed. Iress. 2. 🗆 Restricted Delivery (Extra charge)
4. Article Number 
8. Addressee's Address (ONLY if requested and fee paid)

● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(as) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge)		
3. Article Addressed to: W. C. Duncan, II	4. Article Number - 492 - 868 - 904 Type of Service:	
1803 Victory Wichita Falls, TX 76301	Registered     Insured       Scertified     COD       Express Mail     Return Receipt for Merchandise	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X Lo Lluxcan	, ,	
7. gate of Delivery 11-12-58 PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-DPF THISATS ON LOCAME OPENING	

■ SENDER: Complete terms 1 and 2 when addit 3 and 4. Put your address in the "RETURN TO" Space on the card from being returned to you. <u>The return receipt fee</u> to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) re 1. Show to whom delivered, date, and addressee (Extra charge)	will provide you the name of the person del wing services are available. Consult postn quested.
3. Article Addressed to: John B. Pierce P. O. Box 401 Aztec, NM 87410	4. Article Number 
5. Signature – Address X A Signature – Agent X	or agent and DATE DELIVERED. 8. Addressee's Address (ONLY is requested and Mygato) 0 1989

<ul> <li>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</li> <li>1. □ Show to whom delivered, date, and addressee's address. (Extra charge)</li> </ul>	
3. Article Addressed to: Susan Pierce Nelson	4. Article Number -492-868-897
First Interstate Bank, Agent P. O. Box 4140	Type of Service:         Registered       Insured         Certified       COD         Express Mail       Return Receipt for Merchangise
Farmington, NM 87499	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature ( Agent ) X	
7. Date of Delivery U //-9-93	
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. <u>The return receipt fee will j</u> to and the date of delivery. For additional service(s) reques for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's an (Extra charge)	arse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to:	4. Article Number P-492 - 868 - 890
Patricia Ann Hickam Box 109R	Type of Service:
Tijeras, NM 87059	Cortified COD Express Mail Return Receipt for Merchandise
A WON	Anways obtain signature of addressee
5. Signature - Address X + I + ElCice B. Hickan 2 22	8. Addressee's Address (ONLY if Address and fee paid)
6. Signature – Agent X	8
7. Date of Delivery USI	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEIPT

to and the date of delivery. For additional fees the followi for fees and check box(es) for additional service(s) requi 1. Show to whom delivered, date, and addressee's (Extra charge)	ested.
<ul> <li>3. Article Addressed to:</li> <li>Dirk Vanhorn Reemtsma</li> <li>First Interstate Bank</li> <li>Agent</li> <li>P. O. Box 4140</li> <li>Farmington, NM 87499</li> </ul>	4. Article Number - 492 - 868 - 89 Type of Service: Registered Insured Con Express Mail Return Rece for Merchan Always obtain signature of addressed
<ul> <li>5. Signature - Address</li> <li>6. Signature - Agent Hyper State</li> <li>7. Date of Delivery</li> </ul>	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY i requested and fee paid)

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will p</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Charles R. Meeker Charles F. Niemeth c/o White & Case 333 S. Hope Stheet Los Angeles, CA 90071	4. Article Number -492 568 - 80 Type of Service: Begistered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811. Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC RETURN RECI

Put your address in the "RETURN TO" Space on the reverse side. Feilure to do this will prevent to card from being returned to you. The return receipt fee will provide you the name of the person delive to and the date of delivery. For additional fees the following services are available. Consult postmat for fees and check box(es) for additional ervice(s) requested. 1. Show to whom delivered, date, and addressee's address. (Extra charge) (Extra charge)	
3. Article Addressed to: Billie Robinson P. O. Box 1281 Santa Fe, NM 87504	4. Article Number 
5. Signature - Address X July - Roburson 6. Signature - Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid NOV

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: A. L. Duff, Jr. Trust United New Mexico Trust Co. formerly Security Trust Co. P. O. Box 1081 Albuquerque, NM 87103	4. Article Number V-492 -868 - 892 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and PATE DELIVERED.
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988–212	8. Addressed of Address (ONLY if requested and fee path)

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will p</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques: 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3 Article Addressed to: F. J. Bradshaw Estate	4. Article Number 1-492-868-870
First Interstate Bank of Utah P. O. Box 30169 180 S. Main Street	Type of Service:         Registere         Certified         Continue         Express Mail
Salt Lake City, UT 84111	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Agent X	8. Addresses Address (ONLY if requisied and fee pill)
7. Date of Delivery //	

Pet your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques the D Show to whom delivered, date, and addressee's ac	ted. Idress. 2. 🗆 Restricted Delivery
(Extra charge) 3. Article Addressed to:	(Extra charge) 4. Article Number
Mary Ellen Burns Gonzales P. O. Box 5353 Santa Fe, NM 87502	V-492-888-895       Type of Service       Registered       Insured       KCertified       COD       Express Mail       Return Receipt       for Merchandise       Always obtain signature of addressee
	or agent and DATE DELIVERED.
5. Signature - Address X X X Le Here X LA	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	
7. Date of Delivery	

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to:	4. Article Number P-492-868-840
Coleman Oil & Gas Inc.	Type of Service:
P. O. Drawer 3337	Registered Linsured
Farmington, NM 87499	Express Mail COD Express Mail Grow Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Annelle A. Kahm	]
7. Date of Delivery	
PS Form 3811, Mar. 1988 + U.S.G.P.O. 1090	

• T1' 🚺

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and theck box(es) for additional services(s) requested. 1. Show to whom delivered, date, and eddressee's address. 2. Restricted Delivery (Extra charge) (Extra charge)		
3. Article Addressed to:	4. Anicle Number / 8 - 838	
Hixon Development Company P. O. Box 2810 Farmington, NM 87499	Type of Service:         Begistered       Insured         Certified       COD         Express Mail       Return Receipt for Merchandise	
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)	
X Kenla Jan'		
7. Date of Delivery - 9 - 88		

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rev. card from being returned to you. <u>The return receipt fee will</u> to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a ( <i>Extra charge</i> )	erse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to: R. K. O'Connell P. O. Box 2003 Casper, WY 82602	4. Article Number 4. Article Number 4. Article Number 7. Article Number 8. Registered Insured Cod Cod Cod Cod Cod Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X (, , , , , , , , , , , , , , , , , , ,	8. Addressee's Address (ONLY if requested and fee paid)

● SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will put to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. □ Show to whom delivered, date, and addresse's ad	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ed. dress. 2.
(Extra charge) Estate of T. W. Stevenson and Vivian M. Stevenson,	(Extra charge) 4. Article Number 4-492 - 868 - 867
indiv. and as P. R., Steve L. Stevenson and Eunice I. Stevenson Steve L. Stevenson Lindrith, NM 87020	Type of Service: Registered COD Express Mail Return Receipt Always obtain signature of addressee
5. Signature – Address	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if
X 6. Signature - Agent Carrier X Mildred Bridge	star Route
7. Date of Delivery //- 9 - 88 PS Form 3811. Mar. 1988 + 118 0 B 0 1000 010	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery</u>. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
 1. Show to whom delivered, date, and addressee's address.
 2. Restricted Delivery (Extra charge) 2. C Restricted Delivery (Extra charge) Oliver Windale Davis and Article Number 4. - 492-868 Ruby Irene Ozanich, Trustees of the Frederick Type of Service: Harold Davis and Sarah \_\_\_Registered 🔲 Insured Certified Alma Davis Trust Return Receipt for Merchandise Express Mail Ш Oliver: Albuquerque, NM Fred: Star Route Always obtain signature of addressee Lindrith, NM 5. Signature - Address or agent and DATE DELIVERED. 97029 8. Addressee's Address (ONLY if requested and fee paid) Х Cancel 6. Signature - Agenty Х Q 7. Date of Delivery C - -- - -

card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested: 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) (Extra charge)		
3. Article Addressed to: T. H. McElvain Jr. P. O. Box 2148 Santa Fe NM 87504	4. Article Number - 492 - 868 - 864 Type of Service: Registered Insured Scertified COD Expression Return Receipt for Merchandise Alway cobinet and the set of decise or agent of DATE DEL Rep.	
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery	8. Addrassee's Addressed WLY if	

rse side. Failure to do this will prevent this rovide you the name of the person delivered services are evailable. Consult postmaster ted. Idress. 2. Restricted Delivery (Extra charge)
4. Article Number 
8. Addressee's Address (ONLY if requested and fee paid)

. .

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	rse side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
Kenneth C. Leach and Judith Dianne Duff Leach, Co-Trustees of the Duff- Leach Family Trust dtd 4/20/84 P. O. Box 2107 Albuquerque, NM 87103	4. Article Number - 4. Article Number Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X 6. Signature - Agent X 7. Date of Delivery PS Form 3811 Mar 1988 + U.S.G.P.O. 1989-212	8. Addressee's Address (ONLY if requested and We trad

● SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will put to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. □ Show to whom delivered, date, and addressee's add (Extra charge)	se side. Failure to do this will prevent this ovide you the name of the person delivered services are available. Consult postmaster red.
3. Article Addressed to: Robert B. Howard Shirely Howard 7001 N. Country Club Pl. Oklahoma City, OK 73116	4. Article Number - 4. Article Number Type of Service: Aregistered Insured Content Content Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X $A$	8. Addressee's Address (ONLY if requested and fee paid)

ed. tress. 2.
4. Article Number -492-868-896 Type of Service: Registered Disured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)

■ SENDER: Complete items 1 and 2 when additio 3 and 4. Put your address in the "RETURN TO" Space on the r card from being returned to you. <u>The return receipt fee w</u> to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) red 1. □ Show to whom delivered, date, and addressee' (Extra charge)	everse side. Failure to do this will prevent this <u>vill provide you the name of the person delivered</u> wing services are available. Consult postmaster juested.
<ul> <li>3. Article Addressed to:</li> <li>John B. Pierce</li> <li>First Interstate Bank,</li> <li>Agent</li> <li>P. O. Box 4140</li> <li>Farmington, NM 87499</li> </ul>	4. Article Number - 492 - 868 - 980 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will p</u> to and the date of <u>delivery</u> . For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ac <i>(Extra charge)</i>	services are available. Consult postmaster ted.
3. Article Addressed to: David A. Pierce First Interstate Bank, Agent P. O. Box 4140 Farmington, NM 87499	4. Article Number 4. Article Number 4. Article Number 4. Article Number 5. Article Nu
5. Signature - Address X 6. Signature - Agent Aug 7. Date of Delivery 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the re card from being returned to you. <u>The return receipt fee wi</u> to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ 1. Show to whom delivered, date, and addressee's (Extra charge)	verse side. Failure to do this will prevent this Il provide you the name of the person delivered ing services are available. Consult postmaster jested. address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number 
Charles R. Greer P. O. Box 1627 Santa Fe, NM 87504	Registered     Insured       Certified     COD       Express Mail     Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Agent X LAME HELL 7. Date of Delivery	8. Addresser s Andress (OULY ); requested and respand)

Put your address in the "RETURN TO" Space on the reve card from being returned to you. <u>The return receipt fee will p</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	provide you the name of the person delivered g services are available. Consult postmaster ited.
3. Article Addressed to:	4. Article Number P-492-88 - 859
William E. Jeffers Box 65 Artesia, NM 88211	Type of Service:         Registered       Insured         Certified       COD         Express Mail       Return Receipt for Merchandise
D = D = D	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent X	
7. Date of Delivery	

	₹ ±1
● SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the re- card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ 1. □ Show to whom delivered, date, and addressee's (Extra charge)	verse side. Failure to do this will prevent this I provide you the name of the person delivered ing services are available. Consult postmaste ested.
3. Article Addressed to: John C. Robertson Janice Eugenia Jones P. O. Box 497 Peralta, NM 87042	4. Article Number 
5. Signature - Address X Jan Address 6. Signature - Agent X 7. Date of Delivery	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
11/0/88 + 11.8.Q.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIP

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster led.
3. Article Addressed to:	4. Article Number P-4921-868-858
Walker Energy 621 17th, #811 Denver, Co 80293	Type of Service:         Registered       Insured         Certified       COD         Express Mail       Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X from Un Survey	
7. Date of Delivery // -/ 4/-84 20 5 2911 Mar 1000 + 118 0 B 0 1088-212	-865 DOMESTIC RETURN RECEIPT

card from being returned to you. <u>The return receipt fee will i</u> to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's a <i>(Extra charge)</i>	g services are available. Consult postmaster sted.
3. Article Addressed to:	4. Article Number 1-492-868-854
Anthony Minerals Company P. O. Box 1718 Fort Worth, TX 76101	Type of Service         Registered         Cortified         Continue         Express Mail
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if required and fee paid)
6. Signeture - Agent	
A. Date of Delivery NOV 11 100	

to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a (Extra charge)	ested. address. 2. 🛛 Restricted Delivery
3. Article Addressed to:	4. Article Number
Wiepking-Fullerton Exploration, Inc. Jeff Wiepking Tom Fullerrton 110 16th Street Denver, Co 80202	Type of Service:       Registered       Insured       Cortified       COD       Express Mail       Return Receipt for Merchandise       Always Obtain signature of addressee       of sent and DATE DELIVERED.
5. Signature – Address X	8 Address Address (ONLY if Eremented and fee paid)
6. Signature - Agent X	DENNED
X 7. Date of Delivery	- DEWVER

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. <u>The return receipt fee will p</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	rse side. Failure to do this will prevent this provide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Barbara Simpson 106189 Porto Court San Diego, CA 92124	4. Article Number - 4. Article Number Type of Service: Registered Insured Cortified COD Cortified Return Receipt for Merchandise Always obtain signature of addresses or egent and DATE DELIVERED.
5. Signature - Address X 6. Signature - Agent 7. Date of Delivery PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	8. Address 8 Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the re card from being returned to you. <u>The return receipt fee w</u> to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) requ 1. □ Show to whom delivered, date, and addressee's (Extra charge)	everse side. Failure to do this will prevent this ill provide you the name of the person delivered ving services are available. Consult postmaster uested.
3. Article Addressed to: Marie Louise Quarles P. O. Box 487 Santa Fe, NM 87504	4. Article Number - 412-868 - 843 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain Sporture of addressee or agent and DATE DELIVERED.
5. Signature - Address X /	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. <u>The return receipt fee will t</u> to and the date of delivery. For additional fees the following to and the date of delivery. For additional service(s) request 1. Show to whom delivered, date, and addressee's an (Extra charge)	rse side. Failure to do this will prevent this provide you the name of the person delivered a services are available. Consult postmaster
Juanita D. Cochran, Indiv. & Co-Trustee of Test. Trust created by Last Will & Testament of Guy Davis Route 3, Box 120	4. Article Number - 4.92 - 868 - 856 Type of Service: Registered Insured Certified COD Express Meil Return Receipt for Merchandise
Pecan Drive Rayville, LA 71169	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Stepature - Address X Juante, Cochum 6. Signature - Adent X Luluo 7. Date of Delivery 11/4/88	8. Addressee's Address (ONLY if reflected and fee paid)

card from being returned to you. The return receipt fee v to and the date of delivery. For additional fees the folio for fees and check box(es) for additional service(s) red 1. Show to whom delivered, date, and addressee (Extra charge)	wested.
3. Article Addressed to: Suzanne B. Kay 898 Park Avenue 10th Floor New York, NY 10021	4. Article Number 
5. Signature - Address MARK	8. Addressee's Address (ONLY requested and fee paid)

•

Put your address in the "RETURN TO" Space on the card from being returned to you. The return receips fee to and the date of delivery. For additional fees the fol for fees and check box(es) for additional service(s) 1. Show to whom delivered, date, and addresse	a will provide you the name of the person delivered lowing services are available. Consult postmaster requested. Be's address. 2.40 Restricted Delivery
(Edra charge)	(Extra charge) 4. Article Number
Nancy June Nolan	Type of Service:
Star Route Box 503	Registered Insured
Placitas, NM 87043	Certified COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X AMU Alan	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	
x ()	
7. Date of Delivery	
11-15-88	

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Ciniza Production Co. 7227 N. 16th St., Bld. A Phoenix, AZ 85020	4. Article Number -472-868-843 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Address X 6. Signature - Agent X 7. Date of Delivery 1) - 14 - X	8. Addressee's Address (ONLY if requested and fee paid)
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212	-865 DOMESTIC BETLION DECENT

SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the in card from being returned to you. The return receipt fee y to and the date of delivery. For additional fees the follo for fees and check box(es) for additional service(s) red 1. Show to whom delivered, date, and addressee (Extra charge)	reverse side. Failure to do this will prevent this vill provide you the name of the person delivered wing services are available. Consult postmaster quested.
3. Article Addressed to: Imperial Oil Company George Webb P. O. Box 78977001 Houston, TX 77001	Always obtain signature of addressee or agent and AFE DELIVERED.
5. Signature - Address X Acoust - Agent 6. Signature - Agent X 7. Date of Delivery NOV 1 5 1988	8. Addressee's Address (ONLY if requested and fee paid)

<ul> <li>SENDER: Complete items 1 and 2 when additional 3 and 4.</li> <li>Put your address in the "RETURN TO" Space on the revercard from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's ad (Extra charge)</li> </ul>	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ad
Marion Z. Simmons and Comerica Bank-Detroit as Co-Trustees of Charles D. Simmons Trust Marion: 23362 Suncrest Dearborn, MI 48127	4. Articlé Number -492-368-860 Type of Service: Registered Insured Certified COD Express Meil Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X) G. Signature - Agent X 7. Date of Delivery NOV 14 1988	8. Addressee's Address (ONLY if requested and fee paid)

● SENDER: Complete items 1 and 2 when additional a 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will pu</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. □ Show to whom delivered, date, and addressee's additional (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered services are available. Consult postmaster ed.
3. Article Addressed to: Reverend Xavier Baranowski (retired) 13 Griswold Road GNB Niantic, CT 06357	Article Number     Article Number     Article Number     Type of Service     Registered     Cond     Cond     Express Mail     Always obtain signature of addressee     or agent and DATE DELIVERED.
5. Signature - Address X. Min. Yawier & Baramawskie 6. Signature - Agent X 7. Date of Delivery 11-12-99 BE Form 3811 Mar 1088 * U.S.G.P.O. 1988-212-	8. Addressee's Address (ONLY if requested and fee paid) -865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reques 1. □ Show to whom delivered, date, and addressee's a (Extra charge)	erse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to: J. W. Jones Myra Loudene Jones 3915 South Aldon Tucson, AZ 86706	4. Article Number - 492 - 868 - 837 Type of Service: - Registered Insured Cortified COD - Express Mail Return Receipt for Merchandise Always obtain signature of addressee or sigent and DATE DELIVERED.
5. Signature - Address X Signature - Agent X 7. Date of Delivery //-9-86	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery //_9_88 // 9_88-212	

Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will</u> to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reque 1. Show to whom delivered, date, and addressee's a <i>(Extra charge)</i>	provide you the name of the person delivered g services are available. Consult postmaster sted.
3. Article Addressed to: Porter Einance Corp. 306 Phillips St. Charleroi, PA 15022	4. Article Number 
	or agent and DATE DELIVERED.
8. Signature - Address X Agent X 7. Date of Delivery	8. Addresser's Address (ONLY if requested and fee paid)

Put your alidress in the ARETURN TO Space on the receipt fee we to and the date of delivery. For additional fees the follow for fees and check box(es) for additional service(s) req 1. Show to whom delivered, date, and addressee's (Extra charge)	ving services are available. Consult postmaster uested.
1st Citizens Bank & Trust Co. as Trustee under Agreement with A. G. Crumpler and Dorothy R. Crumpler P. O. Box 151 Raleigh, NC 27602	4. Article Number 1 - 492 - 868 - 853 Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DÉLIVERED.
5. Signature – Address X 6. Signatures Agent X 7. Vete of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addressee's ad (Extra charge)	rse side. Failure to do this will prevent this provide you the name of the person delivered services are available. Consult postmaster ted.
3. Article Addressed to: Donald C. Ward 4730 Lewis Drive Bartlesville, OK 74006	4. Article Number         9 49.2       - 80.8       - 91.8         Type of Service:       Insured         Certified       COD         Express Mail       Return Receipt for Merchandise         Alwayer bain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X 6. Signature - Agent X <i>fulley</i> 7. Date of Delivery PS Form 3811, Mar. 1988 + U.S.G.P.O. 1988-210	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested: 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge)	
3. Article Addressed to:	4. Abicle Number 1.492-868-912
Thomas S. Schalk	Type of Service:
Betty June Schalk	Registered Insured
525 M. Bank Building	
Wichita Falls, TX 76301	Express Mail Return Receipt for Merchandise
· · · · · · · · · · · · · · · · · · ·	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address	8. Addressee's Address (ONLY if
$\mathbf{x} \land \mathbf{y}$	requested and fee paid)
6. Signature - Agent	
× X Julie / hille	
7. Date of Delivery	
DE Corm 2811 Mar 1099 + 11 0 0 D 0 1099-212-985 DOMESTIC PETIION RECEID	

S and 4. Put your address in the "RETURN TO" Space on the revicer of from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request. □ Show to whom delivered, date, and addressee's a (Extra charge)	provide you the name of the person delivered g services are available. Consult postmaste sted.
3. Article Addressed to: Guy C. Davis, Indiv. & Co-Trustee of Test Trust created by Last Will & Testament of Guy Davis 3217 Mount Oilve Rd. East Point, GA 30344	4. Article Number 4. Article Number 4. Article Number 5. Colored Service: 5. Registered 6. Colored Colored Colored Services 6. Colored Colored Services 6. Colored Service
5. Signature - Address X Juny / June Ma 6. 'Signature - Agent X 7. Date of Delivery	8. Addressed's Address (ONLY if requested and fee paid)

● SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. <u>The return receipt fee will to to and the date of delivery.</u> For additional fees the following for fees and check box(es) for additional service(s) reques 1. □ Show to whom delivered, date, and addressee's ad (Extra charge)	rse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaste ted
3. Article Addressed to: Cynthia Bowmer	4. Article Number 1-492-868-915
4111 Picasso	Type of Service:
Wichita Falls, TX 76308	Certified COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address	8. Addressee's Address (ONLY if
× ayathin Bowmer	requested and fee paid)
6. Signature – Agent	
X	
7. Date of Delivery 11-12-88 Stop?	1
PS Form 3811, Mar. 1988 * U.S.G.P.O 1088-21	

Put your address in the "RETURN TO" Space on the rever card from being returned to you. <u>The return receipt fee will p</u> to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reques 1. Show to whom delivered that and addressa's a Extra charge)	ted.
3. Article Addressed to: May Anna Anderson Carl T. Anderson 3408 Glenwood Wichita Falls, TX 76308	4. Article Number       4. Article Number       -4.92 - 868 - 920       Type of Service:       Registered       Insured       Certified       Cortified       Cortified       Always obtain signature of addressee       or agent and DATE DELIVERED.
6. Signature - Address 6. Signature - Agent X 7. Date of Delivery 12. J&	8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additions 3 and 4. Put your address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) require 1. Show to whom delivered, date, and addressee's (Extra charge)	verse side. Failure to do this will prevent this I provide you the name of the person delivered ng services are available. Consult postmaster ested.
3. Article Addressed to:	4. Article Number 868 - 83
Maxine Bodenhamer Star Route Box 141 Corrales, NM 87048	Type of Service:         Bégistered       Insured         Certified       COD         Express Mail       Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>OKTOPENVERED</u> .
5. Signature - Address X Xozzi Bordenhtem 6. Signature - Agent X	8. Addresser's Address ONLY if requested and fee path 可以最好更少。
7. Date of Delivery	84018

· · ·

t

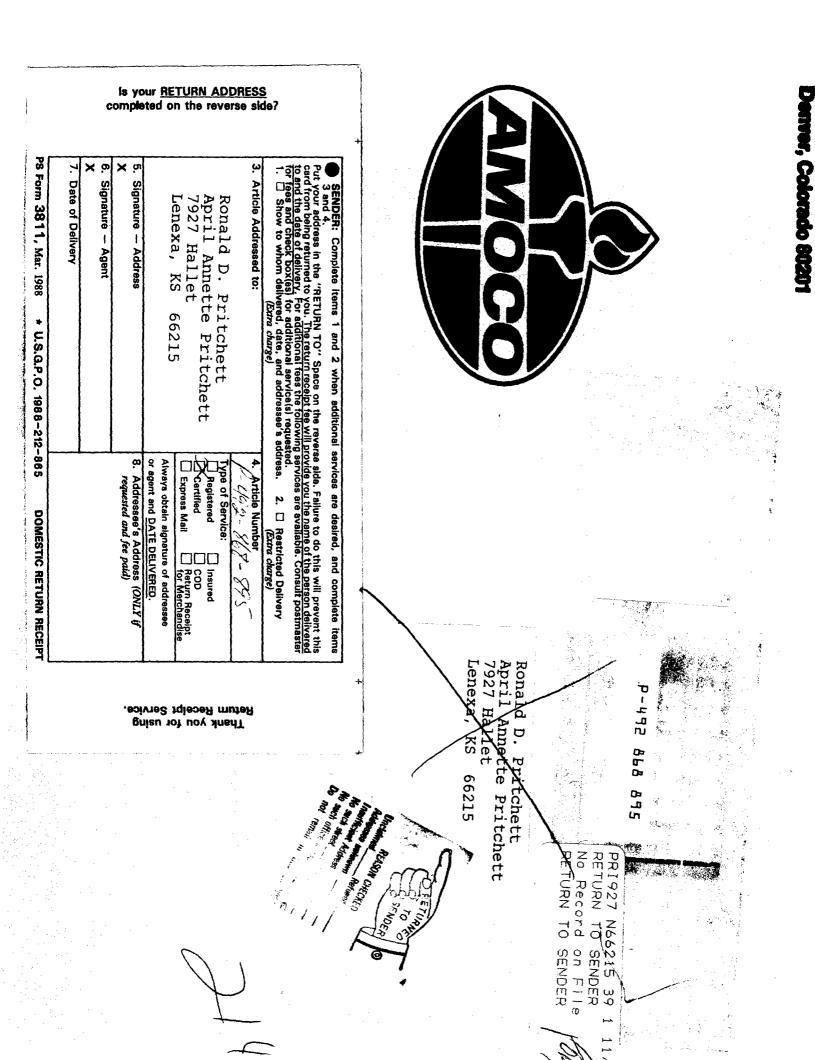
● SENDER: Complete Items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1.	se side. Failure to do this will prevent this <u>ovide you the name of the person delivered</u> services are available. Consult postmaster ed.
John R. Bowmer, as Executor of the Estates of John S. Bristol and Frances C. Bristol John R. Bowmer, Executor, 3214 Peckham Wichita Falls, TX 76308	4. Article Number -492 - 868 - 907 Type Service: Reference: Confider Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
6. Signature - Agent X 7. Date of Delivery 11-14-18	6. Addressee's Address (ONLT if requested and fee paid)

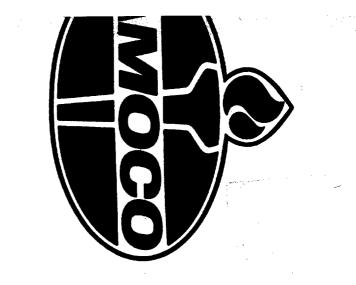
■ 3 and 4. Put your address in the "RETURN TO" Space on the reverse of the draw	rovide you the name of the person deli services are available. Consult postm ted.
3. Article Addressed to: Bareau of Land Management P.O. Box 1449	4. Arricle Number
	Registered Insured Certified COD Express Mail Return Recein for Merchand
Santa Fe NM 87504	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature – Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	
7. Date of Delivery	]

•

•

¢





7

N 5 ÷¥ į 56h-d \$ 30 10.04 Bost ယ က E August 899 Na Thank you for using Return Receipt Service. 850 C हेर्ने हे हिंस् । Loring, Loring 109 e j 100 III 1 -

12

