Jem Bruce will be brunging

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF VIRGINIA P. UHDEN, HELEN ORBESEN, AND CAROLL O. HOLMBERG TO VACATE ORDER NOS. R-7588 AND R-7588-A, AND TO ESTABLISH EIGHT NON-STANDARD SPACING AND PRORATION UNITS, SAN JUAN COUNTY, NEW MEXICO.

No. 9129

### AFFIDAVIT REGARDING NOTICE

The undersigned, the attorney for applicants herein, states as follows: The notice provisions of Rule 1207 have been complied with. Applicants have conducted a good faith, diligent effort to find the correct address of all interested persons entitled to receive notice in this case, by means of hiring a petroleum landman to search the records of the County Clerk of San Juan County, New Mexico. Pursuant to Division Rule 1207, notice has been given to each party identified on Exhibit No. 1 attached hereto by certified mail, return receipt requested. Copies of the return receipts are attached hereto as Exhibit No.

James Bruce

Post Office Box 2068

Santa Fe, New Mexico

(505) 982-4554

87504-2068

SUBSCRIBED AND SWORN TO before me this 19 day of January,

1988 by James Bruce.

2.

My Commission Expires:

### HINKLE, COX, EATON, COFFIELD & HENSLEY ATTORNEYS AT LAW

LEWIS C. COX
FAUL W. EATON
CONRAD E. COFFIELD
HAROLD L. HENSLEY UR
STUART D. SHANOR
C. D. MARTIN
AUGUSTUS DE

ALBERT L. PITTS JOHN C. CHAMBERS\*
FRED W. SCHWENDIMANN
"HOMAS D. HAINES, JR.
FRANKLIN H. MCCALLUM\*
ALLEN G. HARVEY
GREGORY J. NIBERT C. D. MARTIN
PAUL J. KELLY JR
OWEN M. LOPEZ DOUGLAS L LUNSFORD DAVID T. MARKETTE

T. CALDER EZZELL JR
WILLIAM B. BURFORDE
RICHARD E. CLSON
RICHARD A. SIMMS
RICHARD R. WILFONGSTEVEN D. ARNOLD
JAMES J. WECHSLER
NANCY S. CUSACK
LEFFREY L. FORNACIARI
JEFFREY D. MEWETTJAMES BRUCE
JERRY F. SHACKELFORDJEFFREY W. HELLBERG\*

218 MONTEZUMA POST OFFICE BOX 2068 SANTA FE, NEW MEXICO 87504-2068 (505) 982-4554

December 31, 1987

2800 CLAYDESTA NATIONAL BANK BUILDING POST OFFICE BOX 3580 MIDLAND, TEXAS 79702 (915) 683-4691

1700 TEXAS AMERICAN BANK BUILDING POST OFFICE BOX 9238 AMARILLO, TEXAS 79105 (806) 372-5569

700 UNITED BANK PLAZA POST OFFICE BOX IO ROSWELL, NEW MEXICO 88201 (505) 622-6510

CLARENCE E. HINKLE (190H985)
W. E. BONDURANT, JR. (1913-1973)
ROY C. SNODGRASS, JR. (1918-1987)

\*NOT LICENSED IN NEW MEXICO

To: Persons Listed on Exhibit A

Enclosed to each of you is an Amended Application filed by Virginia P. Uhden et al. in New Mexico Oil Conservation Division Case No. 9129. This case seeks to vacate Division Order Nos. R-7588 and R-7588-A as to the applicants, and to establish certain 160 acre spacing and proration units as specified there-This matter is set for hearing before the New Mexico Oil Conservation Division on Wednesday, January 20, 1988, in Santa Fe, New Mexico.

Very truly yours,

HINKLE, COX, EATON, COFFIELD & HENSLEY

James Bruce

JGB:ir Enclosure



DEC 29 1937

OIL OCHSERVATION DIVISION

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF VIRGINIA P. UHDEN, HELEN ORBESEN, and CARROLL O. HOLMBERG TO VACATE ORDER NOS.
R-7588 and R-7588-A, AND TO ESTABLISH EIGHT NON-STANDARD SPACING AND PRORATION UNITS, SAN JUAN COUNTY, NEW MEXICO

The start of

No. 9129

### AMENDED APPLICATION

Virginia P. Uhden, Helen Orbesen, and Carroll O. Holmberg hereby apply for an order vacating Division Order Nos. R-7588 and R-7588-A as to Applicants insofar as they establish 320 acre spacing, and to establish eight non-standard spacing and proration units in Sections 28 and 33, Township 32 North, Range 10 West, N.M.P.M., and in support thereof would show:

1. Division Order No. R-7588, effective February 1, 1984, established Temporary Special Rules and Regulations for the Cedar Hill-Fruitland Basal Coal Pool, including a provision for 320 acre spacing. The horizontal limits established for the pool are:

TOWNSHIP 31 NORTH, RANGE 10 WEST, NMPM Sections 3 through 6: All

TOWNSHIP 32 NORTH, RANGE 10 WEST, NMPM Sections 19 through 22: All Sections 27 through 34: All

comprising 10,240 acres, more or less, all in San Juan County, New Mexico.

2. Division Order No. R-7588-A, dated March 7, 1986, made permanent the Special Rules of Order No. R-7588.

- 3. Applicants are mineral interest owners within said pool, and are adversely affected by the issuance of Order Nos. R-7588 and R-7588-A.
- 4. Applicants were not given actual notice of either Case No. 8014 or Case No. 8014 (reopened), which resulted in Order Nos. R-7588 and R-7588-A, respectively, and did not learn of the orders until the summer of 1986 when Amoco Production Company (the applicant in said cases) belatedly notified Applicants of the spacing change.
- 5. Applicants' addresses were known to Amoco Production Company before Case No. 8014 was filed.
- 6. As a result, Applicants had no opportunity to appear and present evidence in opposition to the applications of Amoco Production Company, their due process rights were violated, and the orders are invalid as to them.
- 7. Had applicants been notified of Case Nos. 8014 and 8014 (reopened), they would have appeared to protest the applications of Amoco Production Company to increase well spacing, to protect their rights.
- 8. Prior to February 1, 1984, gas wells drilled to the Fruitland formation were drilled on 160 acre spacing and proration units.
- 9. The first wells drilled in said pool were drilled and spaced on 160 acre units, and were located in the area of Sections 28 and 33, Township 32 North, Range 10 West.
- 10. The first wells drilled in said pool were in communication. As a result, due to the nature of coal-bed gas

production, because of current well placement and the patterns of drainage in said pool, and to protect correlative rights due to drainage, Sections 28 and 33, Township 32 North, Range 10 West, N.M.P.M., should be developed on eight 160 acre spacing and proration units, with production limitations on wells located within said sections.

11. The matters urged by applicants herein are in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, Applicants request that the Division enter its Order vacating Order Nos. R-7588 and R-7588-A as to them and establishing 160 acre spacing and proration units in said Sections 28 and 33, with appropriate production limitations; alternatively, Applicants request the Division to make said spacing orders effective as to Applicants as of the date notice was provided to Applicants by Amoco Production Company.

> HINKLE, COX, EATON, COFFIELD & HENSLEY

**Pos**t Office Box 2068

Santa Fe, New Mexico

87504-2068

(505) 982-4554

Attorneys for Applicants

#### EXHIBIT A

- 1. Thelma Graham, 124 S. Vann, Pryor, Oklahoma 74361.
- 2. First Interstate Bank of Arizona and Ruthellen Stark, Co-Trustees for Zella Mae Case under the last will and testament of Ben J. Case, deceased, c/o of First Interstate Bank of Arizona, P. O. Box 1871, Tucson, Arizona 85702.
- 3. Jerry C. Tankersley, P. O. Box 40174, Albuquerque, New Mexico 87196.
- 4. The Central Bank and Trust Company, 1515 Arapahoe Street, Denver, Colorado 80202.
- 5. Howard E. Henderson, 5809 N. 24th Place, Phoenix, Arizona 85016.
- 6. Betty J. Henderson, a/k/a Betty J. McDonald, 1021 Wagontrain Drive, S. E., Albuquerque, New Mexico 87123.
  - 7. Alvina Jaquez, 311 Karlin, Aztec, New Mexico 87410.
- 8. Amoco Production Company, P. O. Box 800, Denver, Colorado 80201.
- 9. The Denver and Rio Grande Western Railroad Company, 1515 Arapahoe, Denver, Colorado 80202.
- 10. Thomas and Evelyn Bailey, 725 Northeast 15th, Oklahoma City, Oklahoma.
- 11. Bureau of Land Management, P. O. Box 1449, Santa Fe, NM 87504.
- 12. Edith and Carroll Payne, 645 Monroe, N. E. Albuquerque, New Mexico.
- 13. Robert Warren Umbach, domiciliary foreign personal representative of the Estate of Paul H. Umbach, deceased, P. O. Box 1648, Boulder, Colorado 80306.
  - 14. Paul and Laura Albright, 7611 Kaywood, Dallas, TX.
- 15. Southland Royalty Company, c/o The Corporation Trust Company (registered agent), 1209 Orange St., Wilmington, Delaware 19801.
- 16. Unicon Producing Company, P.O. Box 2120, Houston, TX 77001.
- 17. UTP-CON, Inc., P.O. Box J-7, Aggieland Station, College Station, TX 77844.

- 18. Albert B. Logan, 411 Lakewood Circle, Colorado Springs, Colorado 80910.
- 19. Martha H. Logan, 411 Lakewood Circle, Colorado Springs, Colorado 80910.
- 20. Patricia L. Pitney, c/o Albert B. Logan, 411 Lakewood Circle, Colorado Springs, Colorado 80910.
- 21. O. L. and Melba E. Chapman, Hydroplant Road, Farmington, NM 87401.
- 22. Helen Clare Mills and Arnold Mills, 14113 31st Place, Yuma, AZ 83565.
- 23. Dorothy H. Mullins, Trustee, 930 Crestview, Farmington, NM 87401.
- 24. Lawrence C. Hayden, c/o Dorothy H. Mullins, 930 Crestview, Farmington, NM 87401.
  - 25. Bernice Benfield, No. 5 Road 2345, Aztec, NM 87410.
- 26. Gordon Keith Benfield and Elizabeth Jane Benfield, Road 2900 No. 1129, Aztec, NM 87410.
  - 27. A. P. Carr
     W. P. Carr
    W. P. Carr, Trustee
     Catherine Carr Nichols
     William Plack Carr, Jr.
     Marvin Weatherby Carr
     Marvin Weatherby Carr, Trustee
     Mrs. J. A. Cosby, Jr.
     R. B. Weatherby and J. W. Crossland, Trustees
     Carr Petroleum Corp.
     Carr Exploration Corp.

c/o Carr Petroleum Corp.
4849 Greenville Avenue, Suite 1100
Dallas, TX

- 28. Myra Cummins, 15 West Lake Drive, N. E., Albuquerque, New Mexico 87112.
- 29. Petroleum Funding Corporation, 1200 Corrigan Tower, Dallas, TX.
- 30. Glen A. and Luella Benfield, 401 Heiland, Aztec, NM 87410.
- 31. Benson C. Leeper and Ruby Leeper, Trustees, No. 1083 Road 2900, Aztec, NM 87410.

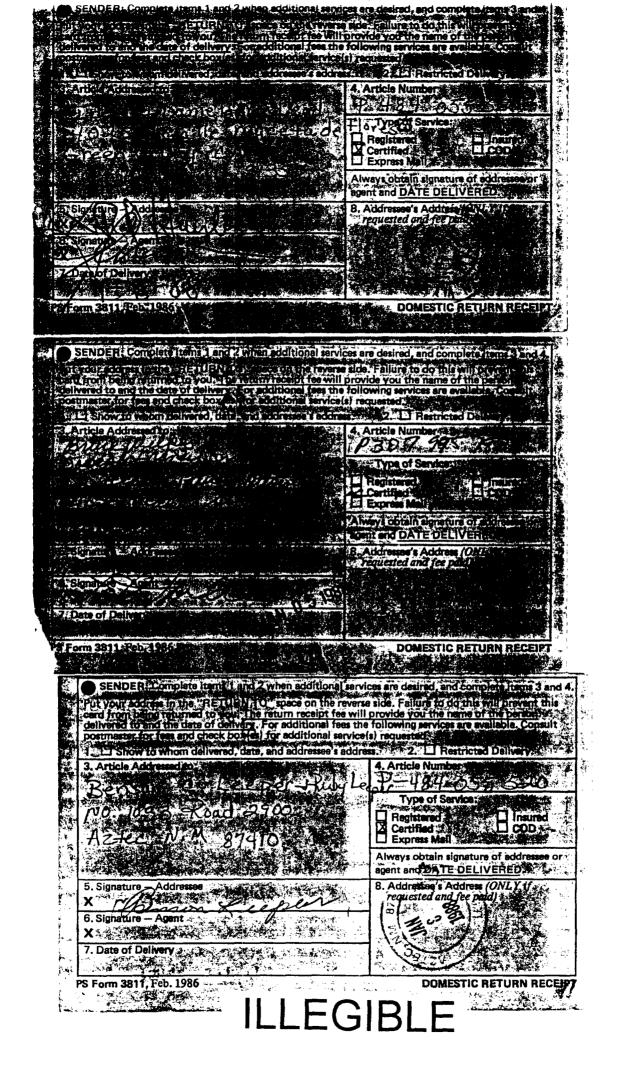
- 32. Wilbur and Dorothy Brewer, Route 1, Box 65-C, Aztec, NM 87410.
- 33. Margurite J. Cantrell, P.O. Box 639, 511 County Road 220, Durango, CO 81301.
- 34. Inez and Daniel McLeod, 40252 Calle Maceta de Flores, Green Valley, CA 91350.
- 35. L. E. and Doris Brown, No. 27 Road No. 2345, Aztec, NM 87410.
- 36. James and Vergie Cook, No. 18 Road 2350, Aztec, NM 87410.
- 37. Leon and Golden Stafford, 120 N. Church Avenue, Aztec, NM 87410.
- 38. Union Texas Petroleum, 375 U.S. Highway 64, Farmington, NM 87401.
- 39. Meridian Oil Inc., P. O. Box 4289, Farmington, NM 87499.
- 40. Joseph C. McClafferty, 2205 Ambassodor N.E., Apt. 233, Albuquerque, NM.
- 41. Lear Petroleum Partners Operating Company, L.P., 951 Energy Square, 4925 Greenville Avenue, Dallas, TX 75206.
  - 42. Estate of Paul Umbach.
    Lowell White Family Trust.
    Walter A. Steele.
    Estate of G. W. Hannett.
    T. G. Cornish.
    Patricia Hueter.
    Mary Emily Voller
    A. T. Hannett, II

c/o White & Steele
Suite 1400, The Chancery
1120 Lincoln Street
Denver, CO 80203

43. Bruce Wilkes
Joseph and Nancy Gray
c/o Alan D. Pauer, Attorney
4075 Main Street
Riverside, California 92501

College to an in the second se	The second secon
The second secon	to services. Consult
Antel Aco	A CARLES NO.
The second of the second	Was Blance Land
	CO Drawn Common
Malana Land	Cordinate Cop
Selection for the selection	A A A A A A A A A A A A A A A A A A A
Signature — Addings	8, Addressee / Address (ONLY)
L Elimento EA	requated (nat) ex paid it
7. Date of Dalhays	
om 3811 Tab. 1982	DOMESTIC RETURN RECEIPT
SENDER Complete that a 22 where religion	THE RESERVE OF THE PARTY OF THE
card from being returned to lead, the return receipt to delivered to and the date of delivery. For additional posturies of the date of delivery, for additional security for the and check box (e.g., to additional security).	se will provide you the name of the person a second and the person as well and the person are second as a second
Significant to Whoo (claims) of Califfring and addresses	
3, Article Addressed	A Actico Number
	Porosit
The state of the s	a la Commanda de la C
The second second	Allocation of the Control of the Con
The State of the S	P. Address V. Address (OV)
22.72	Charles of the Control of the Contro
Selva Selva	
FAD it of DOUG	
2 Form 3811 Feb 5 986	OCMESTIC RETURN RECEIPT
SENDER: Complete frame: and 2 when addition Put your address in the "RETURN TOP trace on the	
card from being returned to you. The return receipt f	se will provide you the name of the person serior serior serior services are svallable. Consult 22
postmaster for fees and check box(ss) for additional	service(s) requestion
3, Article Addressed in Address	4. Article Number 1985 1985 1985
Alberta, surdas	Type of Service Service
Fill Lancadous Care	Registeric Insured Continue Co
Colorida prings Co. 809	Always obtain signature of addressee or
TO SECURE A SECURI A SECURIA A SECURI A SECURI A SECURI A SECURI A SECURI A SECURI A SECURIA A SECURI A SECURI A SECURI A SECURI A SECURI A SECURI A SECURIA A SECURI	agent and DATE DEA REAGO
5. Signature - Addressee XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	8. Addresses & Address (AWD Aif requested and fee has)
6. Signature — Agent	13 13
7. Date of Delivery	
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT

EXHIBIT No.2-



STATUTE   DESCRIPTION   STATUTE	About of the date of delivery. For additional fees the	provide you say rame of the personal series and a following services are available. Consult as a
Article Number    Pop of Septemble	Sepontal and or less and obecid posterior of and normalistics	
Purp of Sevice:	33 Article Addinased Sci. 30 April 2018 18 18 18 18 18 18 18 18 18 18 18 18 1	THE STATE OF THE SECOND ST
Programme		Type of Service:
Domestic Returns of extreme or a series of		Z Certified ★ COD COD
Addressed & Address (Addressed to Selection Products and Complete Items 1 and 2 when additional services are desired, and complete Items 2 and 4 and 1 and 2 when additional services are desired, and complete Items 2 and 4 and 1 and 2 when additional services are desired, and complete Items 2 and 4 and 1 and 2 when additional services are desired, and complete Items 2 and 4 and 1 and 2 when additional services are desired, and complete Items 2 and 4 and 1 and 2 when additional services are desired. But the complete Items 2 and 4 and 1 and 2 when additional services are desired. The persons the services are desired to an addressed to a service are additional services are desired and 1 and 2 and 2 and 2 and 3 and		Always obtain signature of addresses of
DOMESTIC RETURN RECEIPT  SENDER! Complete Items 1 and 2 when additional tention in control of the beautiful and the date of the set of delivery. For additional tention is an interest on deared, and complete Items 2 and 2 when additional tention is an interest on the sense of the person when the person of the person of the person of the sense of delivery. For additional tention is an interest of the sense of delivery. For additional tention is an interest of the sense of delivery. For additional tention is an interest of the sense of delivery. For additional tention is an interest of the sense of delivery. For additional tention is an interest of the sense of the sense of delivery. For additional tention is an interest of the sense of th	### Signature — Addresses	8. Addresse's Address (ONLY If The 13.
SENDER: Complete Items 1 and 2 when additional pervices are desired, and complete Items 3 and 4.  SENDER: Complete Items 1 and 2 when additional pervices are desired, and complete Items 3 and 4.  SENDER: Complete Items 1 and 2 when additional pervices are desired, and complete Items 3 and 4.  SENDER: Complete Items 1 and 2 when additional pervices are desired, and complete Items 2 and 4.  SENDER: Sender Complete Items 2 and 3 an		requested and fed and ) so
SENDER: Complete term 1 and 2 when additional errices are desired, and complete items 3 and 4 and 1 and 2 when additional errices are desired, and complete items 3 and 4 and 1 and 2 when additional errices are desired, and complete items 3 and 4 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired, and complete items 3 and 2 when additional errices are desired.    DENDER: Complete items 1 and 2 when additional errices are desired, and complete items 3 and 3	The state of the s	
SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4. The Complete Items 2 and 4. The Complete Items 3 and 4. The Complete Items 4 and 5. The Complete Items 5 and 5. The Complete Items 6 and 6	등의 1후 그 마음에 기존화하는 사람들은 모든 사람들은 사람들은 사람들이 되었다. 중심하는 경기 사람들이 함께 생활하는	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 5 and 6 items 6 for being 15 per services or a reverse of particles.    Sender: Complete items 1 and 2 when additional services are desired, and complete items 5 and 6 items 6 items 6 items 6 items 7 item		DOMESTIC RETURN RECEIPT
### SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 addressed and the date of delivery.    Sender: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 addressed and the date of delivery.    Sender: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired, and complete items 3 and 4 addressed and the date of delivery. For additional services are desired. Participational services are additional services are additional services are additional services are additional services. Services and the date of delivery. For additional services is requested. Services are additional services are additional services are additional services. Services and the date of delivery. For additional services is requested. Services and the date of delivery. For additional services are additional services. Services and the date of delivery. For additional services is requested. Services are additional services are additional services are additional services. Services		deserge are desired, and complete from 1 and 1
Sender of the date of delivery of additional pervices are desired, and complete items 3 and 4. Addressed and the date of delivery of the interest of the inter	(1) YOU'S RIGHTER (D.S. A. FLETURIN TO Space on the reve	rise side. Fallure to do this will prevent tult a
Article Addressed to:    Article Addressed to:	( September to earl the date of delivery, For additional two-	118 LONGALING SALANCES BLA BAGINETIC: COMMANDELLIS
Registers   Regi	Show to whom delivered, date, and addressee a add	Restricted Delivery and the second
BENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 in post of the services and desired to this will prevent this card from being insturated to you. The return receipt fee will provide you the name of the persons of the whole of the services are desired, and complete items 3 and 4 in your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being insturned to you. The return receipt fee will provide you the name of the persons it postmester for fees and check box(s) for additional services() requested to and the date of delivery. For additional services() requested to the services of the		
Description of a complete comp		Registeres Linealist
Addresses a Adjust (A)  Total (A)  Total (A)  Domestic returns and Addresses and desired, and complete items and Adjust a	the state of the s	Express Manager State Control of the
BENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  If your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent in the part from being insturined to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional services is reclieved as and the date of delivery. For additional fees the following services are available. Consult posturester for fees and check box (as for additional services) requested.  3. Article Addressed to:  4. Article Number  Article Addressed to:  5. Signature — Addresses  8. Addresses of addresses or segent and DATE DELIVERED.  8. Addresses Address (ONLY if sequested and fee paid)  8. Addresses Addresses or segent and part of the paid of the		Always cortain agreeture of accreases as a spent and DATE DELIVERED.
Detail Delivery  SENDER: Complete liters 1 and 2 when additional services are desired, and complete items 3 and 4.  If your address in the "RETURN TO" space on the reverse side. Fallure to do this will prevent in particular from being insturned to you. The return receipt fee will provide you the name of the personnt delivered to and the date of delivery. For additional services in requested in the provide you the name of the personnt delivered to and the date of delivery. For additional services in requested in requested in the provide you the name of the personnt delivered to and the date of delivery. For additional services are available. Consult postmaster for fees and check box(ss) for additional services are revaliable. Consult postmaster for fees and check box(ss) for additional services.  3. Article Addressed to the provide your feet and the provide your feet and post to the provide your feet and your		B. Addressed Address (DN)
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  If 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 persons delivered to and the date of delivery. For additional service(s) requested.  Sender of the date of delivery. For additional service(s) requested.  Show to whom delivered, date, and addresses address.  Article Addressed to:  4. Article Number  Type of Service:  Registered Insured Cartified Coop Express Mail  Always obtain signature of addresses or agent and DATE DELIVERED  8. Addresses's Addresse or agent and fee paid  7. Date of Delivery.  5. Signature — Agent  7. Date of Delivery.  5. 1988	DECEMBER 1	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  If 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 personner 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.  3. Article Addressed to:  4. Article Number  Type of Service:  Registered Insured  Registered CoD  Express Mall  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY If requested and fee paid)  6. Signature — Agent  7. Date of Delivery  AN 5 1988	Par a Pall	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. If your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being insturned to you. The return receipt fee will provide you the name of the personned delivered to and the date of delivery. For additional fees the following services are available. Consult postmatter for fees and check box(es) for additional service(s) requested.    Show to whom delivered, date, and addressee's address. 2.   Restricted Delivery.	to the second second	DOMESTIC RETURN RECEIPT
#If your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent his card from being raturned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional service(s) requested.    Destroy to fees and check box(es) for additional service(s) requested.	te semisari sebel para	
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 postmester for fees and check box(ss) for additional service(s) requested.  3. Article Addressed por 4. Article Number  Type of Service:  Registered Certified COD  Express Mell  Always obtain signature of addressee or agent and DATE DELIVERED  8. Addressee's Addresse (ONLY if services and part of the part		The state of the s
Dostmaster for fees and check box (es) for additional service(s) requested.    Show to whom delivered, date, and addressee's address. 2.    Restricted Delivery.	card from being returned to you. The return receipt fee	will provide you the name of the persons and
3. Article Addressed to	postmaster for fees and check box(es) for additional sen	vice(s) requested.
Registered Insured Contribed CoD Express Mall  Always obtain signature of addressee or agent and DATE DELIVERED  5. Signature – Addressee  8. Addressee's Address (ONLY if requested and fee paid)  6. Signature – Agent  7. Date of Delivery  10. 1988	3. Article Addressed to:	
Certified COD Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED  5. Signature – Addressee  8. Addressee's Address (ONLY if requested and fee paid)  6. Signature – Agent  7. Date of Delivery  10. 1988		Type of Service:
Always obtain signature of addressee or agent and DATE DELIVERED.  5. Signature – Addressee  6. Signature – Agent  7. Date of Delivery  10. Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY I)  7. Date of Delivery  10. Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY I)  7. Date of Delivery  10. Always obtain signature of addressee or agent and DATE DELIVERED.	AND THE PLACE OF THE PARTY OF T	Certified COD
5. Signature – Addressee 8. Addressee's Address (ONLY if requested and fee paid)  6. Signature – Agent  7. Date of Delivery 1AN 5 1988	Jama 1/2 83565	Always obtain signature of addressee or
requested and fee paid) 6. Signature – Agent X 7. Date of Delivery 1AN 5 1988	5. Signature — Addresses	
7. Date of Delivery IAN 5 1988	The Mile	
	- Manager and the control of the c	
	- You the sales - Color and ANY - CLAN - You And	
PS Form 3811, Feb. 1986  DOMESTIC RETURN RECEIPT		DOMESTIC RETURN RECEIPT
ILLEGIBLE		II I FGIRI F

SENDER: Complete items 1 and 2 y	then additional service	es are desired, and complete items 3 and 4.
THE TWO CONTRACTOR OF THE PROPERTY OF	space on the reverse	side. Failure to do this will prevent this Tall
card troubleng attrined to you the ve	tum receipt fee will p	provide you the name of the person
postmestes to deep and check pox lest	r additional rest the t	rollowing services are available. Consult 3
THE WHOM SO CONTROLLED TO SECTION		Zal Renico Dalvaya
	TACK ALL PARTY TO A STATE OF THE STATE OF TH	
Article Addressed to		4. Article Number
PARTIES STATE OF THE PARTIES OF	om raute	EP 484 0>5 500
The state of the s		Type of Service:
1/20 30 20 1200		L.Registered L. C. Insured
		☑ Certified ★ □ COD
A dorsys	77007	Li Express Mail
	A CONTRACTOR OF THE PARTY OF TH	Always obtain signature of addresses or
<b>活发生的性心的现在分</b>		agent and DATE DELIVERED.
5. Signature - Addressee	THE STREET	8. Addressee's Address (ONLY I)
M. D. S. Markett and M. C.		requested and fee paid)
6. Signature -/Agent % 5-980 (1996)	Market Market Sand	
THE SHALL SH		
A CHE PERENTE		
7, Date of Deliver		
A STATE OF THE STA		
PS Form 3811 Feb. 1986		DOMESTIC RETURN RECEIPT
		the second secon
		are desired, and complete items 3 and 4.
card from being returned to you. The re	space on the revenue	ide. Fallure to do this will prevent this
card from being returned to you. The re- delivered to and the date of delivery. For	turn receipt fee will p	rovide you the name of the person
postmaster for see and check box es in	additional servicers	Technical Technical Committee
Show to whom delivered, date, as	<b>のこれが、これが、これが、これが、これが、これが、これが、これが、これが、これが、</b>	2. LI Restricted Delivery
Article Addressed and Article Addressed	A STATE OF THE CONTRACT OF THE	4. Article Number 33 April 1985
		The section of the se
A Commence of the Control		1 484 055 995
( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		Type of Service: The Service 17
		Registered : 100 Insures (100 Certified 100
		Certified
		Means obtain signature of acciremental
A Landau and Albandau and Alban	and the second second second second	count and DATE DELIVERED
Something Albert		8_Addresse's Address (ONLY) (1986)
A Little Control		requested and fee pala
8. Signature - Agentalia - Agentalia		
7. Date of Delivery Asia Control		
PS Form 3811, Feb. 1986		DOMESTIC RETURN RECEIPT
CENDER: Complete items 1 and 2		
SERVER COMPRES ICEMS   8Rd 2	Augu additious selv	ices are desired, and complete items 3 and 4.
Put your address in the "RETURN TO card from being returned to you. The	space on the revers	e side. Fallure to do this will prevent this
delivered to and the date of delivery.	or additional fees the	e following services are evallable. Consult
postmaster for fees and check box (es)	for additional service	(s) requested.
1. Li Show to whom delivered, data,	and addressee's addre	2.   Restricted Delivery.
3. Article Addressed to 19 19 19 19 19 19 19 19 19 19 19 19 19	A CONTRACTOR OF THE PARTY OF TH	4. Article Number
一大·竹兰·西敦三丁 0		P HU SELFASSES
Service State of the service of	rande Western	Type of Candan C
Kailrond Company		Type of Service:
TELS ASSESSED	***	Registered
1917 Arapahoe,		La Certified La COD
100000 100000	60000	
The second second	00202	Always obtain signature of addressee or
E Cinney Adding	AND THE PROPERTY OF THE PARTY O	agent and DATE DELIVERED.
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)
X	MAIL ACCULATION	requested and fee pants
6. Signature - Agent	· 一种专家。	
X / A Mader		
7. Date of Delivery	MAN SEE	
1-11-88		
PS Form 3811, Feb. 1986	2, 6, 5	DOMESTIC RETURN RECEIPT
A CONTRACTOR OF THE CONTRACTOR		

delivered to and the date of delivery. For additional fees the postmanes (or see and check blooms) for additional services.	Textester Be State of the State
The second of th	4. Article Number  Type of Service:  Registered  Certified  Express that
5. Signature — Address.  8. Signature — Acern	Always ob the signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if requested and fee paid).
7. Date of Delivery PS Form 3811, Feb. 1936	#POMESTIC RETURN RECEIP!
SENDER: Complete I terms 1 and 2 when additional service provide addressed to a REAURN TO" space on the reverse card from being seturned to you. The return receipt fee will delivered to and the date of delivery. For additional service postmaster for fees and check box(ss) for additional service \$1,12 show to whom delivered, date, and addressee's addres	e side. Failure to do this will prevent this provide you the name of the person following services are available. Consult is requested.
PANICIO Address of	Article Number  P 3 / 1 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9
the same of the same and the same and the same of the same and the same of the	it of the parties of address of the parties of the
77. Date of Delhery (1984) PS Form 38 11, Feb. 1986	DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 when additional services of the property of the	se side. Fallure to do this will prevent this of the person to be following services are available. Consult the person to be following services are available. Consult the person to be following services are available.
1200 tollasestaffer O 120 n. church ave Actec, non 87410	Type of Service  Registered Insured Con Express Mall
5. Signature -/ Addressee/X  X  6. Signature Agent  X	Always obtain signature of addressee or spentrand DATE DELIVERED.  8. Addresses Address OVLY if requested and fee paid.
7. Date of Delivery PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT

Put your account to an ALE TURNS.	pace on the reverse side	Pailure to post bis will prevent this and the your the name of the person say a
delivered to and the data of delivery is postmanar foo fee and check box and	or additional fees the folk for additional service(s) re	queen de la company de la comp
Show to support the red rung.		Article Number 1997
eur-c	The receiption !	4 494 2097 983
RO Do		Type of Service: 81
	2	Certified COD
Single - Della	Ah	ways obtain Signature of addressee or
5. Signature — Addresses	3 70 70 70 70 70 70 70 70 70 70 70 70 70	nt and DATE DELIVERED.
o Signaturi		requested and fee paid).
8. Signature — Agent	REPORT OF THE PARTY OF THE PART	
7. Date of Delivery		
PS Form 3811 Feb. 1286		DOMESTIC RETURN RECEIPT
	17W	
		re desired, and complete items 3 and 4.
card som being recorded up you and delivered to and the date of delivery	retern receipt the will pro	Falure to do the will prevent up a
postmaster for less and check box (e)	recadditional arvice(s) re	owing services are available. Consult (
2 And in Address of the Address of t	فالمتان وتناب مستوي والمستوي والمستوي والمستوي	Article Number
Mertiler		0307995/8.20
		Type of Sarvice 7
Tiller in the		Cordinate E COO(4)
	The state of the s	ways obtain algorithms of addresses on
	the state of the second se	ent and DATE DELIVERED.  Addresser's Address (ONLAST)  population and the part.
the second secon	and the same of th	
8. Signature — Arei		
7. Date of Delivered		
PS Form 3811, Feb 3 986 357 8 8 3		DOMESTIC RETURN RECEIPT
SENDER; Complete Items 1 a	为这种的,我们就是这种的一种。 2. 10 10 10 10 10 10 10 10 10 10 10 10 10	and the state of t
card from being returned to you.	The return receipt fee will	side. Failure to do this will prevent this provide you the name of the person
postmaster for fees and check box	(es) for additional service	following services are evailable. Consult s) requested a large services Delivery.
3. Article Addressed to	iale, and addressee's addre	4. Article Number
Umon Texas P	etrolain	1307995188
375 U.S. Hugh	way 64	Type of Service:
Farmington Y	IM SA	Certified COD
	87401	Always obtain signature of addressee or agent and DATE DELIVERED
5. Signature – Addressee		8. Addresse's Address (ONLY if
6. Signatulos 1 Alent	A CONTRACTOR OF THE STATE OF TH	requested and fee paid)
× // // Vunus		
7/ Date of Deliver	J7 702	
PS Form 3811,4 1806		DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional se it if your address page REJURN Co. space on the reve part from being returned to your he feurn receipt fee w	
PERENCH CANCER OF STREET STREE	ryices are desired, and complete thems 3 and 4.
second from being returned to you's I he return receipt fee w	rse side Fallure todio this will prevent this
A STATE OF THE STA	of () incruestor in the second
Show to whom delivered care; and addresses's add	rest # \$2 The stricted Distance
3. Article Addressed to: 100 August 100 Augu	4. Article Number as a second state of the second s
Description	- 0 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /
	1117071400
10 Vot +200 4	Type of Service:
	Registered Insured
Albugurge J. V. 18 81 196	Contified Service Con
	Always obtain lignature of addressee or
	agent and DATE OFFI VERED
5. Sgrature - Addresses	8. Addresse & Address AVLY
THE PARTY OF THE P	requested and fee price
6. Signature — Agent	2. 数字/072 / 克林·蒙蒙达
	STATE OF STA
7. Date of Delivery and Control of the Control of t	
	The state of the s
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 When additional se	
SCINDEN: Continues (ratio 2 and 3 when additional se	are centred, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the reversarial from being returned to you. The return receipt fee w	rse side. Failure to do this will prevent this will provide you the same of the
SER! Delivered to and the date of delivery, For additional fees t	he following services are available. Consultable
postmaster for fees and check box(es) for additional service	e(s) requested
E1. U Show to whom delivered, date, and addressee's add	rest 2. 2. Bestricted Delivery
3. Article Addressed to 1000 and 1000 a	4. Article Number Statement Statement
Mental protection and pro-	D TATION OF
	Vps of Savior
	Registered
	Z Certified
	The state of the s
	Abreys obtain consture of addresser or &
parallel delegation and account and account and a second section of the	Gent and DAVE DELIVERED
G. Signatura - Addresses	8. Addressel Address (ONL) 11
TO THE PROPERTY OF THE PERSON	
6. Signature - Agents and the second second	
6/Signatura — Aquat	
6 Signature — Agent 7. Date of Delivery	
7. Date of Deliver	
	DOMESTIC RETURN RECEIPT
7. Date of Deliver	DOMESTIC RETURN RECEIPT
7. Date of Deliver 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
7. Date of Delly.  7. Date of De	Suice and desired the Country Work Shirt
7. Date of Delin.  PS Form 3811, 7cb; 1986  SENDER: Complete items   and 2 when additional and 3 when addition	ervices are desired, and complete from 3 and 4,
7. Date of Deliv.  PS Form 3811, Feb. 1986  SENDER: Complete items   and 2 when additional at Put your address in the "RETURN TO" space on the reversity on the reversity receipt feet.	ervices are desired, and complete Kents 3 and 4.
7. Date of Deliv. 7  PS Form 3811, Feb. 1986  SENDER: Complete items   and 2 when additional a Put your address in the "RETURN TO" space on the reveal of the card from being returned to you. The return receipt fee delivered to and the date of delivery. For additional fees	ervices are desired, and complete Nents 3 and 4. erse side, Fallurs to do this will prevent this will provide you the name of the person to the following services are evallable: Consult
7. Date of Deliver  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN TO" space on the reverse for from being returned to you. The return receipt feet delivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional serv	ervices are desired, and complete items 3 and 4. erre side. Failure to do this will prevent this will provide you the name of the person the following services are evaluable. Consult ice(s) requested:
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees.	ervices are desired, and complete from 3 and 4. erse side. Failure to do this will prevent this will provide you the name of the person the following services are evallable: Consult ice(s) requested. dress. 3.2. I Restricted Delivery, services.
7. Date of Deliver  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN TO" space on the reverse for from being returned to you. The return receipt feet delivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional serv	ervices are desired, and complete from 3 and 4, erre side. Failure to do this will prevent this will provide you the name of the person the following services are evallable: Consultations of the person (ce s) requested:
7. Date of Delivery  PS Form 3811, Feb. 1986.  SENDER: Complete items and 2 when edditional at Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees.	ervices are desired, and complete from 3 and 4.  erse side, Fallars to do this will prevent this will provide you the name of the person the following services are available: Consult ice(s) requested:  dress. 2 Restricted Delivery.  4. Article Number.
7. Date of Delivery  PS Form 3811, Feb. 1986.  SENDER: Complete items and 2 when edditional at Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees additional fees and addressee's additional fees and addressee's additional fees and addressee's additional fees additio	ervices are desired, and complete items 3 and 4. erse side. Failure to do this will prevent this will provide you the name of the person the following services are evallable: Consult (ce(s) requested; dress. 3.2. Li Restricted Delivery, 884.
7. Date of Delivery  PS Form 3811, Feb. 1986.  SENDER: Complete items and 2 when edditional at Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees additional fees and addressee's additional fees and addressee's additional fees and addressee's additional fees additio	ervices are desired, and complete from 3 and 4.  erse side, Fallars to do this will prevent this will provide you the name of the person the following services are available: Consult ice(s) requested:  dress. 2 Restricted Delivery.  4. Article Number.
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees.	ervices are desired, and complete North 3 and 4.  erse side. Failure to do this will prevent this will proved you the name of the person the following services are evallable: Consult cets) requested  dress. 2. I Restricted Delivery.  4. Article Number  Registered: Insured Consult Confidence of the person of t
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees.	ervices are desired, and complete Nent: 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable: Consultice(s) requested dress.  2. If Restricted Delivery  4. Article Number  Type of Service  Registered: Insured
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees.	ervices are desired, and complete Nents 3 and 4.  erse side, Failurs to do this will prevent this will provide you the name of the person the following services are evallable: Consult cets) requested  dress. 2 I Restricted Delivery  4. Article Numbers  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee adelivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional sary  1. U Show to whom delivered, date, and addressee's additional fees.	ervices are desired, and complete Nent: 3 and 4.  erse side. Fallors to do this will prevent this will provide you the name of the person will the following services are evallable: Consultice(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registated: Insured Certified is COD Express Medi
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items   and 2 when additional a Put your address in the "RETURIN 10" space on the reversed from being returned to you. The return receipt fee delivered to and the date of delivery. For additional seep postmaster for fees and check box (as) for additional sery 1.   Show to whom delivered, date, and addressee's additional sery 1.   Alviva January 4.   3.1.   Article Addressed to:  3.2.   Article Addressed to:  3.3.   Article Addressed to:  3.4.   4.2.   4.2.   4.3.   4.3.   4.3.   4.3.   4.3.   4.4.   4.4.   4.5.   4.5.   4.5.   4.5.   4.7.   4	ervices are desired, and complete Nents 3 and 4.  erse side, Failurs to do this will prevent this will provide you the name of the person the following services are evallable: Consult cets) requested  dress. 2 I Restricted Delivery  4. Article Numbers  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items   and 2 when additional a Put your address in the "RETURIN 10" space on the reversed from being returned to you. The return receipt fee delivered to and the date of delivery. For additional sery postmaster for fees and check box (as) for additional sery 1.  Show to whom delivered, date, and addressee's ad 3. Article Addressed to:  All your January Agrylo	ervices are desired, and complete from 3 and 4.  erre side, Fallure to do this will prevent this will provide you the name of the person the following services are evallable. Consult- ice(s) requested.  4. Article Number  Type of Service  Registered Certified: Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee delivered to and the date of delivery. For additional sees postmaster for fees and check box (es) for additional sees 1. U Show to whom delivered, date, and addressee a additional sees 3. Article Addressed to 1987  A 2 T 2 NM 87410	ervices are desired, and complete from 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable. Consultace(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
7. Date of Delivery  PS Form 3811 Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee in delivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional served. It is shown to whom delivered, date, and addresses and 3. Article Addressed to:  A TOTAL ADDITION OF SIGNATURE ADDI	ervices are desired, and complete from 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable. Consultace(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee delivered to and the date of delivery. For additional sees postmaster for fees and check box (es) for additional sees 1. U Show to whom delivered, date, and addressee a additional sees 3. Article Addressed to 1987  A 2 T 2 NM 87410	ervices are desired, and complete from 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable. Consultace(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
7. Date of Delivery  PS Form 3811 Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt fee in delivered to and the date of delivery. For additional fees postmaster for fees and check box (es) for additional served. It is shown to whom delivered, date, and addresses and 3. Article Addressed to:  A TOTAL ADDITION OF SIGNATURE ADDI	ervices are desired, and complete from 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable. Consultace(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
7. Date of Delivery  SENDER: Complete items   and 2 when additional services of from being returned to you. The return receipt feet of delivery for additional services postmaster for feet and check boxies) for additional services of the s	ervices are desired, and complete from 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable. Consultace(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
7. Date of Delivery  SENDER: Complete items   and 2 when additional at Put your address in the "RETURN 10" space on the revered from being returned to you. The return receipt feet delivered to and the date of delivery. For additional served in the served delivered to another desire of delivered, date, and addresses and 3. Article Addressed to:  All VA DA VA A2 TO Signature — Addressee  Signature — Addressee  X	ervices are desired, and complete from 3 and 4.  erse side. Fallars to do this will prevent this will provide you the name of the person will the following services are evallable. Consultace(s) requested  dress. 2. I Restricted Delivery  4. Article Number  Type of Service  Registered Insured Certified Insured Certified Insured Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY if
7. Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items and 2 when additional a Put your address in the "RETURN 10" space on the reversed from being returned to you. The return receipt feet delivered to and the date of delivery. For additional served postmaster for feet and check box (es) for additional served. L. I Show to whom delivered, date, and addresses a ed.  3. Article Addressed to Addressed to Addressee Served Addressee Se	Prices are desired, and complete from 3 and 4.  Prese side, Failure to do this will prevent this will provide you the name of the person the following services are evallable: Consultice(s) requested  dress. 2. L. Restricted Delivery  4. Article Number  Type of Service  Registered  Certified to COD  Always obtain signature of addressee or agent and DATE DELIVERED  8. Addresse's Address (ONLY if requested and fee paid)

SENDER: Complete ipams; and 2-when additional servers.  Pur your address in the RETU: NaTU speciforable reverse.	The state of the s
card from being intumed to you? The return receipt fee will delivered to and the date of delivery. For additional fees the postmaster for fees and check box (as for additional pervice)	provide you the name of the persons to a following services are available. Consult
Li Show to whom delivered ruste, and addresses addresses	Restricted Delivery
3. Article Addressed to	4. Article Number 1997 1997 1997 1997 1997 1997 1997 199
Giver Martin - Agent	Type of Service:
Ediorace Trust and Serie	Certified Services Colored Col
	Always obtain signature of addresses or agent and DATE DELIVERED
5, Signature — Addressee	8. Addlessed Address (ONLY) requested and fee to 0
6. Signature – Agent	1 6 80s B
7. Date of Delivery	A C STORY
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 are 7 when additional service Pay your address in the "RETURN: 10% space on the givens	
card from being returned to you. The return receipt fee will p delivered to end the date of delivery. For additional fees the f postmaster for fees and check boxins and additional service(s)	rovide you the name of the person the solution of the person the solution of the person that is a s
Show to whom delivered, date, and addressee and drase	2. LI Restricted Delivery
3. Article Addressed to:	PUSU NACOLA
deplement the	Type of Service:  U.Registered:  Z. Certified:  CONTROL
The second of th	Express Mail Always obtain signature of address of
to the same of	agent and DATE DELIVERED STATES  8. Addressee's Address (QN/A)
S. S. Vic — About a Co. Vic.	Pequested and fee pa
Delivery Del	
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional serving Put your address in the "RETURN TO" space on the reverse	e side. Failure to do this will prevent this 🔬 🎼 🥛
card from being returned to you. The return receipt fee will delivered to and the date of delivery. For additional fees the postmaster for fees and check box (es) for additional service.	following services are evallable. Consult
1: Show to whom delivered, date, and addressee's addressed.  3. Article Addressed to:	ss. 2.  Restricted Delivery
Bernice Deutle d	Type of Service:
No. 9 Road 2345	Registered Insured Cortified COD
772164 / 1/1/1	Always obtain signature of addressee or
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent	
7. Date of Delivery	
PS Form 3811, Fe	DOMESTIC RETURN RECEIPT
PS Form 3811, Fe ILLEGIBL	The state of the s

reard from being returned to you. The return receipt fee will	aide Fallure to do this will prevent this a provide you the name of the person
delivered to and the date of delivery. For additional feet the continuous section and the date of delivery. For additional feet the continuous section and the date of delivery and addresses a dome	i requested to the same of the
3 Article Addressed to 15 3 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	4. Article Number
Ten in the Collection of the Collection	Type of Service:
1000	Registered Insured COD COD
ACTOR OF THE PROPERTY OF THE PARTY OF	Alwaya Strain signature of addressee or
5. Signature — Addresses at	8, Addressee's Address (ONLY) requested and fee paid
8. Signatura Agent	
7. Date of Delivery	
PS Form 3811 (Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional server Put your address in the "RETURN TO" space on the reverse card from being returned to you. The return receipt fee will put	ide. Failure to do this will present this
delivered to and the date of delivery. For additional fees the postmaster for fees and check box(es) for additional services.	following services are available. Consult 🎉 📗
3. Article Addressed to 100 Company and addressee a address	4. Article Number
Lambara ( Million to State )	7 494 055 57 M
	Registered Innused Cortifled speeds Cooper
at the state of th	Always obtain signature of addresses big
East inter EACT	Scient and DATE DELIVERED  B. Addressee's Address (ONLA)  Feguested and fee paid:
# Signature — Armin	Maria de la companya
7. Date of Delivery	
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and 2 when additional se	erse side. Failure to do this will prevent this
card from being returned to you. The return receipt ree was delivered to and the date of delivery. For additional fees and check box(es) for additional services the services of the services	the following services are available. Consult
Show to whom delivered, date, and addressee's add     Article Addressed to:	
Postly H. Mullia, wat	148-115-5-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-
930 Crestview	Registered   Insured COD
Farmington, NM 87401	Always obtain signature of addressee or
5. Signature – Addresses	egent and DATE DELIVERED.  8. Addresse's Address (ONLY if
X Murathy Mulling 6. Signature - Agent	requested and fee paid)
grade and the second contraction of the seco	17] 19 李某一家的人的意思。
X	The state of the s
	DOMESTIC RETURN RECEI

3. Article Ac	· 大学 · · · · · · · · · · · · · · · · · ·		A SECOND	Article Number		
	· CCCCC			Type of Servic Registered		
W.E.	Araujus.	e Adlie		Cartified Express Mail ways obtain signs ant and DATE D	ture of addresse	
5. Signature X	Addressee	William	8. AU/16	Addressee's Add pequested and fer	ess (ONLY (f and paid)	
6. Signature X 1. Signature						
	7/2-73					10
· ·	Fab. 1986		- manus ou		C RETURN AS	
AND THE PARTY OF	ER: Complete Iten scores in the IRE a tising returned to	TURN TO MORE	e on the revers	e side. Failure to	do this will previ	ent this
postmas	to and the date of per for fees and check new to whom delive	delivery. For add ck box(es) for add	litional fees the ditional service	following service (s) requested.	is are avellable, (	Consul
	Addressed to			4. Article Num P - 4.8		-
	in Het de			Type of S	rvice: \$4.00	
-				LI Express Me	ignature of add	
2 S S S S	We - Address	The state of the s	6	agent and DAT	E DELIVERED	
B. Signar	nire/—Agent	rainem		Fequented an		
7. Date (	of Delivery					
PS Form	1811, Feb. 1986			DOM	ESTIC RETUR	N REC
	DER: Complete Ite					
delivere	r address in the "Fil in being returned to to and the date of	delivery. For add	receipt fee wil	provide you the	name of the nor	war doe.
THE S	ter for fees and che how to whom deliv			20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	estricted Delive	
2:18	njA. og	du Lucii	Benfield	P SOM	-9950-1	9/
401; A2	Helland lea N.M.			Registered Certified	His	sured OD
		7410			ignature of add	
XX	ture - Addressee	Eln ful	0	8. Addressee's		<b>I</b>
X	ure – Agent	A	1/2			15 F
7. Date of	2 - 88		18			or of the second

18 YOUR IOTH TO BETTEN O space on the revenue	ede. Failure to do this will prevent this
This your direct habe SEE CIBN 10 Ispace on the reverse state of the boll. The return receipt her will delivered to and the date of delivery: For additional face the	following services are available. Consult &
postripanes for less and chack box (as) for additional services	
3. Article Addressed (A)	4. Article Number
Alegon in the state of the state of	Type of Service:
YO Box 30	Registered I Insured COD 12
ganta in the Stock of	C Express Mel
	Always obtain signature of addressee or g
5, Signature — Addressee	8. Addressee's Address (ONLY if 2)
8. Signature	
X X A A A A A A A A A A A A A A A A A A	
7. Date of Delhary	
P8 Form 3811, F/6, 1934	DOMESTIC RETURN RECEIPT
SENDER: Complete Items 7 and 2 when additional service	es are desired, and complete items 3 and 4.
Put your address in the "RETURNAL" space on the revense card from being satisfied to you. The return receipt fee will delivered to and the date of delivery. For additional fees the	
postmaster for fees and check box (es) for additional services	requester and the second secon
3. Article Addressed to a transfer of the second to the se	4. Article Number
The Grant .	304-795 /8 0
P. P. L. Williams	Rentered Rentered
1-1-12	Express Mail 1987 COD 1887
	Anways obtain signature of addresse of the gam and DATE DELIVERED
p Spring - Acci	B. Addressee's Add-est (ONLY)
	a requested and fee paid)
Signature — A	
7. Date of Dallyery	
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
A CONTRACTOR OF THE SECOND	
SENDER: Complete items 1 and 2 when additional ser	Vices are desired, and complete topic 2
rut your address in the "RETURN TO" space on the rever	se side. Failure to do this will prevent this
Dostmaster for fees and check box (es) for additional reast	ne following services are available. Consult
Show to whom delivered, date, and addressee's addressee's addressee's	2. E. Restricted Delivery
3. Article Addressed to Land	4. Article Number
The state of the s	Type of Service:
Flizabelh Jane Denled	Registered Insured COD
NO20 2900 //0 //29	☐ Express Mail
12Tel, 111 81410	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature – Agent	
7. Date of Delivery	
1-2-88	
PS Form 3811, Feb. 1086	DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional a	endes are desired, and complete items 3 and 4.
but your address in the HETTIRN at The manage on the re-	eres side Failure se de la
	will provide you the name of the persons the
delivered to and the date of delivery or additional fees	the following you the harme of the personality
postmesses Comment and the control of the social constraint	the following services are available. Consult
Show to woom delivered, seem and addressee & ed	dress. Restricted Delivery.
Article Addressed and San	A CONTRACT OF THE PARTY OF THE
	4. Article Number and the Article Number
- Leave Lawrence	THO STATE OF ICITY
	10 - July 170 - 10 - 7 - 10 - 10 - 10 - 10 - 10 -
The contract of the second of	Type of Service:
に ソンプログランプラス 大き 一番 できます	Registered Registered Inchine
The same of the sa	
BLOOT LIBERTURE OF THE	
	2012年11日 11日 11日 11日 11日 11日 11日 11日 11日 11日
	CAlveys of the instance of addressee or
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	percand DATE ELIVERED
5. Signature - Addresses	
5. Signature - Addressee	9 β. cod ress rate Address (ONLY If
X X X X X X X X X X X X X X X X X X X	requested and the paid) at a second
6. Signature - Agent -	一下 人 神経 アント 全事 神経
	*Lo.
	ALISY36
7. Date of Delivery	
PS Form 3811, Feb. 1986 1996	DOMESTIC RETURN DECEMEN
	DEL UNN REUBIFT
SENDER: Complete Items 1 and 2 when additional	
Supplied to the supplied of th	services are desired, and complete items 3 and 4
APAC CULVINIT HUBITARY IN THE THE TRUE APACTOR AS A COMMISSION OF THE COMMISSION OF	
card from being returned to you. The return receipt fe	overse side. Failure to do this will prevent this
delivered to and the date of delivery. For additional de-	will provide you the name of the person
Doctmoster for fees and check hard additional fee	s the following services are available. Consult
Show to woom delivered, tiets, and addressee's a	(A) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
1 Secretary and addresses to	ddress. 2.1. Hestricted Delivery.
3. Article Addressed to 3. Article Addressed to 3.	4. Article Number States Andrews
William Control	DEL DE LA LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE
	177 700
	Type of Services References
	Hagistered Insured
	Certified COD
	L. Express Mail Control of the Contr
- 1400 · X 基础,积整2000 · 100 ·	The state of the s
	Always obtain higherture of pricingsees or
	Always obtain signature of addresses or
1 The second second	Always Obtain ligisture of addresse or agent and DATE DELIVERED
Aut T	agent and DATE DELIVERED
A STATE OF THE STA	B. Addresse's Address (ONLY)
The same of	agent and DATE DELIVERED
8. Signature - Actual	B. Addresse's Address (ONLY)
6. Signature = Agent	B. Addresse's Address (ONLY)
6. Signature = April	B. Addresse's Address (ONLY)
	B. Addresse's Address (ONLY)
6. Signature—A	B. Addresse's Address (ONLY)
	B. Addresse's Address (ONLY)
7, Date of Delker	B. Addresse's Address (ONLY)
	B. Addresses's Address (ONLY)  squered and fee pear
7, Date of Delker	B. Addresse's Address (ONLY)
7, Date of Delivery PS Form 3811, Feb. 1986	B Action (Address (OVIL)  Persisted in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7, Date of Delher PS Form 3811, Feb. 1986	B. Address (ONLY)  Content of the Part of
7, Date of Delher  PS Form 3811, Feb. 1996	B. Address (ONLY)  Content of the Part of
7, Date of Delivery PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser	B Active (Address (OVIII)  Pequented in (1)  DOMESTIC RETURN RECEIPT  Vices are desired (Complete)
PS Form 3811 Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the rever-	B. Address' Address (ONLY Contest of the Part of the P
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser  Put your address in the "RETURN TO" space on the reverse and from being returned to you. The return receipt fee widelivered to and the return receipt fee widelivered to an additional service.	B. Address' Address (ONLY requested and see past)  DOMESTIC RETURN RECEIPT  vices are desired as complete items 3 and 4.  see side. Failure to Camils will prevent this
PS Form 3811, Feb. 1986  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the revel card from being returned to you. The return receipt fee widelivered to and	B. Address' Address (ONLY requested and see past)  DOMESTIC RETURN RECEIPT  vices are desired as complete items 3 and 4.  see side. Failure to Camils will prevent this
PS Form 3811, Feb. 1986  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee we delivered to and the date of delivery. For additional fees to	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired a complete items 3 and 4.  re side. Failure to a mis will prevent this ill provide you this name of the person
PS Form 3811, Feb. 1986  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee we delivered to and the date of delivery. For additional fees to	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired a complete items 3 and 4.  re side. Failure to a mis will prevent this ill provide you this name of the person
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  Vices are desired a Complete items 3 and 4.  The state of the person of the
PS Form 3811, Feb. 1986  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the revel card from being returned to you. The return receipt fee widelivered to and	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desimal complete items 3 and 4  If provide you this name of the person are following services are available. Consult ets) requested  Restricted Deliberary
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser  Put your address in the "RETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addess.	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired as complete items 3 and 4.  reside. Failure to this will prevent this ill provide you the name of the person less following services are available. Consult els) requested  as 2. Restricted Delivery:
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  Vices are desired a Complete items 3 and 4.  The state of the person of the
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired as complete items 3 and 4.  reside. Failure to this will prevent this ill provide you the name of the person less following services are available. Consult els) requested  as 2. Restricted Delivery:
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired Complete items 3 and 4 reside. Failure to de his will prevent this life following services are available. Consult lets) requested  2.  Restricted Delhery:  4. Article Number  3.0.7.97.1.90
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired and complete items 3 and 4.  se side. Failure to a fails will prevent this provide you the name of the person personal receipt requested.  B. Addresses's Address (ONLY)  Complete items 3 and 4.  See side. Failure to a fails will prevent this personal reproductions are available. Consult els) requested.  B. Addresses's Address (ONLY)  Type of Service:
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired at complete items 3 and 4.  se side. Failure to Cathis will prevent this ill provide you the name of the person re following services are available. Consult e(s) requested  Article Number  JOG 975190  Type of Service:  Registered
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired at complete items 3 and 4.  se side. Failure to Cathis will prevent this ill provide you the name of the person re following services are available. Consult e(s) requested  Article Number  JOG 975190  Type of Service:  Registered
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete Items 1 and 2 when additional ser  Put your address in the "FETURN TO" space on the reverence of the property of the return receipt fee with delivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional services.  1.  Show to whom delivered, data, and addesserved.	B. Address's Address (ONL) requested and particles are desired as complete items 3 and 4.  The side of the person
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional services in the "RETURN TO" space on the reversard from being returned to you. The return receipt fee with delivered to and the date of delivery. For additional services in the sea and check box(es) for additional services.  1. Show to whom delivered, date, and addressee's	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, as complete items 3 and 4.  se side. Failure to a his will prevent this ill provide you the name of the person re following services are available. Consult els) requested  A Article Number  Type of Service:  Registered   Insured Cortifed   COD COD Express Mail
7. Date of Delivery  PS Form 3811. Feb. 1986  PS Form 3811. Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addresse	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, as complete items 3 and 4.  se side. Failure to a his will prevent this ill provide you the name of the person re following services are available. Consult els) requested  A Article Number  Type of Service:  Registered   Insured Cortifed   COD COD Express Mail
7, Date of Delivery  7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser  Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional fees to postmaster for fees and check box(es) for additional services.  1. Show to whom delivered, date, and addressee's addressed to:  January Grant State Complete items 1 and 2 when additional services and the delivery of the return receipt fee widelivery. For additional services and the delivery of the return receipt fee widelivery.  1. Show to whom delivered, date, and addressee's addressed to:  January Grant State Complete items 1 and 2 when additional services and the service of the return receipt fee widelivery. For additional services and the services of the reverse of the reverse delivery. For additional services and the services of the reverse delivery.  1. Show to whom delivered, date, and addressee's addressee's addressed to:  January Grant State Complete items 1 and 2 when additional services and the services of the reverse delivery. For additional services and the services of the servi	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired at complete items 3 and 4.  recipient and per parallel items 3 and 4.  reside. Failure to Countil will prevent this illustration of the person in the following services are available. Consult els) requested:  Article Number:  Type of Service:  Registered Insured Certified Insured Insured Certified Insur
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser  Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee with delivered to and the date of delivery. For additional service  1. Show to whom delivered, date, and addressee's addr	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  In provide you the name of the person  To requested  Restricted Deliverys  4. Article Number  Type of Service:  Registared Certified Cood Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery  PS Form 3811. Feb. 1986  PS Form 3811. Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee to the postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee to the postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee 5. Signature — Addressee	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at
PS Form 3811, Feb. 1986  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional service and the date of delivery. For additional fees the postmaster for fees and check boxde) for additional service 1. Show to whom delivered, date, and addressee's addres	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7. Date of Delivery  PS Form 3811. Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the reverse and from being returned to you. The return receipt fee widelivered to and the date of delivery. For additional fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee. Some postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee. Some postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee and some postmaster for fees and fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee and fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee and fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addresse	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  vices are desired at complete items 3 and 4.  recipient and per parallel items 3 and 4.  reside. Failure to Countil will prevent this illustration of the person in the following services are available. Consult els) requested:  Article Number:  Type of Service:  Registered Insured Certified Insured Insured Certified Insur
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the reversard from being returned to you. The return receipt fee with delivered to and the date of delivery: For additional service 1. Show to whom delivered, date, and addressee's address	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7. Date of Delivery  PS Form 3811. Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the reverse and from being returned to you. The return receipt fee widelivered to and the date of delivery. For additional fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee. Some postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee. Some postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee and some postmaster for fees and fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee and fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addressee's addressee and fees to postmaster for fees and check box(8) for additional service 1. Show to whom delivered, date, and addressee's addresse	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser  Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional service  1. Show to whom delivered, date, and addressee's address	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the reversard from being returned to you. The return receipt fee with delivered to and the date of delivery. For additional service 1.   Show to whom delivered, date, and addressee's addre	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional service 1. Show to whom delivered, date, and addressee's addres	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7. Date of Delivery  7. Date of Delivery  8. Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser Put your address in the "RETURN TO" space on the reversed from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional services of the postmaster for fees and check box(les) for additional services.  1. Show to whom delivered, date, and addressee's addressed to:  2. January 1. January 2. January 2. January 3. Signature — Addressee  5. Signature — Addressee  X.  6. Signature — Agent X.  7. Date of Delivery  1. 2. 86	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7. Date of Delivery	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  vices are desired, at complete items 3 and 4.  Il provide you the name of the person  the following services are available. Consult els) requested  ass.  2.   Restricted Delivery  4. Article Number  Type of Service:  Registered Cartified Coop Express Mall  Always obtain signature of addresse or agent and DATE DELIVERED.  8. Addresse's Address (ON V V Consult Coop  8. Addresse's Addresse's Addre
7, Date of Delivery  PS Form 3811, Feb. 1986  SENDER: Complete items 1 and 2 when additional ser  Put your address in the "RETURN TO" space on the rever card from being returned to you. The return receipt fee widelivered to and the date of delivery: For additional service  1. Show to whom delivered, date, and addressee's address	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired at complete items 3 and 4. The state of the person are side. Failure to do his will prevent this ill provide you the name of the person are following services are available. Consult els) requested  A. Article Number  Type of Service:  Registered   Insured Certified   COD   Express Mall  Always obtain signature of addressee or agent and DATE DELIVERED.  8. Addressee's Address (ONLY 1/2) requested and fee paid)
7. Date of Delivery	DOMESTIC RETURN RECEIPT  DOMESTIC RETURN RECEIPT  Vices are desired

the options Commiss some 1 and 2 when additional and a	the state of the s
SENDER: Complete Items 1 and 2 when additional services	
Fire your address in the SEELERN LO Space on the reverse a	de. Failure to do this well prevent this ar
is good from being partitioned to you. The retorn veceint fee will be	ovide you the name of the person was a
Put your address in the HETURN TO Epace on the reverse at least from being setupped to south in reterm receipt fee will put delivered to and the date of delivery. For additional fees the fee	klowing services are available. Consult
nonmenter for feet and check poplestifor additional service(s)	requested & Designation of the land of the
Pashow to whom delivered dana and addresses a address	
	Principal Control Cont
3. Article Addressed present the second seco	Article Number
ESTATE A FOUL AMOUNT	7-494 055 322 - 1
	· ·
	Type of Sarvice:
SOME WINTED SOME THE	Registered Control Insured
	Certified COD
The state of the s	Discorage Mail Sales Sales Color
Denver (60, 90203)	ligay obtain signature of addressee or
	gentand BATE DELIVERED
5. Signature - Addressee	Addresse's Address (ONLY)
A CONTRACTOR OF THE PARTY OF TH	requested and fee paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Or I was a second of the secon
8. Signature - Agent	CO.   1 TABLE STATE OF THE PARTY OF THE PART
A LANDER MARKET AND A LAND	~ /C/
A CONTRACTOR OF THE STATE OF TH	
7. Date of Delivery and the second second second	
The second secon	
THE RESIDENCE OF THE PARTY OF T	
PS Form 3811, Feb. 1986 354 56 56 56 56 56 56 56 56 56 56 56 56 56	DOMESTIC RETURN RECEIPT
مسيقي في في من من المسيد و من المسيد و	The second secon
SENDER: Complete items 1 and 2 when additional service	ces are desired, and complete items 3 and 4.
Put your agress in the "BETURN TO" space on the reverse card from being returned to you. The return receipt fee will	BIOG. Fallure to GO trits will prevent this
delivered to and the date of delivery. For additional fees the	following convices are excitable. Consult
postmaster for fees and check box(es) for additional service(	el requirement in the second of the second o
Show to whom delivered, clate, and addressee's addresse	2. Li flestricted Delivery
3. Article Addressed to:	4. Article Number
	10 11 0 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1
A LEGICLE SUITE LEGICIES TAINS	まずるとはいうという
	Type of Service:
CHANGE CONTRACTOR OF THE CONTR	
The state of the s	Registered Insured
	Cortified Control
THE RESERVE OF THE PARTY OF THE	Express Mail Company of the Company
	Always cores application of additioners of applications of the second of
	Constitution of the second of
5. Signature - Addresses 19 18 18 18 18 18 18 18 18 18 18 18 18 18	B. Address & Address WHI THE
	Temperature of the last the la
8. Slopyture—Apply The Art 1997	
国メイナートングライビンセルノき	
Late of walles	
THE REPORT OF THE PERSON OF TH	TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TW
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
	The state of the s
SENDER: Complete items 1 and 2 when additional services	ces are desired, and complete Items 3 and 4.
Put your address in the "RETURN TO" space on the reverse	eide Ealling to the thirty of the terms of t
card from being returned to you. The return receipt fee will	provide you the name of the names
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 Published Add Comments
是更是是""。	<b>"我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
1. U Show to whom delivered, date, and addressee's addressee's	2. L.I Restricted Delivery
3. Article Addressed to:	A. Article Number
String M. Steele	D-UOUTACE IN
Value of the second of the sec	1 700 W - OO V -
していかがれてするかとしていません	Type of Service:
THE RESERVE THE PROPERTY OF THE PERSON OF TH	
Suite 1400, the chancery	Registered Insured COD
一个一次可能够到了2100年的	LI Express Mail
MAD MICOIN STIEFE	- white the last the second se
70010	Always obtain signature of addresses or
Denver Course	agent and DATE DELYVERED.
5. Signature — Addrassee	
- Transfer Tourist Control (1997年) - Tourist Control (1997年)	8. Addresses, Address (QNLY if
X	The Table
6. Signature — Agent	1 10 10至年   医神经管 1
	1 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
× subjunctions	
7. Date of Delivery IAN - 2 1988	
Vanish Commence of the Commenc	
	Street Seat Seat Seat Seat Seat Seat Seat S
PS Form 3811, Feb.	DOMESTIC RETURN RECEIPT
III FGIRI	
	= as as as as a second as a

	tel variety being returned re-	pulathe return receipt fee wi	se side. Failure to do this will prevent this if provide you the name of the becomes a following services are evaluable. Consult	3
	postmaster or fees and chack	box (es) for additional servic	es), requeste districts are available. Consult es), requeste districts and Delivery.	
		Charles and State and Stat	4. Article Number	が表現
	asie wee	110	P.984 7855 5035 1878	1
	Sv. Julio Hi	on every	Type of Service:	,
	Vicas Service II a		Certified COD	1
1	Denvert Gove	bada Sil	Always obtain imature of addressee or	• 7.
	5. Signature - Addressee	8600	gent and DATE DELIVERED	17
*	X	THE PO	/8. Addresse's Address (ONL Yafter requested and fee paid)	
	8 Signature Agent Agent			F1 64
4	7. Date of Delbury	1988		•
	S Form 3811, Feb. 1986 37			÷ .
			DOMESTIC RETURN RECEIPT	
	GENDER! Complete tems	and Z when additional serv	ces are desired, and complete forms 3 and 4.	1
	card from being returned to yo	ou; The return receipt fee will	e side. Failure to do this will prevent this provide you the name of the person	1
	delivered to and the date of de postmaster for fees and check			
14.	Show to whom delivered. Article Addressed bot the	d, date, and addresses a addre		
	The second of the second		4. Article Number	ř
		and the second	Type of Savior	1
×	Marine Consideration of	TOPEN	Registered	攀流
T	A PART OF THE PART		Always obtain signature of addresses of &	*
Acr Wisc	24 85 A 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		agent and DATE DELIVERED	Ž
10	Fr-Slotenur - Addressed		8. Addressee's Address (ONL)	1
	6. Signature — Agent			1
	7. Date of Delivery			1
	7. Date of Delivery	FINE CLESS		Ž.
	PS Form 3811, Feb. 1986		DOMESTIC RETURN RECEIPT	ì
-	SENDER: Complete items	1 and 2 when additional servi	ces are desired, and complete items 3 and 4.	Ę,
i Krain	Put your address in the "RETI	JAN TO" space on the revers	side. Fallure to do this will prevent this provide you the name of the person	
) 	delivered to and the date of de	hvery. For additional fees the	following services are available. Consult	
1	1. L Show to whom delivere	d, date, and addressee's addre	st. 2. L Restricted Delivery	×.ē
i e	3. Article Addressed to:	len de la companya de	4. Article Number	ŧ.
	c/o white is	feele dans	Type of Service:	
i d	Juite, 1400, 1	o Chancery	Registered O Insured Certified	; **
	1120 Lincolns	00202	Alama Artin cia di una	4
	Derver Co)		Always bittin signature of attressee or agent and Datte DELIVERED	
	5. Signature — Addressee		8. Addressee's Address (CN) If requested and ise paid	,
	6. Signerure - Agent	00		
	× Slephen	Terale		
	7. Date of De Ivery	JAN - 2 1988		
1	PS Form 3811	CIDIC	DOMESTIC RETURN RECEIPT	

ILLEGIBLE DOMESTICKETORNA

SENDER: Complete items 1 and 2 when additional a	ervices are desired, and complete items 3 and 4;
bit your access in the "RETURN TO" space on the ve	erse side. Failure to do this will prevent this
card from being returned to you. The return receipt fee- delivered to and the date of delivery. For additional fees	the following services are maileble. Consults
postmaster for fees and check tiox(es) for additional air	ice(s) requested. The second second second
Show to whom delivered, data, and addressee Lac	dress. 2.1 Restricted Delivery.
3. Article Addressed to The Address Ad	4. Article Number
Marine Miller	H 484 755 548
Comment Sastella	Type of Service:
	☐ Registered ☐ Insured
Souther good the Chancer	Certified Control
Place a deplate rece	LI Express Mail
Denver Co 90203	Always obtain signature of addresses or
	agent and DATE DELIVERED.
5. Signature — Addressee	Address (ONLY I)
X A STATE OF THE S	of Squested and fee paid to
8. Signatury - Agent	
xx Llegin Joke	45人众是一个美国
7. Date of Deliver	
HOMEST AND THE PROPERTY	
PS Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1 and 2 when additional a	ervices are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" space on the two card from being returned to you. The return receipt fee	erse side. Fallure to do this will prevent this
I delivered to and the date of delivery. For additional tess	the following services are available, Contain 💥
postmaster for fees and check box(es) for additional serv	ice(s) requested.
Show to whom delivered ,date, and addressee and	dress 2. L. Restricted Delivery
3. Article Addressed to:	4. Article Number
HATELY COLETANT THE	# 1-484 005 3 HT
WARRED TO SEE SEE	Type of Service:
The Calvins	Registered & Lineared
A LINE	Certified selection Chrome
	Always obtain lighature of addresses or
NAME OF THE PARTY	cont and DATE DELIVERED
5 Signatur Addresse	R. Addressee's Address (ONLY)
	requested and fee paid in the same
6. Signature - Agent	V has been been been been been been been bee
IX TO THE RESERVE TO	
7. Date of Difference and Control of Control	
JAN - J. UBB -	
PS Form 3811. Feb. 1986	DOMESTIC RETURN RECEIP
SENDER: Complete items 1 and 2 when additional	第二次の数字を使用を見ないのはなどを表示された。
Put your address in the "RETURN TO" space on the re card from being returned to you. The return receipt fee	verse side. Failure to do this will prevent this
delivered to and the date of delivery. For additional fee	s the following services are available. Comput
postmaster for fees and check box(es) for additional ser	Andrew Street, March 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981, 1981,
1. U Show to whom delivered, date, and addressee's a	
3. Article Addressed to:	4. Article Number
HILLEGIS BY	489 055 916
Votcoleum Coro	Type of Service:
Kay In Maria	Registered Insured
4849 Greenville /tve. Juite	COD Express Mail
1011	
VALLAS / CXAS	Always obtain signature of addressee or agent and DATE DELIVERED
5 Signature Addresses	
5. Signature — Addressee	B. Addresses & Address PNLY if request dand fee paid
	- 1 /5/ Ja / [c]
6. Signatura + Agent	13/12/18/18
The same of the sa	13/19/2 15/19
7. Date of Delivery	Co Co
7-/0	70.00 212
PS Form 3811, Feb.	DOMESTIC RETURN RECEIP

Print your address in the Cart FIVE Nation		
delivered to and the date of delivery: For postmaster for fees and check box/ss Mo	additional fees the folio additional service(s) re-	wing services are available. Consult
Show to wnomice hered, uses, and S. Article Addressed to		Ticle Number
e valence promotion		Type of Service:
4846 Great Les No	nue Suite 100	Registered Insured Certified COD
Pallas Tim	AM	rays office in signature of addressee or
5. Signature — Addressee	8./	Addresses Address (ONLY If
6. Signature - Agent 19/4 13		
7, Date of Delivery		
PS Form 3811, F65, 1936		DOMESTIC RETURN RECEIPT.
SENDER: Complete items 1 and 2 whe	<b>建设设置 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基</b>	関連を表現を表現を表現しています。
Puryour address in the RETURN TO an card from being returned to you. The returned televery. For a	n receipt fee will provid dditional fees the follow	e you the name of the person
postmaster for fees and check box(es) for a	addressee's address.	2. LI Restricted Delivery
3. Article Addressed to:	7	ticle Number
Aller and the		Type of Service:
the fairment of the second		ertified LI COD
M 1.48 . 40 M 122		y obtain signature of addressee of and DATE DELIVERED.
5 Signatura — Address		dresse's Address (ONLY)
x/1/20 Sturme		
7. Pare of Delivery		
PS Form 3811, Feb. 1986		DOMESTIC RETURN RECEIPT
SENDER: Complete items 1 and	医阿克勒氏管 电影 医电子外动物 医二甲酚 化二甲酚 化二甲酚	
card from being returned to you. Th	e return receipt fee will , For additional fees the	provide you the name of the person following services are available. Consult
1. Show to whom delivered, day	THE PARTY OF THE P	
Catherine Con Vic	hols is	P 484 053 540
% Card Petroleum C	1	Regimered Insured
4844 Greenville Ave	, Suite 1100	☐ Express Mail
Dallas, lexas		Always obtain signature of addressee or agent and DATE UELIVERED.  8. Addressee's Address (ONLY tf
5. Signature – Addressee		requested and fee paid)
XILLUS TLEEN	ia !	
7. Date of Delivery		
PS Form 3811, Feb.		DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. | LLEGIBLE DOMESTIC RETURN RECEIPT

	Or space on the reverse a	ce tallore to to the will prevent the ovice you me same of the parson.
delivered to and the date of delivery posturester, for fees and sheek boxie	For additional fees the for	ollowing services are evallable. Consult (
/ Elishow to whom talks no, da		Article Number
KVArricle Addresser	A CANADA	KUKIBOD BIHELLE
	7/47 DA	Type of Service:
sumation .		Registered Insured COD.
		Always obtain signature of addressee or
5. Signature — Addresses		egent and DATE DELIVERED.
		requested and fee paid
6. Sight tige - Agent	naz Za al	
7. Date of Delivery	Parket St. 2	
PS Form 3811, Feb. 1986		DOMESTIC RETURN RECEIPT
SENDER: Complete Items 1	and 2 when additional ser	vices are desired, and complete items 3 and 4.
Put your address in the RETU	RN TO" space on the rever	rse side. Fallure to do this will prevent this
postmaster for fees and check b	ox(es) for additional services	ne following services are available. Consult
3. Article Addressed to Harry	, date, and addressee's add	14. Article Number 1997
Mary Starth	erbor (zv.)	1 484 695 542
But Sand and wells		Type of Service:
ACIETARE		
Walley		Alvery option signature of addresse or 2
5. Signature - Address of the		8. Addresses's Address (ONL)
6. Sightpure — Agents	<u> </u>	requested and fee paid
X True Silver	ma	
71 Oate of Delivery		
PS Form 3811, Feb. 1986		DOMESTIC RETURN RECEIPT
The second section of the section of	the transfer of the state of th	services are desired, and complete items 3 and 4
card from being returned to	you. The return receipt fee	everse side. Fallure to do this will prevent this will provide you the name of the person at the following services are evallable. Consult
postmaster for fees and check	k box (es) for additional ser red, date, and addressee's a	vice(s) requested; and
3. Article Addressed to:	a. 74.	4. Article Number
Partinbleat	herby cour, h	Type of Service:
lo Carristrole	in Corp	Registered Insured COD
19849 Gicenvil	le Avey Suite //	OO Express Mail
Dullas, Tex	45	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee		8. Addressee's Address (ONLY if requested and fee paid)
6. Signature Agent		
7. Date of Delivery	eena	
7. Date of Derivary	L4-88	
PS Form 3811, Feb. 1986		DOMESTIC RETURN RECEIP

	Put your address in the FIE (URINED) space on the reverse card from being returned to your the return receipt see will :	side, Falkire to porthis will prevent tals
	delivered to and the date of delivery. Ear additional fees the topological fees the specific additional service (s	following services are available. Consult ) required (1998)
	Show to whom delivered state, and addressee's address.     Article Addressed to:	4. Article Number 100 100 100 100 100 100 100 100 100 10
		Type of Service
	1844 E LE COLOR DE SOLO DE 1100	Registered Insured Certific A COD COD
	DATE OF THE PARTY	Always obtain signature of addressee or agent and DATE DELIVERED.
-	5. Signature – Addresses	8. Addressee's Address (ONLY) (frequested and fee paid)
	6. Signifugre — Agent T. H.	
	7. Date of Delivery	
P	S Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT.
	SENDER: Complete Items 1 and 2 When additional services Put your address in the RETURNS Of space on the reverse	e side. Fallura to do this will prevent this
	card from being returned to you at his return receipt fee will delivered to and the date of delivere. For additional fees the postmaster for fees and check box first for additional service	e following services are available. Consult 👶 Y
	Dehow to whom delivered, data, and addressee's address.     Article Addressed to:	4. Article Number 2012
	R. Bally et alexander of the state of the st	Company of Sandra
		Registeres   Insured   COD
		Alway obtain signature of addresses or &
1	6. Signate it Addres	8. Addresser's Address (ONLY if
ř.	6. Skrieture — Agent 30	
	7, Øbre of Dalive y	
·	7orm 3811, Feb. 1986 = 14.00	DOMESTIC RETURN RECEIPT
	SENDER; Complete Items 1 and 2 when additional servers our address in the "RETURN TO" space on the revers card from being returned to you. The return receipt fee will	ices are desired, and complete items 3 and 4.
*	delivered to and the date of delivery. For additional fees the	e following services are available. Consult
	Show to whom delivered, dare, and addressee's address.     Article Addressed to:	4. Article Number
	Care temples carcorpa	P 30 1 4 1 7 1 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10.7	4849 Greenville at Suffe no	Registered Insured
	Dallas Tx	Express Mail  Always of ain signature of addressee or
	5. Signature – Addressee	agent and DATE DELIVERED.
	6. Signature – Agent	8. Addres he's Address (ONLY if requered and fee paid)
	7. Date of Delivery	
P	S Form 3811, Feb.	

ILLEGIBLE DOMESTIC RETURN RECEIPT

LAW OFFICES

IKLE, COX, EATON, COFFIELD & HENSLEY

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

Petroleum Funding Corporation 1200 Corrigan Tower Dallas, TX

Harris and here

P-484 055 519

LAW OFFICES

LE. COX, EATON, COFFIELD & HENSLEY

POST OFFICE BOX 2068

ANTA FE, NEW MEXICO 87504-2068

JAN 1 1 1988

Hinkle, Cox, Eaton, Coffield & Hunsse, Santa Fr. Haw Mexico 87501



2ND Notic\_

Raturn

- Full 3845 -



611 Kaywood

allas, TX



aul and Laura Albright

Detached from PS Form 3849-A Oct. 1980

CLAIM CHECK

HOLD

IST NOTICE

2ND NOTICE

RETURN

1 1 1988

0<u>886</u>50

JAN

996 P-484 055

## P 307 995 195

### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See neverse)		
* U.S.G.P.O. 1985-480.794	Sent of Exploration and Exploration of the Explorat	n Corp ym Cdr Hv. S.	P. 160
U.S.G.	Postage	\$ ,39	
*	Certified Fee	, 75	
	Special Delivery Fee		
	Restricted Delivery Fee		
10	Return Receipt showing to whom and Date Delivered	,70	
8 198	Return Receipt showing to whom Date, and Address of Delivery		
S Form 3800, June 1985	TOTAL Postage and Fees	1.84	
3800	Postmark of Date		
orm	** · · · ·		
S			

### P-484 055 991

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

	7000 710707007				
U.S.G.P.O. 153-506	Street and No Thomas and Eve. Street and No TZS Northeast 19	lyn Baile			
S.G.P.O.	P.O. State and ZIP Codes Olila homa City; DK	lahona			
Š	Postage	. 39			
	Certified Fee	,75			
	Special Delivery Fee				
	Restricted Delivery Fee				
2	Return Receipt showing to whom and Date Delivered	170			
June 1985	Return Receipt showing to whom Date, and Address of Delivery				
Jun	TOTAL Postage and Fees	1.84			
'S Form 3800,	Postmark or Date				

### P-484 055 518

### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL
(See Reverse)

	(000 / 1070:50)		
-206	Sent to Myra Cumm	ilas	
). 153	Street and No. 15 West Late D	rive.N.	E
J.S.G.P.O. 153-506	PO. State and ZIP Code A 1049uerque, N.		2
O.S	Postage 0 0	:,39	
	Certified Fee	.75	
	Special Delivery Fee		
٠.	Restricted Delivery Fee		
10	Return Receipt showing to whom and Date Delivered		
S Form 3800, June 1985	Return Receipt showing to whom Date, and Address of Delivery	70	
Jun	Total Postage and Pees	184	
3800,	Postmark of Date		
m.o.			
Sc			

## P 307 995 186

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

* U.S.G.P.O. 1985-480-794	lufforty	
U.S.G.P.O.	PO . State and ZIP Code Ap 4, 233 HIDug. Postage	nm 39
* '	Certified Fee	75
	Special Delivery Fee	
	Restricted Delivery Fee	
10	Return Receipt snowing to whom and Date Delivereit	70
198	Return Receipt showing to whom Date, agayAguess of Deliver,	
PS Form 3800, June 1985	TO AL Postage and Fees	184
3800	Poetmark or Date	
m)o		
PS F		-